BOOK OF ABSTRACTS

The only UK occupational therapy conference designed and run by the professional body
BOOK OF ABSTRACTS

The only UK occupational therapy conference designed and run by the professional body
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<td>Practice Development: Facilitating the exploration of Occupational Therapy students with additional support requirements, including the lived experience in Occupational Therapy</td>
<td>Practice Development: Improving assessment of the invisible brain injury</td>
<td>Practice Development: Part-time occupational therapy students</td>
<td>Practice Development: Teaching occupational therapy students</td>
<td>Practice Development: Developing reflection and critical thinking skills</td>
<td>Practice Development: Developmental conditions: strategies in occupational therapy</td>
<td>Practice Development: Clinical care co-ordination: working with GPs to reduce acute hospital admissions</td>
<td>Practice Development: Unlocking potential occupational therapy formulation in a prison setting</td>
<td>Practice Development: Enhancing practices for mental health in Occupational Therapy students</td>
<td>Practice Development: Occupational therapy providing perspective and early intervention strategies through an occupational therapy lens</td>
<td>Practice Development: Developing a healthy and active older age</td>
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**Session 2**: Research
- Occupancy in older adults with visual impairments through digital technology
  - Karen Mason, UCL Institute of Neurology
- "Of all who live..." Writing for health
  - Susan Turner, University of Warwick
- Facilitating digital social inclusion with older people
  - Nan Sanders, Lender-Barnes of learning

**Session 3**: Research
- Occupational science: Practice Development
  - Single-handed care - a workshop around the hands
  - Cathy McNulty, Queen Margaret University
- Critical literature: a new chapter in community collaboration
  - Sally McArthur, NHS Lothian
- Occupational therapy in GP practices
  - Siobhan Fuller, Northumbria University

**Session 4**: Research
- Practice Development: Occupational Therapy as a service of help for disabled people
  - Royal Free London NHS Foundation Trust
- Practice Development: Supporting care, using money
  - Occupational Therapy CDF paper
  - Sarah Jones, University of Sheffield
- Practice Development: Supporting care, using money
  - Occupational Therapy CDF paper
  - Sarah Jones, University of Sheffield
- Practice Development: Supporting care, using money
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- Practice Development: Supporting care, using money
  - Occupational Therapy CDF paper
  - Sarah Jones, University of Sheffield

**Session 5**: Research
- Introducing COT's Core Competencies: Developmental Framework
  - Catherine Donnelly, University Hospitals of Leicester
- Practice Development: Supporting care, using money
  - Occupational Therapy CDF paper
  - Sarah Jones, University of Sheffield
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**Session 6**: Research
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**Session 7**: Research
- Introducing COT's Core Competencies: Developmental Framework
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**Session 8**: Research
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### Seminar Keynote Address

Recovering Ordinary Lives

### Workshop

### Papers

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<tr>
<td>Session 60</td>
<td>Quilt and go as a therapeutic activity</td>
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### Debate

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<td>Session 70</td>
<td>This house believes that diverse roles are a vital tool in the future of our profession</td>
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<td>Session 71</td>
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<td>Session 71a</td>
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### Research

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<tr>
<td>Session 74</td>
<td>Occupational Balance: Who decides? and what happens when it goes wrong?</td>
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### Practice Development

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### Public Health

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### Leadership & Management

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<td>The value and meaning of a drop-in centre for asylum seekers and refugees. Fiona Howlett (York St John University)</td>
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<td>Brag and Steal: Practice Development. Preceptorship for newly qualified practitioners. Alex Thompson (West London Mental Health Trust)</td>
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<td>Research: Occupational therapists’ research engagement: enablers and challenges. Laura Di Bona (University of Sheffield)</td>
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<td>Session 77</td>
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<td>Journal Club*: An exploration of the attitudes, knowledge and skills of Occupational Therapists in applying evidence to practice. Samantha Turner (University of Plymouth)</td>
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<td>Research: A developmental perspective on awareness of childhood Affective Brain Injury. Lorna Wales (The Children’s Trust)</td>
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<td>Session 79</td>
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<td>Mental health matters to everyone - UNISON’s campaign to shine the spotlight on mental health. Celestine Laporte, National Officer, UNISON; Peter Hewin, BAOT/UNISON Steward (Health)</td>
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<td>Research: Focus groups for co-design of robotic trousers for improving mobility in older people. Dr Ailie Turton (University of the West of England)</td>
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<td>Research: Exploring the clinical utility of the Structured Observational Test of Function (2nd edition). Victoria Barcroft (School of Health Sciences)</td>
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<td>Research: Exploring leadership development with occupational therapy students using feminist participatory action research. Heather Davidson (University of Salford)</td>
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<td>Seminar</td>
<td>The Activity Card Sort - United Kingdom version: a valid and reliable measure of older people’s activity engagement. Alison Laver-Fawcett (School of Health Sciences)</td>
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Monday 19 June 2017

Session S2A
Slow Occupation

Youngson A: University of Cumbria, Wilby H: University of Cumbria

Aim: The aim of this workshop is to introduce and explore slow occupation through slow stitching.

Background: The slow movement, developed following Honore’s 2004 book ‘In Praise of Slow’, focuses on living ‘at the right speed’. It is about doing things as well as possible rather than as fast as possible. Slow occupation is something that occupational therapists might wish to consider in our increasingly fast-paced world. Slow occupation is about giving ourselves permission to relax, unplug and savour time. This may be beneficial to occupational therapists and clients alike. This workshop will focus on the slow occupation of slow stitching, based on the work of Claire Wellesley-Smith (2015). Slow occupation has value when undertaken on an individual basis and in groups. Group engagement provides opportunity for dual connection with the materials used and with fellow group members.

Session plan: Participants will be introduced to slow hand stitching using simple running stitches. Different textiles, needles and threads will be available for participants to experience the feel of materials, to appreciate colours, to take time choosing and to reflect on choice. Participants will be given the opportunity to engage mindfully and connect with a simple sewing project, exploring stitching and where it takes them. No sewing experience is required.

Resources: A large room with tables.

Keywords
Mental health, Occupational therapy, Students

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Author Biographies
Anna Bel (known as Bel) is a Senior Lecturer in Occupational Therapy at the University of Cumbria. Helen is a Senior Lecturer in Occupational Therapy at the University of Cumbria.

Session S2
Twitching and Tweeting: a virtual exploration of bird watching as a restorative occupation

Beckwith S: London South Bank University

‘Restorative occupations result in an improved physical and mental state during and after participation’ (Howell & Pierce, 2000, p. 68)

This exploratory interactive session will provide opportunities for participants to experience bird watching through the use of film and audio recordings and to reflect upon and analyse their experiences. Through the use of skills of observation and listening, participants will learn to identify a range of birds and wildfowl while also attending to and reflecting upon their own feelings of rest and relaxation.

Perhaps as therapists we have prioritised ‘doing’ and more physically active occupations (Hitch et al., 2014), those more easily allied to productivity. Having sat quietly watching and listening to birds, subsequent group discussion will explore concepts of being engaged in occupations while physically doing very little. Theoretically this will be related to ideas of rest and restoration for the maintenance of health and wellbeing.

Through discussion, participants will examine the grading and adaptation of a number of activities related to bird watching for future use as therapeutic interventions.

Resources: computer with high-speed internet access, good sound quality, ideally a quiet room with window blinds and tables would be useful, not essential.

References


Keywords
Mental health, Occupational therapy, Students

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Author Biography
Sally has more than 20 years’ experience in higher education and really enjoys working directly with students at all levels of their training. She has maintained a focus upon teaching and learning, research and scholarship throughout her career. She currently leads an Occupational Science module entitled ‘Exploring occupation’ designed to develop through a wide range of occupations a deeper awareness of ourselves as occupational beings. In her spare time Sally makes fused glass art works and goes bird watching in her campervan. She is also active on Twitter, both professionally as an occupational therapist and as a ‘twitcher’.

Session S3.1 (FP)
Assessing the 6 Cs within MSc occupational therapy (pre-registration) students
Graham M: Leeds Beckett University

The publication of the Francis Report in 2013 highlighted a need for a change in the attitudes and values of health and social care professionals in the UK to ensure high-quality care for all. Major recommendations for individual staff centred around refocussing on the basics of good quality patient care, including utilising soft skills such as empathy, active listening and therapeutic relationships and fostering a common culture of putting the patient first (Francis, 2013). These qualities were later coined the 6 Cs – Care, Compassion, Competence, Communication, Courage and Commitment – and formed a new ‘Compassion in Practice’ vision for the NHS (NHS England, 2014).

Values-based recruitment was introduced to ensure that the right individuals were recruited into such professions (Health Education England, 2016) and higher education institutions had a duty and responsibility to not only teach the principles of good quality care but also ensure the assessment of such aptitude and soft skills which have often been termed ‘wicked competencies’ (Knight, 2007).

This presentation will outline how an Objective Structured Clinical Examination (OSCE) (Najar et al., 2016) was used to assess professional values, attitudes and behaviours within MSc Occupational Therapy (pre-registration) students, using the framework of the 6Cs.

The challenges of assessing wicked competencies from both a student and an academic perspective will be discussed, along with findings from the evaluation of using a simulation-based approach. It is hoped that sharing this educational experience
will be of value to other occupational therapy educators, clinicians and academics.

References


Keywords
Occupational therapy, Students

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Session S3.2 (FP)
Technology enhanced learning (TEL): Experiences and perspectives of Preregistration Occupational Therapy (OT) students
Brewer L: Northumbria University

Occupational therapy education is approaching a crossroads in the delivery of programmes to prepare graduates for the profession. Trends impacting on professional education include open access to curricular content, for example online courses, and the expansion of delivery models to include blended or online approaches for courses that are currently delivered at universities (Schaber, 2014). Further, the decrease in available resources linked to pressures in the wider economic environment is contributing to the drive to enhance the quality of students’ learning experiences while simultaneously providing value-for-money education (Healy et al., 2014). However, caution needs to be applied when implementing this teaching and learning approach in the delivery of a preregistration health programme. According to Schaber (2014), the trend for e-learning could impact negatively on the experience of occupational therapy learners as opportunities for active learning with peers in a supported environment are reduced.

To gain an understanding of what preregistration occupational therapy students might perceive as the ideal balance between e-learning and classroom-based learning, the author developed an online questionnaire which was sent to current preregistration occupational therapy students (purposive sampling) registered at the author’s workplace, a university in the North East. Ethical approval was obtained for this mixed-methods study and data collection took place between October and December 2016. The results of this study will be used to support the development of the new curricula for the occupational therapy programmes at the university but will also be of interest to other occupational therapy programmes.

Ethical approval received.

References
Healy, M., Flint, A., Harrington, K. (2014) Engagement through partnership: students as partners in learning and teaching in higher education, UK. HEA.


American Journal of Occupational Therapy.

Keywords
Occupational therapy, Students

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Session S3.3 (FP)
Understanding the experiences of Occupational Therapy students, with additional support requirements, while studying BSc (hons) in Occupational Therapy
Rushton T: Coventry University

According to the Equality Act (2010), higher education institutions (HEIs) are required to ensure that students with disabilities are given the same opportunities and are not discriminated against, victimised or harassed. HEIs are required to anticipate the needs of students with disabilities and make reasonable adjustments in order to facilitate learning and skill development.

Research has been conducted with students, within the healthcare professions, with disabilities in higher education (Storr et al. 2011). While a number of occupational therapy students have written of their individual experiences of education (Archer et al. 2011), little research has been conducted which explores the lived experiences of occupational therapy students while studying occupational therapy.

The aim of this study was to explore the experiences of occupational therapy students with additional support requirements at one HEI within the United Kingdom. Interpretative Phenomenological Approach (IPA) was used and 12 students participated in semi-structured interviews.

Ethical approval to complete the study was granted. Students had a range of disabilities, including specific learning difficulties (SpLD), physical and mental health conditions.

A number of themes and sub-themes were identified, including:
1. The placement experience.
3. The future.

All participants described their personal journeys and considered how their diagnosis and the occupational therapy programme had influenced their identity and their future.

This session will further explore the findings of the research and consider the implications for education and practice.
Ethical approval was gained from two universities, one where the research was undertaken and also from the institution where the programme is being studied – Coventry and Derby Universities. Gate keeper approval was sought from the course director to access students.

References

Keywords
Occupational therapy, Students

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Author Biography
Teresa is the occupational therapy practice placement coordinator at Coventry University.

Session S3.4 (FP)
Building occupational therapy students’ emotional resilience and reflective skills within the classroom
Kennedy SJ: London South Bank University

There is an increased need for newly qualified occupational therapists to be emotionally resilient in the current NHS climate. The scope of the profession has expanded; occupational therapists are increasingly covering more aspects of an individual’s care and are faced with clients with complex health and social needs. There are increased pressures on services, with subsequent increasing caseload expectations.

Emotional expectations of practice placement are infrequently explored within the classroom. Students can feel unprepared for the emotional encounters they experience on placement. Interestingly, emotional resilience is less researched with occupational therapy students than other professions, such as nursing and social work (Grant and Kinman 2012, Thomas et al. 2012). Reflective practice is essential to enable occupational therapists to process emotionally demanding clinical encounters.

Second year BSc students (n=28) used reflective models to review an emotionally challenging experience from their first placement. Groups of seven students shared their experiences in the facilitated ‘reflection share’ session. An evaluation questionnaire demonstrated: 95% of students found reviewing an emotionally challenging experience helpful; 100% of students felt more aware of the emotional expectations of practice following the session; 95% found using the reflective model useful and felt more confident to reflect on future experiences; 90% of students felt more prepared for future placements.

Emotionally challenging themes that emerged were around death and dying, delivering distressing news, observing poor practice, making mistakes and receiving feedback. Many

students were reassured by peer experiences and felt more prepared for the emotional expectations of clinical practice.

References

Keywords
Occupational therapy, Students

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Author Biography
I am a Senior Lecturer in Occupational Therapy at London South Bank University, module leader for placement modules for second year and final year BSc occupational therapy students.

I have varied clinical experience within a range of acute adult inpatient settings and maintain clinical skills as a bank occupational therapist within an accident and emergency department.

Session S4.1 (FP)
Partnership working to improve advocacy services for individuals with long-term conditions

Aims: This partnership included the University of Northampton, Irwin Mitchell Solicitors and AJ Case Management. The partnership set out to design an innovative Masters module that would support students to be effective advocates in a variety of settings, and to understand the range of opportunities available to deliver advocacy services.

Background: Building on the sixth year of the Independent Mental Capacity Advocacy Service Department of Health (2014) findings, this new module aimed to equip students with a sound appreciation of the role of advocacy within their practice area, and the skills needed to be an effective advocate.

Method: The partnership evolved from 2012 when common interest developed during conference design and delivery around individuals with long-term conditions and exploring individuals’ capacity, communication and challenging behaviour. Curriculum development partnership meetings explored advocacy theory and models, services across a range of practice areas, and critically appraised current advocacy services within statutory services, the third and private sector. The module was written following evaluation of these factors.

Conclusion: Partnership working can promote improved advocacy services for individuals with long-term conditions through Masters study, and it combines diverse common interest and approaches to develop future services.

Relevance to Occupational Therapy Education and Practice: This module is being delivered in 2017 and will offer students the opportunity to critically reflect on relevant theory appropriate to
a setting of their choice and critically analyse how advocacy skills can be applied effectively to further improve advocacy services.

References

Keywords
Long-term conditions, Neurological practice, Occupational therapy

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Author Biographies
Dr Karen Beaulieu is the University of Northampton Partnership Manager leading this MSc Advocacy module. Hilary Wetherell is Partner in the Serious Injury Team of the Birmingham office of Irwin Mitchell LLP.

Session S4.2 (FP)
A resource tool for Occupational Therapists who work with clients with complex communication difficulties

Mavji N: Birmingham Community Healthcare NHS Foundation Trust

Aims: To share experiences of the key considerations occupational therapists (OTs) make to further their learning and development in occupational therapy practice within the field of Augmentative and Alternative Communication (AAC).

Background: AAC is introduced for children or adults that require alternative options when they have problems communicating via speech. Occupational therapists have a specific range of skills to enable a client to achieve their functional communication goals. Those occupational therapists new to this field will be learning and adding to their existing skills. In April 2013 NHS England took responsibility for commissioning services for those with complex communication difficulties and occupational therapists are an invaluable part of a multidisciplinary team who deliver specialised or local AAC services (NHS England/Specialised Commissioning, 2016). It’s therefore helpful to have a visual tool to enable occupational therapists to work efficiently with their colleagues, develop knowledge and expertise, and contribute to evidence-based practice (College of Occupational Therapists, 2017).

Method: A visual resource based on the Occupational Therapy Domains (American Occupational Therapy Association, 2002b) and encapsulated in the form of a wheel is displayed on a poster. A facilitated discussion of this resource and evaluation of the tool will help to support occupational therapy practice.

Conclusion: This visual resource is a practical and comprehensive occupational therapy tool for AAC assessments.

Relevance to Occupational Therapy Practice: A resource to support occupational therapists and highlight their specific skills in the field of AAC assessments, intervention and practice will raise the profile of occupational therapy and the profession.

References


Keywords
Long-term conditions, Neurological practice, Occupational therapy

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Author Biography
Nisha qualified as an occupational therapist in 2005 and has worked for the NHS in acute and community settings in Hertfordshire and the West Midlands. Her most recent employment is working with children and adults with neurological conditions that have augmentative and alternative communication, environmental control and or computer access needs.

Session S4.3 (FP)
Improving Assessment of the Invisible Brain Injury

Simpson S: The Walton Centre NHS Foundation Trust, Kelly C: Edge Hill University Faculty of Health and Social Care, Martlew J: The Walton Centre NHS Foundation Trust, Isaac J: The Walton Centre NHS Foundation Trust, Stoneley C: The Walton Centre NHS Foundation Trust, Avery S: The Walton Centre NHS Foundation Trust

Patients considered asymptomatic after ABI and discharged home without follow up may in fact be exhibiting cognitive deficits (Morrison et al., 2013; Planton et al., 2012). Undetected deficits following brain injury can lead to significant problems with everyday tasks.

Occupational therapists (OT) are able to assist patients with recovery after brain injuries due to their ability to assess the impact cognitive deficits have on functional ability (Sansonetti and Hoffmann, 2013). The difficulty is referral often relies on other health professionals to identify the problem initially. Current screening tools focus predominantly on the cognitive deficits and do not measure the potential impact on function. A new tool known as the Cognitive Functional Performance Measure (CFPM) combines pre-existing psychological subtests with the measurement of functional ability using a real-life scenario. It has been designed to be used by the wider MDT to identify the need to refer to occupational therapy. This pilot cross sectional correlational study aims to establish the concurrent validity of the CFPM. Concurrent validity will be evaluated by comparison with two existing measures: the MoCA (cognitive assessment) and the Kettle Test (functional assessment). Scores from the three measures will be analysed using Spearman’s Rho and concurrent validity will be demonstrated by high correlations. The pilot study will conclude in February 2017. An application for NIHR funding will be made 2017/2018 via a doctoral fellowship programme. Early assessment and identification of problems could ensure patients receive appropriate intervention early on and help improve quality of life and return to work rates.

Keywords
Long-term conditions, Neurological practice, Occupational therapy

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Author Biography
Nisha qualified as an occupational therapist in 2005 and has worked for the NHS in acute and community settings in Hertfordshire and the West Midlands. Her most recent employment is working with children and adults with neurological conditions that have augmentative and alternative communication, environmental control and or computer access needs.
Fatigue is one of the most common symptoms of Multiple Sclerosis (MS), affecting almost 80% of people with the condition (Khan, Amatya and Galea, 2014). Clinical practice guidelines encourage health professionals to apply fatigue management strategies for people with MS (National Institute for Clinical Excellence (NICE), 2014). Fatigue management can be approached in a number of ways, including use of medication, exercise and education through the form of energy conservation programmes (Asano and Finlayson, 2014). Energy conservation programmes utilise a range of interventions, including provision of advice for lifestyle changes, pacing, exercise and work (Mathiowetz et al., 2005; Blikman et al., 2013). There is a wide range of literature relating to the best approach to use to manage fatigue. This poster will present a critical appraisal of this literature and provide a summary of the recommendations to support application of evidence into practice.

**References**


**Keywords**

Long-term conditions, Neurological practice, Occupational therapy

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**Session S4.4 (FP)**

**What are the most effective treatment approaches to use to support management of fatigue for people with Multiple Sclerosis?**

**Turner S: University of Plymouth**

Fatigue is one of the most common symptoms of Multiple Sclerosis (MS), affecting almost 80% of people with the condition (Khan, Amatya and Galea, 2014). Clinical practice...
Individuals suitable for the service are identified by GPs, in monthly MDT meetings or through a data stratification system. They are then offered a holistic assessment to identify individuals’ needs and areas of difficulty, which are then addressed, using a variety of solutions, which are co-ordinated by the CCC.

In addition to the referrals to other healthcare teams, our own social workers and CBT practitioners and third sector agencies, the occupational therapist on the team is well placed to offer additional support by means of provision of equipment and minor adaptations, falls prevention, energy conservation advice and a focus on individuals’ priorities and occupations.

The team are monitoring hospital admission rates in the six months before and after CCC input, to work towards proving the financial worth of the service. There has been positive feedback from the CCG, GPs, individuals seen and their carers. Hopefully the quantitative data will also back this up.

References

Keywords
Long-term conditions, Older people

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Author Biography
Amy graduated from the University of Derby in 2002 and has been based largely in the community since graduation. She has worked across a number of different clinical areas including Falls Prevention, Intermediate Care and COPD. Amy has spent the last two years working with nursing colleagues to develop the role of Clinical Care Co-ordinator in Nottingham West. The team has recently secured CCG funding to continue the service for the next five years.

Session S5.1
Unlocking potential: occupational case formulation in a prison setting
Parkinson S: Freelance MOHO training, Jamieson L: NHS Grampian

The importance of narrative as a central mode of occupational therapy reasoning for was proposed by Mattingley in 1991, when she asserted that ‘Therapists … help create a therapeutic story’ (p98). This process is described by the Model of Human Occupation (MOHO) as ‘creating a conceptualisation of the client’ (Kielhofner 2008, p149), enabling individuals to recraft their occupational narratives. It can be particularly important in prison services, where displaying an interest in prisoners’ lives represents an important step in building a relationship that fosters desistence from crime (Rex 1999).

When occupational therapists struggle to share their professional reasoning (Parkinson et al 2011), it is little wonder that prisoners fail to recognise the liberating potential of occupation. For this reason, an occupational therapy service in a Scottish prison introduced case formulations that tell short stories; starting with where each person has come from (occupational identity), and where they are now (occupational competence), and providing compelling evidence for the way ahead.

The positive impact of creating occupational case formulations based on the MOHO concepts of identity and competence has already been evaluated in adult mental health services (Parkinson et al 2011, 2015). A service user satisfaction survey indicated that services consistently producing case formulations were associated with better outcomes linked to community integration. An ongoing evaluation of prisoners’ goal attainment shows that prisoners appreciate the way occupational case formulations capture their circumstances and concerns, and anecdotal feedback suggests that case formulation provides an effective tool for combatting their occupational alienation.

References


Keywords
Forensic practice, Mental health, Occupational therapy

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Author Biographies
Sue Parkinson (@MOHOspark) is the lead author of the Model of Human Occupation Screening Tool (MOHOST) and works as a freelance trainer providing workshops in the use of MOHO-related instruments and assessments. From 2005 to 2011 she worked as the practice development adviser for occupational therapists in Derbyshire Healthcare NHS Foundation Trust, where her role involved supporting occupational therapists to increase their research capacity through the use of occupation-focused, evidence-based, theory-driven outcome measures. In recent years she has written an intervention programme called Recovery through Activity, which is underpinned by the MOHO framework and aims to promote the long-term benefits of occupational participation.

Lisa Jamieson (@jamieson2015) has a background in forensic mental health services and has a particular interest in the Model of Human Occupation. She is currently working as a specialist occupational therapist at HMP Grampian Prison and has collaborated with Robert Gordon University to promote an occupational perspective of prisoners.

Session S8.1
CPD is more than the HCPC audit. How to strategically manage your continuing professional development
Hearle D: Cardiff University/TRAMmCPD, Lawson S: Glyndwr University/TRAMmCPD

Within health and social care continuing professional development (CPD) is recognised as a core facilitator of high-quality, effective care (Legare et al. 2011). The Health and Care Professions Council (HCPC) (2012) regulates allied health professionals and through biennial audit ensures registrants undertake, record and apply their CPD. For occupational therapists the next audit commences August 2017, with a key requirement being to demonstrate the benefits of CPD to service
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users and stakeholders. The need for this link between outcome measurement and CPD is widely acknowledged despite limited evidence (Chipchase 2012).

However, CPD is not all about audit. TRAMmCPD (Tell, Record, Activities, Monitor and measure) was developed by occupational therapists as a model with tools to assist HCPC registrants to fully engage in and evidence their CPD (Hearle et al. 2016). A pilot evaluation undertaken in 2012 together with anecdotal evidence suggests that TRAMmCPD is now being widely used by students and practitioners within health, social care, private and third sector settings to provide a more strategic approach to CPD. Formal research is currently being undertaken.

This workshop will use the World Café design principles (Brown et al. 2005) to enable attendees to share knowledge, discuss strategies and utilise tools which may facilitate their full engagement in CPD. Areas to be explored will reflect the TRAMmCPD stations and include understanding CPD engagement, ways to plan and monitor CPD along with methods of evidencing and recording progress. The outcome of this workshop will be circulated to attendees subsequent to the session.

References


Keywords
Managers, Occupational therapy, Students

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Author Biographies
Deb Hearle is an occupational therapist, experienced educator, manager and currently a senior lecturer at Cardiff University. She is part of the TRAMmCPD team and is undertaking research into the nature of professional development as part of her professional doctorate.

Sarah Lawson is an occupational therapist, graduate lecturer at Glyndwr University Wrexham and regional forum lead for the College of Occupational Therapists North West Region. Sarah is part of the TRAMmCPD team, leading on website design and social media presence. Her PhD is concentrating on continuing professional development and TRAMmCPD.

Session S9.1

Engaging in research: a practical workshop for practitioners

Higginson M: University of Liverpool, Jarvis K: University of Liverpool

Context: There is a professional and regulatory requirement that occupational therapists will engage with research (Health and Care Professions Council 2013, College of Occupational Therapists 2016). Some new graduates abandon reading, reflective writing and evidence-based practice, particularly at the start of their careers (Barnitt & Salmond 2000); research is not seen as a priority for early career occupational therapists (Barnitt & Salmond 2000). Recent evidence indicates that environmental barriers prevent engagement in research (Higginson 2016).

This workshop aims to provide participants with the opportunity to explore their own research capacity within their unique context and to develop an individual research plan.

Value to profession: Research encompasses a range of activities, including the undertaking of primary research to generate new knowledge, the use of critical appraisal to ensure practice is evidence based and the use of research skills to develop practice through audit and evaluation. This workshop will contribute to occupational therapy research capacity development by facilitating active engagement in research.

Practice development: This workshop is aimed at practising occupational therapists who have an appetite for engaging in research activities and who want to explore ways to achieve this. Participants will have the opportunity to use an approach based on action learning, to identify personal research barriers and opportunities, and to develop an individual research plan.

Impact: It is anticipated that this workshop will provide an opportunity for occupational therapist participants to reflect on their personal research context and capacity in order to develop an individualised research plan that can be actioned in their place of work.

References


Keywords
Occupational therapy

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Author Biographies
Michaela Higginson qualified as an occupational therapist in 1991. Since then she has had a broad professional career encompassing occupational therapy practice within mental health services, working as the regional support officer at the Royal College of Occupational Therapists, and for the
past 16 years working within higher education, as a lecturer within undergraduate occupational therapy programmes and postgraduate healthcare programmes. Michaela has an interest in pedagogic research and in developing research capacity within the occupational therapy profession.

Kathryn Jarvis qualified as an occupational therapist in 1989. Her clinical area of expertise is stroke rehabilitation; between 1989 and 2001 she worked in a variety of settings with stroke survivors. Kathryn's main research interests focus on upper limb recovery following stroke and the relationship of this recovery to occupational performance. She gained an MSc in Research in Remedial and Caring Practice in 1995 from Loughborough University and completed her PhD at Keele University in 2016. Kathryn has been a lecturer at the University of Liverpool since 2001. In this role she is involved in teaching related to rehabilitation and research.

**Session S10.1**

**Experiences of disabled women during pregnancy, childbirth and early parenting services: implications for occupational therapy**

**Collins B: University of Liverpool, Hall J; Ireland J, Hundley V: Bournemouth University**

The aim of this study was to understand the experiences of women with physical and sensory disability during their interaction with maternity services. The study was funded by a national charity whose previous research identified that disabled women had more negative experiences than non-disabled women (Birthrights, 2013). This paper specifically discusses implications for occupational therapy.

Two-phase, inter-professional mixed methods research was used involving online surveys in phase 1 and narrative interviews in phase 2. Recruitment was through disability and parenting networks and social media. Survey data were analysed descriptively and open questions were themed. Phase 2 telephone interviews were audio recorded, transcribed verbatim and analysed thematically.

Although overall satisfaction with care was scored highly in phase 1, negative experiences were described. Key challenges included a lack of continuity of carer; women feeling that they were not being listened to; feeling they were treated less favourably because of disability; and 56% feeling that maternity care providers did not have appropriate attitudes to disability. Interview themes echoed these, when women described implications of not being listened to, including that their judgement about their own bodies was ignored or undermined.

The research revealed that occupational therapists did little to support women during this time. While some occupational therapy input was described, this focused on equipment provision. Minimal support with the occupations of parenting was described. The results suggest a clear need for interprofessional working and the need for occupational therapists to liaise between midwifery staff and disabled women.

Ethical approval for both phases of the research was secured from Bournemouth University.

**References**


**Keywords**

Adult physical health, Long-term conditions, Occupational therapy

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**Session S10.2**

**Addressing priorities for mental health: Occupational therapists providing prevention and early intervention strategies through co-occupations in perinatal settings**

**Maris-Shaw S: South London and Maudsley NHS Foundation Trust, Gosset S: Freelance retail development consultant**

Currency: The NHS England commissioned report identified prevention and early intervention during the perinatal period as a mental health priority (Parsonage et al. 2016). Treating perinatal mental illness, which affects 20% of women, benefits individuals, families and society; the cost of not doing so can amount to £8.1 billion for each cohort year of births (Bauer et al. 2014). Almost a quarter of women who died between six weeks and one year after pregnancy died from mental health-related causes (Hinton 2015). This statistic is something occupational therapists cannot and should not ignore.

Relevance to profession: We are well placed with our extensive understanding of occupation performance to make a difference during this momentous transition for new mothers (Slootjes et al. 2016). Through the understanding of co-occupation (Pierce 2009) as a shared but not necessarily same experience, occupational therapists are able to support and enhance occupational activities between mother and infant.

Perspective practice development: In Southwark Parental Mental Health Team the focus to support areas of self-care, leisure and productivity with a greater understanding of roles, identity and relationships is paramount. Occupational therapists within this team provide an occupational focus maximising a co-occupational understanding for families during the perinatal period.

Overview of impact: Medicalisation of service users’ problems during the perinatal period is high (Slootjes et al. 2016); however, a sense of doing, being and becoming can be developed by highlighting the co-occupational needs of parent and infant from professional and service user perspectives.

**References**


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**Keywords**
Children and families, Mental health, Occupational therapy

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Sarah qualified as an occupational therapist in 1986, completed a psychodynamic counselling training in 1998, attained a MA in Psychoanalytic studies in 2010, PGCHE in 2012 and became senior fellow of HEA in 2016. She has worked in a variety of mental health settings and has a particular interest in therapeutic relationships, group work and perinatal mental health. She currently works as an occupational therapist in a parental mental health team in Southwark, South London and Maudsley NHS Foundation Trust and as a senior lecturer at London South Bank University

Sarah was a service user of the parental mental health team. She is a married mother of 2 children, aged 4 years and 10 months. Occupation: freelance retail development consultant. She was referred to the team after experiencing low mood and high levels of anxiety following the birth of her first child. She has a previous history of obsessive compulsive disorder, successfully treated using cognitive behavior therapy. Sarah found the postnatal group immensely helpful and supportive in coping with the change of role in becoming a mother and meeting other women in a similar position to share experiences.

**Session S12.1 (FP)**

**An Evaluation of a Role Emerging Placement in a Mental Health Horticultural Community**

**Carr R:** Growing Well, **Cole F:** University of Cumbria

The purpose of this research was to integrate and extend knowledge of two contemporary areas of occupational therapy practice, those of role emerging practice and ‘green care’ horticultural activities (Fieldhouse & Sempik, 2014). The context was a new role emerging placement, in a horticultural community with no previous occupational therapy input. The study evaluated the effects of occupational therapy on one individual’s recovery and the wider contribution to the mental health facility.

A qualitative methodology using semi-structured, in-depth interviews of one service user and the volunteer coordinator was utilised via purposive sampling, providing phenomenological perspectives.

Audio-recorded data were transcribed verbatim and member-checked for authenticity by participants (Clarke & Braun, 2013). Reflexivity through journal reflections, discussions and supervision further ensured trustworthiness. Data were analysed thematically, using a matrix framework involving a three-tier process – themes devised, tables collated and analysis repeated to ensure creditable outcomes.

The findings identified specific aspects of the programme effective in promoting the individual’s recovery and occupational engagement. Two main themes emerged: understanding occupation and a person-centred approach. The conclusions highlighted the contribution of a role-emerging placement to an existing facility, and how an occupational perspective and engagement in occupation enhanced existing practice.

This exploratory research contributes to applying occupational therapy theory to practice by emphasising the importance of an individual’s understanding of themselves as an occupational being, and the importance of individualised interventions. Further research into the importance of individuals’ understanding of themselves as occupational beings would be of value to occupational science and therapy evidence.

Ethical approval was given by the ethics committee of the University of Cumbria prior to the commencement of the research.

**References**

**Keywords**
Mental health, Occupational therapy, Students

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**Author Biographies**
Rebecca Carr is a recently qualified occupational therapist working a newly established role in mental health. She has a great interest in the occupational therapy paradigm shift and in the promotion of role-emerging practice, with a passion for sharing the importance of occupation in regards to health and wellbeing.

Fiona Cole is an occupational therapist with a mental health background and senior lecturer at the University of Cumbria. She is interested in how occupational science can inform practice and in particular in exploring occupational engagement with physical activities and the influences on health and wellbeing.

**Session S12.2 (FP)**

**Plot to Pot to Plate – The Therapeutic Journey from Derelict Allotment to Cookbook for Mental Health Clients in Fife**

**Sanders D:** NHS Fife

As a spin-off to the successful development of a derelict allotment through therapeutic interventions, funding was secured to run a cooking group and to have clients produce a cookbook, to support the addition and transfer of fresh fruit and vegetables into dietary routines. A practically based project-led group intervention provided clients with specific cooking-related skills, social opportunity, and opportunity to experiment with new dietary options, a concept reported by Laidlaw (2010). This intervention was driven by having a purpose to the sessions to create a cookbook of simple, balanced and economical meals incorporating produce grown at Keltic Haven, and required clients to select and participate in ‘road-testing’ the recipes as a quality control. Additionally, there were opportunities to be involved in one-to-one elements of the book, including photography and cover artwork.
The Occupational Therapy Service uses gardening and outdoor spaces and links more widely to healthier eating within a balanced dietary routine, makes use of grown produce independently, develops a sense of self-worth to improve self-confidence and self-esteem, provides opportunity to socialise with others, as well as providing physical activity to a population who often lead sedentary lifestyles. These benefits were highlighted in a review of the literature on allotment gardening by Partridge (2010). Diet and exercise are seen as critical interventions within current drivers (Scottish Government, 2012). This project was evaluated by seeking the opinions of clients, carers and staff on their cookbook usage, changes to diet and benefits of participation in this project.

References

Keywords
Long-term conditions, Mental health, Occupational therapy

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Session S12.3 (FP)
Photographing a ‘day in the life’ of an occupational therapy intern
Wallace M: Queen Margaret University/Alzheimer Scotland, Maclean F: Queen Margaret University, Hunter E: Alzheimer Scotland

In order to share and provide an insight into ‘a day in the life of an Alzheimer Scotland occupational therapy intern’, photography was adopted. The project sought to capture the intern’s reflections on the importance and value of meaningful occupation, by considering:
• what was important to them
• what their own ‘meaningful occupations’ were
• what a ‘day in the life’ of an occupational therapy intern looks like.

Throughout one day a camera was used to photograph anything that the intern deemed as being their own ‘meaningful occupations’. This resulted in a catalogue of 76 photographs, which were distilled to 18. The intern felt these photographs documented aspects of their day, while also providing an insight into their ‘meaningful occupations’. The photographs allowed the intern to document ‘themselves’ in a different manner, providing images for their own ‘story’.

The occupational therapist intern added a ‘voice’ (Wang and Burris, 1994) to these images and shared them on Twitter with the following hashtags: #OTIntern #importanttome #photoproject #dayinthelife. They were also shared on the Let’s Talk About Dementia Alzheimer Scotland blog.

Conducting this project provided valuable experience for the intern, providing an insight into how images can be used to show the importance of an individual’s ‘meaningful occupations’. Through sharing the photographs on social media, provision is made for a wider understanding of what undertaking an internship with Alzheimer Scotland involves.

If you were asked: what is important to you, what are your meaningful occupations, what photographs would you take?

References

Keywords
Dementia, Occupational therapy, Students

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Session S12.4 (FP)
A Human Library: a new chapter in community collaboration
McNulty C: Hearing Voices – Social Change, Laming N: Sheffield Hallam University

Public awareness regarding mental health may be slowly changing. However, stigma, discrimination and negative attitudes towards people with mental health needs remain prevalent and need challenging (NHS England 2016). The concept of telling a stranger something personal to you is rather alien. It is not every day you speak openly to someone you have just met. This is a basic principle of a Human Library, an event where books are people themselves and reading is a conversation.

Beginning in Denmark 2000 at Roskilde Festival the Human Library is an International equalities organisation set up to challenge prejudice and discrimination through social contact (www.Humanlibrary.org). Hearing Voices – Social Change, a local group based in Lincolnshire which campaigns and raises awareness about mental health issues, regularly engages in projects to effect change in the community.

Cathy McNulty, occupational therapist, works as a volunteer with the group. From years of experience in occupational therapy groupwork (Finlay 2004, McNulty 2008) she encourages skills in forming community partnerships and networks to enable participation and community involvement. In November last year they hosted a Human Library. Fourteen Human Books supported by librarians were loaned 33 times to readers. Semi-structured evaluation gave excellent feedback.

Despite much excellent informal feedback about Human Libraries, there are few academic research papers about this work and none which includes the role of occupational therapy. This paper addresses that gap and suggests there is an open door for the growth of such inspirational work, which promotes involvement and informs local communities.

References
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Keywords
Disadvantaged people, Mental health, Occupational therapy

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Cathy McNulty is an occupational therapist volunteer for the Hearing Voices – Social Change community group, Hearing Voices support group and Epilepsy Action. She is also Associate Lecturer in Occupational Therapy at Sheffield Hallam University.

Natasha Laming is a final year student on the BSc (Hons) Occupational Therapy Practice Based Learning course at Sheffield Hallam University.

Session S13.1 (FP)
Expanding and Securing the Occupational Therapy Role within a Heart Failure Rehabilitation programme

Quinlan S: Cheshire Wirral Partnership

Over 16 years ago ‘Meeting the Challenge: a Strategy for the Allied Health Professions’ (Department of Health, 2000) identified a commitment to ensure that allied health professionals are able to expand their roles and use their skills flexibly.

The role of the occupational therapist within cardiac rehabilitation services is well identified. The British Association for Cardiovascular Prevention and Rehabilitation Standards (2012) identify the occupational therapist as a core member of the multi-disciplinary team, who should work together to ensure successful long-term condition management (BACPR 2012).

The current climate of austerity provides opportunities for changes in practice, specifically in areas of adult physical health and long-term conditions, in order to meet the demands of an ageing population with multiple co-morbidities.

This paper aims to outline an area of practice development which has seized the opportunity to develop and expand the role of an occupational therapist working within a heart failure rehabilitation programme.

The service has embraced the opportunity for an occupational therapist to become competent in clinical skills such as history taking, symptom assessment, blood pressure monitoring, ECG recording, and delivery of a strength and balance functional assessment. These skills are used alongside core occupational therapy roles such as fatigue management, anxiety management, vocational rehabilitation and adaptation recommendations. Outcome measures are used to assess the effectiveness of these therapeutic interventions.

It is felt that this approach enables the occupational therapist to become a fully integrated and integral member of the rehabilitation team, without challenging their occupational therapy identity.

References


Keywords
Adult physical health, Long-term conditions, Occupational therapy

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Session S13.2 (FP)
Enabling independence in older adults with visual impairments through digital technology

Sant C: Henshaws

As part of a newly created role within a charity supporting people with visual impairments, I develop and deliver technology-based learning to enable older people with sight loss and other long-term conditions to live independently and safely in their homes and communities. This has required me to challenge traditional rehabilitation methods of occupational therapy while implementing innovative digital technology solutions.

People aged over 65 are the largest group accessing health and social care services (Office for National Statistics, 2012). Health and social care services, including charities, are under increasing pressure as they struggle to deliver services to a growing older adult population under limited financial resources (Boniface et al., 2014). Through providing awareness of appropriate digital solutions and training in their use, we are helping individuals to become self-supporting, enabling independence and reducing reliance on services in accordance with the NSF for Older People (Department of Health, 2001).

Using a compensatory rehabilitative approach and combining holistic occupational therapy knowledge and practice (Wilcock and Harding, 2015) with a range of digital solutions, we enable engagement in occupations including reading, socialising and access to information via the internet, which has a positive impact on health and wellbeing (Chilvers et al., 2009). Between 2015 and 2016, over 100 people received individual training sessions as well as a significant number reached via group support sessions. Feedback from service users has been positive and many report a significant impact on their daily lives, returning to them occupations which were previously lost.

References


The team provided: prolonged hospital stay and supporting patients to stay at home, providing next-day assessments at home, negating the need for a hospital admission. If the patient was deemed medically safe to be discharged, the GO team, consisting of an occupational therapist and a physiotherapist working collaboratively, could ensure effective and timely discharge, ensuring active challenge of barriers relating to their isolation.

Project approach: Using motivational interview techniques, the project manager was able to apply a social reabilityment approach, using support workers to enable older people to realise positive changes by addressing the barriers relating to their isolation.

As an occupational therapist, the project manager was able to work with the older people, to support them to overcome these barriers and enable increased engagement in meaningful social activities, including supported engagement in community activities.

**Keywords**
Long-term conditions, Occupational therapy, Older people

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**Author Biography**
As a newly qualified occupational therapist I have undertaken a challenging new role working within a charity supporting people with visual impairments as a rehabilitation officer specialising in digital technology. Prior to studying occupational therapy, I worked as part of a sensory support team for pupils in mainstream schools with visual impairments. My new role requires me to combine my knowledge of visual impairment and other long-term health conditions with my knowledge and skills as an occupational therapist to assess individuals for appropriate digital technology solutions and deliver training sessions which meet their individual needs.

**Session S13.3 (FP)**
‘GO’ for change. achieve the impossible
Moore L, Crossley H, Walters G: University Hospitals of Leicester

This poster will present the outcomes of a Therapy Outreach Service based at Glenfield Hospital, University Hospitals of Leicester NHS Trust, providing a brief introduction in terms of the on-going pressure on the NHS and support to trial new models of care and work more collaboratively across organisational boundaries (Five Year Forward View, 2014). John Bolton (2015), Professor in Public Health, suggested that occupational therapists can play a pivotal role in delivering the right intervention, in the right place, at the right time due to their problem-solving and holistic approach.

Glenfield Outreach (GO) consists of an occupational therapist and a physiotherapist working collaboratively: If the patient was deemed medically safe to be discharged, the GO team provided next-day assessments at home, negating the need for a prolonged hospital stay and supporting patients to stay at home (COT 2016). The team provided:

- MDT education to promote culture change regarding safe, effective and timely discharge, ensuring active challenge of local practice where appropriate (NHS England 2017)
- functional assessments in the patient’s own environment to determine needs once home to address over-reliance on social care – ‘Improving Lives, Saving Money’ (COT 2016)
- breathing re-education/ anxiety management
- management of long-term conditions
- equipment
- signposting on to other agencies.

As well as saving money, the final report of Lord Darzi’s NHS Next Stage Review (Doh 2008) re-focuses our attention on the quality of care that patients and the public receive. Glenfield Outreach Team is a team that has proven to be able to achieve both.

**References**


**Keywords**
Long-term conditions, Occupational therapy

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**Author Biography**
I work within the University Hospitals of Leicester as a clinical specialist occupational therapist and qualified in 2010. I have worked in a variety of clinical positions. I now specialise in respiratory care and the Glenfield Outreach (GO) Team. Setting up this service and supporting this team has been one of the transformation leads for the University Hospitals of Leicester, Helen Crossley. Helen is an occupational therapist by background and remains passionate also in promoting the profession. I have worked closely alongside a senior physiotherapist in the team, Genevieve Walters, in setting up and developing the GO team. We have developed excellent working relationships and been committed in delivering high standards of care.

**Session S13.4 (FP)**
Facilitating Meaningful Social Inclusion with Older People
Saunders S: London Borough of Havering

Social isolation is intrinsically linked to social care. It has an impact on a person’s quality of life, wellbeing and health.

In response to a number of key drivers of demand, the London Borough of Havering has run an 18-month Social Inclusion Project, working specifically with older people living in the community.

Occupational therapy and social isolation: Anyone can experience social isolation, although within adult social care there are particularly vulnerable groups who are affected by the issues of loss and change which can lead to social isolation. As an occupational therapist, the project manager was able to apply a social reabilityment approach, using support workers to enable older people to realise positive changes by addressing the barriers relating to their isolation.

Project approach: Using motivational interview techniques, support workers called community navigators were able to work with the older people, to support them to overcome these barriers and enable increased engagement in meaningful social activity, including supported engagement in community activities.
Project evaluation: This project concluded in December 2016 and was able to evidence positive changes from both the older person’s and the service’s perspective, using the Independent Living Outcomes Star and locally created measures.

Practice development: This project has evidenced that with an occupational therapy focus to service development, positive outcomes can be achieved for the older person, and the demand management issue which currently impacts service development in adult social care can be addressed.

References

Keywords
Occupational therapy, Older people, Social care

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Samantha Saunders is a senior occupational therapist and project manager working within an Adult Social Care Joint Commissioning Unit. Samantha has 15 years’ experience as a practising occupational therapist within adult social care and has a particular interest in supporting older adults living in the community.

Samantha is specifically interested in service development and redesign, and has led a number of projects which have enabled her to apply her knowledge of occupational therapy to develop services with clients at the centre of improvements.

Session S14.1
Using occupational therapy practice guidelines in the clinical setting to implement service changes

Cronin-Davis J: York St John University, Lang M: Partnerships in Care, Stockton Hall Hospital

The community of occupational therapists working in secure hospitals, both nationally and internationally, has consistently called for an evidence base to assist to facilitate and verify the valuable contribution that an evidence occupational therapy makes to service users in their settings. In response to this challenge, the Forensic Forum of the College of Occupational Therapists’ Specialist Group on Mental Health formed a working group to ensure practice adherence was first published in 2012.

The College of Occupational Therapists (2017) has now published its second edition of the practice guidance ‘Occupational therapists’ use of occupation-focused practice in secure hospitals is accredited by the National Institute for Health and Care Excellence (NICE). The significant impact that this publication has had on occupational therapy practice and the changes implemented in a private medium secure hospital will be presented during this paper. The focus will be on how occupational therapists in the hospital have been able to consider the forensic aspect of a service user’s occupational history and profile, and how the guidelines have provided a distinct and auditable framework for practice. For the final part of the presentation, we will consider how occupational therapists have been able to convincingly convey to the rest of the multi-disciplinary team and service users in a more informed way using the critiqued evidence base and the recommendations highlighted in the guidelines.

References

Keywords
Forensic practice, Mental health, Occupational therapy

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Mandy is the Head of Occupational Therapy at Stockton Hall Hospital and regional allied health professional lead for Partnerships in Care.

Session S14.2
Occupational narratives to explore participation among offenders with personality disorder

Connell C: University of Warwick, McKay E: Brunel University London, Furtado V: University of Warwick, Singh S: University of Warwick

Background: Offenders with personality disorder (PDs) experience worse health and desistance outcomes than other offender and mentally disordered groups, prompting significant cross-government investment in the Offender Personality Disorder Pathway. Participation in prosocial occupation (such as employment and prosocial leisure) is known to be integral to health, associated with desistance and protective against reoffending. However, participation among PDs has received only cursory attention to date.

Systematic literature reviews revealed insufficient evidence to determine what factors influence participation among PDs, and no good evidence for effective interventions. Consequently, service providers are restricted in their ability to deliver evidence-based intervention.

Purpose/aims: Identify factors that influence participation among PDs.

Design: This qualitative study adopts narrative research methods underpinned by a critical realist philosophy. It forms the second of four work packages in the POPPED project, an intervention development study informed by Medical Research Council guidelines (Craig et al., 2008).

Methods: Interviews conducted with approximately twenty PDs who have been purposively sampled from the National Probation Service community caseload will be analysed using a grounded theory approach. Interviews include an unstructured narrative section, followed by a semi-structured interview to gather
Occupational narratives. Qualitative findings will be triangulated with interviewer-rated occupation-focused psychometric measures. Data are transcribed verbatim and analysed by two independent researchers.

Results: Preliminary findings are presented.

Conclusions: This is the first study to take an occupational perspective of the needs and experiences of PDOs.

Findings will inform development of an evidence-based and theoretically informed intervention to improve participation among PDOs.

Ethical approval granted by University of Warwick Biomedical and Scientific Research Ethics Committee (Reference: REGO-2016-1822).

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References

Keywords
Criminal justice, Forensic practice, Mental health

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Dr McKay is Reader in Occupational Therapy at Brunel University London and Fellow of the College of Occupational Therapists.

Session S15.1
Single-handed care – a workshop overcoming the barriers

Harrison D: A1 Risk Solutions Ltd

Occupational therapists use a holistic approach to single-handed care while meeting the needs of the service user, keeping the assessment person centred, aiming to be Care Act (2014) compliant (Phillips, Mellson and Richardson, 2014). Single-handed care can result in resistance from many key stakeholders, presenting barriers to the implementation of this project.

The Care Quality Commission (2016) and Local Government Ombudsman (2016) highlighted the state of health and social care, bed blocking within the NHS and service users unable to return to their own homes. Nationally there appear to be several issues within health and social care that could be resolved if more carers were available.

A survey of over 4,570 people revealed the following solutions in three main themes: education, collaboration, support (Harrison, 2016). We aim to explore in detail the themes that were revealed in the survey. Occupational therapists and manual handling advisors do not feel confident in assessing for single-handed care, however are often perceived by many to be the subject experts in manual handling. The acquisition of new skills and knowledge within single-handed care is fraught with difficulties, and the presentation will explore some possible solutions to this issue. The collaboration process with the correct people is vital – key people can be inadvertently excluded. This can result in stress for the stakeholders, service users and clinicians while attempting to implement the strategy and resulting in the failure of the system.

Is single-handed care the possible solution to the crisis in care?

References


Keywords
Occupational therapy, Older people, Social care

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Deborah is the founder and managing director of A1 Risk Solutions®, the inventor of the HATS Manual Handling training and risk management online multimedia system. She has extensive experience and knowledge in the specialist field of manual handling and as a workplace adviser across the social, health and education sectors.

Initially trained and qualified as a nurse, during her career Deborah has since trained and gained additional qualifications in manual handling, vocational rehabilitation and ergonomics. Deborah is a member of the National Back Exchange and an Honorary Lecturer at the University of Salford within the Occupational Therapy Directorate.

Session S17.1
Postnatal attachment: associations with sensory patterns, maternal–foetal attachment and mental health

Branjerdporn G: The University of Queensland

Research purpose and aims: Maternal postnatal attachment (MPA) refers to the affective experiences of a mother towards her baby (Condon and Corkindale 1998) and has emerging links with infant outcomes. The aim of the present study is to examine maternal characteristics that may influence MPA, including postnatal sensory patterns, previous maternal–foetal attachment, and psychological distress before and after birth.

Keywords
Attachment, Sensory processing, Maternal attachment, Mental health

Keywords
Postnatal attachment: associations with sensory patterns, maternal–foetal attachment and mental health

Branjerdporn G: The University of Queensland

Research purpose and aims: Maternal postnatal attachment (MPA) refers to the affective experiences of a mother towards her baby (Condon and Corkindale 1998) and has emerging links with infant outcomes. The aim of the present study is to examine maternal characteristics that may influence MPA, including postnatal sensory patterns, previous maternal–foetal attachment, and psychological distress before and after birth.

Keywords
Attachment, Sensory processing, Maternal attachment, Mental health
Research design: The study employed a longitudinal cohort design assessing 57 women during pregnancy and again within the first six months postnatally.

Research methods: Women were recruited from the Mater Mothers’ public hospital in Australia. The Maternal Antenatal Attachment Scale and Mental Health Inventory-38 (MHI-38) were completed ante-natally, while the MHI-38, Adolescent/Adult Sensory Profile and Maternal Postnatal Attachment Scale were conducted post-natally.

Results: Multivariate regression models, controlling for age, revealed that more favourable MPA (higher quality of MPA, more pleasure in interacting with the baby, and lower hostility towards the baby) was associated with lower levels of sensory low registration. Both quality of MPA and absence of hostility were associated with lower levels of sensory avoidance, and absence of hostility was associated with lower sensory sensitivity. Optimal maternal–foetal attachment was associated with higher-quality MPA. Postnatal psychological distress was associated with all aspects of MPA.

Conclusions: This study provides the first evidence of links between MPA and sensory patterns. Findings suggest a need for further research which may reveal a role for occupational therapists to support mother–infant dyads that may be at risk of occupational and relational difficulties.

Ethics approval for the study was obtained from both the Mater Mothers’ Hospital Human Research Ethics Committee (project number: RG-14-105-AM02) and the University of Queensland Behavioural and Social Sciences Ethical Research Committee (project number: 2013000992).

References

Keywords
Children and families, Mental health

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Grace Branjerdporn is in her final year as a PhD candidate at the University of Queensland in Australia. Grace received the 2015 National Research Award (Undergraduate Category) from Occupational Therapy Australia. Grace has worked clinically in the fields of paediatrics, mental health, aged care and rehabilitation.

Session S17.2
A Scoping Review of International Literature on the Role of Occupational Therapy in Neonatal Intensive Care

McPharlin N: University of South Australia

Background: There is a worldwide increase in the survival rates of preterm infants. The complex long-term developmental outcomes of these infants has been well documented together with evidence of the critical developmental vulnerability of preterm infants in NICU (Saunders et al., 2008, Smith et al., 2011). Occupational therapy in NICU is an emerging and highly specialised field of practice, evolving as an integral part of NICU teams, enabling occupational performance of infants, parents and families (Vergara et al., 2006). The purpose of this scoping review is to describe this role internationally.

Method: A scoping review was undertaken, based on a systematic search of international literature on the role of occupational therapy (OT) in neonatal intensive care units (NICU). A research team of 5 screened articles extracted from 7 key data bases using search terms developed with university academic librarians. Inclusion criteria defined the limits of literature reviewed. Qualitative and quantitative data will be extracted and discussed according to the information they yield and will be documented according to PRISMA guidelines (McKinstry et al., 2014).

Outcomes: Anticipated findings include the involvement and intervention, guidelines for practice, and issues related to training, development and research of occupational therapists in NICU. This data will guide and inform the first Australian survey of occupational therapists working in NICU and lead to a description of this role in Australia, allowing further research.

Conclusion: This scoping review summarizes the international literature on the role of occupational therapy in NICU.

Ethics approval will be sought at the University of South Australia for the Survey of Occupational Therapists in Australia following the scoping review as part of the Honours degree.

References


Keywords
Children and families, Neurological practice, Occupational therapy

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Ongoing research

WITHDRAWN
Older people

Session S18.1

What helps and gets in the way of care home residents’ participation in outdoor activities and mobility in the care home garden or outdoor area? A realist enquiry

King A, Logan P, Gladman J, Gordon A, Chadborn N: University of Nottingham

Care home residents should be supported to participate in meaningful activities in their preferred places, including outdoor spaces (National Institute for Health and Care Excellence 2013). Although outdoor engagement in greenspace is believed to be beneficial, the majority of residents stay indoors. With the aim of providing usable guidance for care homes, this study investigated the enablers of and barriers to residents’ garden use.

Using a realist approach, a mixed-methods study was conducted in 3 East Midlands care homes. 50 residents and 36 care workers participated in 82 hours of observations. Data was collected using Dementia Care Mapping, field notes, focus groups and questionnaires – analysis is currently in progress. Questionnaire responses are being analysed with descriptive statistics. Qualitative data is undergoing a realist analysis to establish the causal patterns for residents’ garden use. Findings will be synthesised using a triangulation protocol.

Preliminary analysis shows that 84% of residents were considered to need supervision/assistance to access the garden area and 68% with outdoor mobility. During the observations, 62% of residents did not access the garden at all. There were no outdoor-specific activities observed. Residents were more likely to get outside if an activity coordinator was present and the weather was warm. Lack of staff time was reported as the main constraint.

Residents are highly dependent on care workers to get outside, however workers may lack the leadership, knowledge and motivation to overcome the barriers to meaningful garden use. Occupational therapists are well placed to support care homes in this endeavour.

The study received Favourable Opinion from the NHS Health Research Authority, North West – Greater Manchester South Research Ethics Committee on 14.06.16. REC reference: 16/NW/0387.

References

Keywords
Dementia, Occupational therapy, Older people

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Amanda King is a research occupational therapist. She qualified in 2010 and has worked in NHS community therapy teams for older people, most recently in care homes. In 2014, Amanda completed the NIHR-funded Masters in Research Methods at the University of Nottingham, achieving this with Distinction. In the same year, she commenced a 3-year clinical academic PhD studentship with NIHR CLAHRC East Midlands. For her PhD in Rehabilitation and Ageing, Amanda is conducting occupationally focused research in care homes for older people. On 01.04.16 she commenced a new, part-time research and development role for the Local Partnerships Division at Nottinghamshire Healthcare Foundation NHS Trust.

Professor Pip Logan qualified as an occupational therapist from the University of Derby in 1985. She undertook an MPhil at the University of Nottingham in 1994 and in 2004 gained her PhD there with a randomised controlled trial evaluating an outdoor mobility intervention for stroke patients. She has received two NIHR fellowships and is the chief investigator for a £1.8 million National Institute for Health Research (NIHR) HTA research grant which is exploring falls in care homes. She also works clinically for Nottingham City Care Partnership (NHS) in the community rehabilitation team and the Acute Hospital for the Health Care of the Elderly Directorate.

Session S20.1

A 12-month pilot project measuring the need and impact of an occupational therapy service in critical care

Chewter R: Royal Free London NHS Foundation Trust

Patients with critical illness are at risk of complications such as Intensive Care Unit (ICU) Acquired Weakness, delirium, depression, post-traumatic stress disorder and decreased quality of life on hospital discharge (Parker et al. 2013).

Occupational therapy (OT) in critical care is an emerging area of research and practice. The ICU culture is also changing, with more of a rehabilitation focus. The literature shows that occupational therapy in this setting is associated with improved function at hospital discharge, shortened duration of delirium and ventilation, reduced length of stay and decreased hospital costs (Schweickert et al. 2009, Alvarez et al. 2016).

The National Institute for Health and Clinical Excellence (NICE 2009) Rehabilitation After Critical Illness guidelines and the Faculty of Intensive Care Medicine/the Intensive Care Society (2015) Guidelines for the Provision of Intensive Care Services are also national drivers for change. These recommend that the complex physical and non-physical needs of ICU patients are comprehensively assessed, rehabilitation programmes are provided and goal setting is undertaken as early as possible.

In September 2016, the Royal Free London NHS Foundation Trust developed and set up an innovative occupational therapy service to meet the cognitive, psychological and functional needs of critical care patients. The value of this will be evidenced through data collection, including caseload demographics, interventions provided, length of stay and patient outcomes. This pilot project is an exciting opportunity for the profession to show the positive impact occupational therapy can have on humanised patient care, multidisciplinary team working and the efficiency of hospital pathways.

References

Session S20.2
Targeting occupational leisure deprivation in severe brain injury using innovative sensory and functional occupational therapy groups

Fuller S: Royal Hospital for Neuro-disability

The specialist nursing home at the Royal Hospital for Neuro-disability cares for 122 residents with varying levels of disability following brain injury. 66% of residents present with a prolonged disorder of consciousness (PDOC) (vegetative state or minimally conscious state).

A recent service evaluation on access to leisure activities showed that while our offering was suitable for severe brain injuries we also needed a more targeted approach to enable residents in PDOC to experience appropriate leisure activities. PDOC residents are at high risk of occupational deprivation.

Group work is an established tool within occupational therapy (OT) practice. We used activity analysis to break down the components of our existing group to form two specialised groups that capture the different participation needs of our residents.

Our existing groups are based on functional activities and continue to be suitable for residents who can participate. The new groups are based on providing a sensory experience within the context of the activity (in our case studies baking and art) and are suitable for residents who cannot actively participate.

The core occupational therapy skill of activity analysis allowed one activity to be adapted to meet all complex levels of disability.

Carefully designed group activities should be considered for clients with severe brain injury not only as assessment but also to enable access to appropriate leisure occupations, an area often not met for people with complex neuro-disability.

References


Keywords
Occupational therapy

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and developing new ways of working. I have been Welsh representative for HOPC special interest group for the previous 4 years. I remain keen to develop evidence based practice. Rehabilitation can be challenging to implement but working alongside multi-professional teams, occupational therapy is developing and leading to new ways of developing rehabilitation for palliative patients in North Wales.

Session S21.1

Improving care, saving money: occupational therapy in GP practices

Stead J: University of Huddersfield, Bownass E: Greater Huddersfield and Calderdale CCGs, Summerill: Student occupational therapist, University of Huddersfield, Miller: Student occupational therapist, University of Huddersfield, Simpson: Student occupational therapist, University of Huddersfield

Primary health care and in particular GP practices are experiencing significant pressures as workload has increased substantially in both quantity and complexity in recent years (Baird et al. 2016). It is widely recognised that primary care services need to be organised differently to be able to respond to these challenges. Future care models (Primary Care Workforce Commission 2015) emphasise the centrality of primary and community care, and a requirement for the development of a multi-disciplinary workforce; however, the current composition of the primary care workforce does not reflect this vision. The College of Occupational Therapists has identified a number of ways in which occupational therapists can support primary care delivery (COT 2015), and pockets of work are starting to emerge (Donnelly et al. 2014; Mackenzie et al. 2013).

This paper presents the work that was carried out by three student occupational therapists in two GP practices. As part of a non-traditional placement, quantitative data was collected from a sample of patient information on the practice systems, including costs to the practices. Qualitative data was gathered from patient visits. A cost analysis and options appraisal were developed and presented to the clinical commissioning group.

It was found that occupational therapy input is a cost-effective solution to the issues GP practices are facing with frequent attenders and subsequently may release GP capacity and improve patient well-being. Ways of taking this work forward are currently being explored by the clinical commissioning group.

References


Keywords

Occupational therapy

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Session S21.2

Occupational Therapists Working in Primary Care: An International Survey

Donnelly C: Queen’s University at Kingston, Hart S, Pasquin A, Reid M: Queen’s University at Kingston (at the time of the research), Hand C: Western University, Wener P: University of Manitoba, Leclair L: University of Manitoba, Letts L: McMaster University

Rationale: Primary care is the foundation of a strong health care system (Starfield, Shi & Macinko 2005). Information about occupational therapy in primary care settings is lacking and only a handful of international studies has examined the role of occupational therapy in primary care (Garvey et al. 2015). With greater emphasis on primary care it is critical to understand occupational therapy’s contribution in this setting.

Objectives: To describe the occupational therapy roles and models of primary care in which occupational therapists work and compare the results among five countries: United Kingdom, Ireland, New Zealand, Canada and Australia.

Design: Descriptive study; survey design.

Methods: An electronic survey has been sent to occupational therapists through professional membership newsletters and snowball sampling. Descriptive statistics have been used to analyze preliminary survey responses.

Results: Emerging findings suggest occupational therapists are generalists in primary care, with an emphasis on complex and vulnerable populations. Funding models present a barrier to expanding occupational therapy in primary care.

Conclusions: Occupational therapists play a variety of roles in primary care and have the potential to assume many more. While primary care is an emerging area of practice for occupational therapy, its philosophies and services can bring a broader health promotion and prevention lens to primary care settings. The information gathered can be used to advocate for occupational therapy’s role in primary care, enhance practice and promote research. Future plans include the development of an international network of occupational therapists and community of practice in primary care.

Ethics were reviewed and approved by the Queen’s University Health Sciences Research Ethics Board. Approval #: 6016096

References


Garvey J., Connelly D., Boland F. & Smith S.M. 2105. OPTIMAL, an occupational therapy led self-management support programme for people with multimorbidity in primary care: a randomized controlled trial. 16. 59. United Kingdom. BMC Family Practice.
Session S22.1
Sleep, sleep problems and sleep treatment: future directions for occupational therapists
Faulkner S: Greater Manchester Mental Health NHS Foundation Trust/University of Manchester

There is debate over whether sleep is an occupation; however, as so many sleep problems are caused or exacerbated by occupational routine and environmental factors, occupational therapists are uniquely positioned to assess and treat sleep problems. This presentation will give a very brief introduction to the science of sleep, and sleep problems, and discuss intervention approaches occupational therapists might employ.

Current research regarding why we sleep and the impact of poor sleep on physical and mental health and quality of life (Lee & Douglass 2010; Kyle et al. 2010), and on occupational and social functioning (Womack et al. 2013; Horne 2013) will be discussed. The sleep cycle and circadian rhythm will be visually depicted and explained, and current thinking on common sleep problems will be discussed.

The available evidence for existing non-pharmacological interventions (including sleep hygiene, cognitive behavioural therapy for insomnia, relaxation and mindfulness) will be briefly described, and the empirical and theoretical basis for more occupation-focused interventions will be discussed.

The presentation will cover approaches to assessing sleep, including taking a sleep history. A case will be made regarding how therapists may help clients with sleep problems using their existing skills, such as activity scheduling and environmental adaptation, and application of activity analysis and grading within sleep interventions.

References

Keywords
Adult physical health, Mental health, Occupational therapy

Author Biography
Sophie Faulkner trained as an occupational therapist at University of Salford and has worked in a range of physical health and acute settings, before moving into mental health in 2011 on inpatient wards. Sophie now works in a community mental health team as a care co-ordinator and occupational therapist. Sophie began her research into sleep in 2012.

Session S23.1
The role of occupational therapists in reablement services – a qualitative realist study
Dibsdall L: Wiltshire Council

The purpose of this PhD research is to understand the role of occupational therapists working as core members of reablement services that have more than one organisation involved, and to identify what supports occupational therapists in practice.

A realist approach (Pawson 2006) was utilised to identify not only what works but how it works and in what circumstances. Initial theories of how occupational therapists contribute to reablement services were developed from the literature. These theories were then tested, and others identified, using a case study design of reablement services in three different counties. Research methods included observations and interviews with occupational therapists and managers, and focus groups with reablement support workers.

Occupational therapists in the study identified a close link between the ethos of reablement and occupational therapy philosophy. Occupational therapists demonstrated a person centred approach to reablement utilising clear clinical reasoning when assessing, setting goals and working with service users using a ‘tool box’ of approaches. Occupational therapists were a key support to reablement support workers.

Trust was identified as an important factor for working with different organisations comprising the reablement service. External pressures were acknowledged as having a negative impact on the delivery of effective reablement.

Occupational therapists undertake a key role working with both service users and carers, and supporting wider members of the reablement team. A realist approach is an effective way of discovering what works, how and in what context a service works that can be utilised in the evaluation of other services.

This study was given ethical approval from the University of the West of England.

References

Keywords
Occupational therapy, Social care

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Lisa Dibsdall is the principal occupational therapist for adult care at Wiltshire Council. She is nearing completion of a PhD with the University of the West of England.
Session S25.1
Transforming healthcare for homeless people: the value of occupational therapy

Koehne S: King's Health Partners Pathway Homeless Team/South London and Maudsley NHS Foundation Trust, Sapani J: King's Health Partners Pathway Homeless Team – Guy's and St Thomas NHS Foundation Trust, Lescure D: King's Health Partners Pathway Homeless Team/South London and Maudsley NHS Foundation Trust

Homelessness is a growing problem nationally, and both health and housing services have struggled to provide effective interventions to meet the complex needs of the homeless population. Recent governments have made reference to the importance of paying attention to the health needs of homeless people to address homelessness and reduce health inequalities (Dumoulin et al., 2016).

Pathway, a charity working with single homeless people, has developed a model of patient-centred care in acute hospital settings in collaboration with voluntary services (Pathway, 2017). Three occupational therapists are employed in a wider multi-disciplinary team across three acute and mental health trusts to deliver this model of care. The team aims to ensure homeless people have the best possible hospital experience and achieve the safest possible discharge outcomes by providing homelessness advice, addressing unmet healthcare needs, and supporting clients to access housing and reintegrate into the community.

Occupational therapists are well positioned to develop a service with this population due to training in both physical and mental health, and understanding of the impact of the environment on an individual’s health, wellbeing and function (Grandisson et al., 2009). Working in this team has raised the profile of occupational therapy within homeless and voluntary sector services, while simultaneously showcasing the versatility of occupational therapy skills within a broader healthcare setting.

As part of the service evaluation, early qualitative feedback from service users suggests a positive impact on both their inpatient experience and access to healthcare and housing. The long-term economic value of the service is also being evaluated.

References


Keywords

Disadvantaged people, Occupational therapy

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Author Biographies

Sophie Koehne has worked as an occupational therapist in mental health services in South London Maudsley Trust (SLaM) for the majority of her career. She has worked across acute, community and forensic services, including developing the role of occupational therapy within a community forensic personality disorder service. Sophie took a year out of mental health to work as a health promotion specialist, engaging excluded groups including sex workers, homeless people and drug users. Sophie is currently an advanced mental health practitioner in a pilot project with the King’s Health Partners Pathway Homeless Team in SLaM.

John Sapani started working as an occupational therapist in 2008. He has mainly worked for the South London Maudsley Trust (SLaM) in forensics mental health, community services and education and training. During his time in education and training he contributed to development of the SLaM Recovery College, while leading on the development of an apprenticeship/return to work scheme for people with lived experience of mental health problems. John is currently undertaking a new role as an advanced occupational therapist for the King’s Health Partners Pathway Homeless Team pathway at Guy’s and St Thomas Hospital.

Session S26.1
How do you know there’s effort during activity participation?

Sherwood W: International Creative Ability Network, Casteleijn D: University of the Witwatersrand, Taylor C: Bournemouth University

Occupational therapists seek to create just the right challenge for clients. Mastery of challenges is satisfying (Csikszentmihalyi 1988) and promotes growth in abilities and/or motivation (du Toit 2009), influencing health and well-being.

Mastering challenges requires effort. Therefore, therapists need to determine: 1) how much effort a client is capable of; 2) whether s/he is putting in adequate effort for mastering challenges; 3) how to facilitate effort. However, definitions, descriptions and explanations of effort do not exist in occupational therapy theories, assessments or literature. Subsequently, effort cannot be adequately understood, assessed and measured. Lack of understanding of effort means therapists cannot be confident in how to facilitate effort.

This Formal Grounded Theory PhD study sought to discover what effort is in relation to activity participation. Interviews and observations were undertaken with a total sample of 50 clients and occupational therapists, plus interviews with 24 members of the public. Constant comparison of emerging concepts with other studies led to a formal grounded theory of effort.

Effort was discovered to be essential for relating to one’s self and the world, and occurs in challenging activity participation. Effort varies from minimal to maximal, reflecting motivation and abilities. Findings indicate the conditions necessary for effort to occur, the process leading to effort and its observable referents. Further data analysis since this study was presented in 2013 allows detailed description of these in this presentation. This study contributes to understanding how effort for mastering challenges occurs, defines and describes effort for the occupational therapy process, and provides theory for the occupational therapy profession.

Ethical approval was gained from the Human Research Ethics Committee of the University of the Witwatersrand, South Africa, where the PhD was registered. Approval no. M110527. The approval was reviewed and supported by London South Bank University Ethics Committee in respect of the author’s employment at this institution at the time.

References

Session S27.1

The scope of home-based occupational therapy for adults with both Down syndrome and dementia: a cross-sectional survey

Raj S, Stanley M, Mackintosh S, Fryer C: University of South Australia

Aim: To explore the scope of occupational therapy practice for adults with both Down syndrome and dementia and their informal carers living in their homes.

Design: A cross-sectional survey.

Methods: Occupational therapists with experience in providing interventions for adults with Down syndrome, in four countries, were invited to participate via advertisements in occupational therapy association newsletters, web pages and social media promotion. A web-based survey was developed to capture occupational therapy referral systems, assessments and interventions used with this population. Responses will be analysed descriptively when the survey closes on February 1st 2017.

Results: Forty responses have been received to date, of which 23 are from the United Kingdom. Interim results indicate that 83% of respondents worked in the public sector. The respondents received one or more referrals a month for an adult with both Down syndrome and dementia, most frequently for decline in activities of daily living (33/40). Areas of occupation, performance skills and environmental factors were assessed regularly for these clients. Two-thirds of the respondents reported providing compensatory strategies, environmental modifications and planned future needs as interventions. Eighteen respondents assessed the informal carers of the care recipients, with nearly half of them performing risk and safety assessments for the carers. Insufficient therapy time, funding structures and staffing were the main barriers reported to service provision.

Session S27.2

Creating an occupationally just environment for younger people living with dementia

Rabanal L: University of Salford

Dementia is a national priority but the needs of younger people living with the condition have been neglected (World Health Organization 2012). Knowledge concerning the lived experience of young onset dementia (YOD) is limited, but lack of meaningful activity is a key issue (Harris 2004; Johannessen and Moller 2011). The current study provided a rare opportunity to examine the experiences of people living with YOD in receipt of ongoing, activity-focused day support, with the aim of generating information to address their occupational needs.

A phenomenological approach was adopted using qualitative methods. A total of four in-depth semi-structured interviews were conducted with four people living with YOD.

Interpretative phenomenological analysis was used to generate themes in the data. Participants’ occupational experiences within day support revealed three themes: occupational deprivation (lack of opportunity to engage in activity at home), the ‘knock-on effects of activity’ (the power of simple activity, activity and wellbeing, reminiscing) and ‘if we want to’ (choice and range of activities).

Crucially, participants highlighted different occupational patterns at home and during day support, with the latter facilitating occupational engagement. The importance of choice and a range of unstructured activities were emphasised, with the value of using specific activity in reminiscence work.

These findings indicate an important role for occupational therapy in supporting younger people to live well with dementia by drawing on their skills to create the conditions for meaningful activity. Greater age-appropriate support for people living with YOD is needed, with occupational therapists as key players within these services.

Keywords: Dementia, Learning disability, Occupational therapy

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Sujatha Raj is a PhD candidate in Occupational Therapy from the School of Health Sciences, University of South Australia. Her clinical interest areas are stroke rehabilitation, dementia in the general population and exploring therapies for adults with both intellectual disability and dementia.

Dr Mandy Stanley is a senior lecturer in Occupational Therapy within the School of Health Sciences, University of South Australia. She is an occupational therapist and occupational scientist with expertise in qualitative approaches to research.

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Author Biography
Wendy Sherwood has 26 years of experience as an occupational therapist, 11 of which were spent as a senior lecturer and course director in undergraduate OT education.

Wendy has dedicated much of the last 14 years to introducing the Vona du Toit Model of Creative Ability (VdTMoCA) to OT in the UK. Effort is a core construct in this model.

Wendy is currently an independent practitioner who provides education and work-based support to OTs and support workers nationally and internationally. Wendy is a co-author and co-editor of two books on the model, and is the Lead Director of the VdTMoCA Foundation (UK).

Keywords: Occupational therapy

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Author Biography
Wendy Sherwood has 26 years of experience as an occupational therapist, 11 of which were spent as a senior lecturer and course director in undergraduate OT education.
recruited from an NHS setting. The researcher attended a full NRES committee meeting on 25 July 2014, with a favourable outcome.

References


Keywords
Dementia, Occupational therapy

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Author Biography
Luisa Rabanal is an Occupational Therapist and Research Fellow in Young Onset Dementia at the Salford Institute for Dementia. She is working on a three-year landmark study in collaboration with Salford City Council looking at the needs of younger people living with young onset dementia. The findings will be used to develop best practice in Salford and facilitate the development of support services for people living with young onset dementia. Luisa is particularly interested in how to increase engagement in meaningful occupation for people living with dementia and the development of creative methods to include them in research.

Older people

Session S28.1
The lived experience of engagement in occupations by older people during the first year of widowhood

Hutt Greenyer C: University of Southampton

In 1996 Ilott posited the notion that loss and its repercussions hold a central, yet overlooked, position in occupational therapy practice. It was proposed that a more robust understanding of loss is required by occupational therapists, yet published evidence suggests that loss remains a neglected issue.

A developing body of literature supports the role that remaining connected by continuing bonds (Klass et al., 1996) in this process was evident. A novel form of ongoing bond to the deceased appeared to support re-engagement, the evolution of which has relevance to practice and potentially extends understanding of the continuing bonds model of grief.

References


Keywords
Occupational therapy, Older people

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Author Biography
Corinne Hutt Greenyer is a lecturer in occupational therapy and senior academic tutor in the Faculty of Health Sciences, University of Southampton. Before moving into education her professional practice background was in mental health. She undertook research into bereavement and the impact on engagement in occupation while completing her doctoral study. Corinne is also a committee member for the South East BAOT regional group.

Session S28.2
Social groups – exploring occupational engagement in older men

Whiting S, Reynolds J: Northumbria University

Research Purpose and Aims: Older males face increased challenges to aging, with poorer use of community groups and social networks impacting their opportunities for engagement in meaningful occupational roles and activities (Milligan et al. 2016). Addressing our current lack of knowledge about older males’ experiences of occupational engagement, this study explored their perspectives and experiences on how occupational engagement is initiated, developed and sustained.

Research Design and Methods: Two semi-structured focus groups were conducted with nine male participants (aged 61–85) who attend social activity groups.

Results: Occupational engagement was initiated through an environment that provided safety, a place to meet new people and make new friends, and an opportunity to avoid passive occupations, especially in the winter months. Occupational engagement was sustained through camaraderie, reminiscence and community integration that provided the men with purposeful and meaningful roles as teacher, learner and volunteer. The participants created new occupations through reliving memories of past roles. The male participants highlighted shyness and lack of feeling listened to by others as a key barrier to initiation and retention within social groups and activities.

Impact on Occupational Therapy Practice: This study highlights the importance of creating and sustaining new roles in old age, through occupationally engaging activity. Therapists need to be aware of the difficulties older males have in initiating and sustaining social occupations due to shyness and lack of feeling respected by others to share their experiences.

Keywords
Occupational therapy, Older people

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Author Biography
Susan Whiting is a Principal Lecturer and Senior Lecturer in Occupational Therapy at Northumbria University. She is working on a three-year landmark study in collaboration with Salford City Council looking at the needs of younger people living with dementia using participatory action research. The findings will be used to develop best practice in Salford and facilitate the development of support services for people living with young onset dementia. Luisa is particularly interested in how to increase engagement in meaningful occupation for people living with dementia and the development of creative methods to include them in research.

Older people

Session S28.3
Social groups – exploring occupational engagement in older women

Freckleton A, Barlow A: University of Huddersfield

Research Purpose and Aims: Older women face increased challenges to aging, with poorer use of community groups and social networks impacting their opportunities for engagement in meaningful occupational roles and activities (Milligan et al. 2016). Addressing our current lack of knowledge about older women’s experiences of occupational engagement, this study explored their perspectives and experiences on how occupational engagement is initiated, developed and sustained.

Research Design and Methods: Two semi-structured focus groups were conducted with nine male participants (aged 61–85) who attend social activity groups.

Results: Occupational engagement was initiated through an environment that provided safety, a place to meet new people and make new friends, and an opportunity to avoid passive occupations, especially in the winter months. Occupational engagement was sustained through camaraderie, reminiscence and community integration that provided the men with purposeful and meaningful roles as teacher, learner and volunteer. The participants created new occupations through reliving memories of past roles. The male participants highlighted shyness and lack of feeling listened to by others as a key barrier to initiation and retention within social groups and activities.

Impact on Occupational Therapy Practice: This study highlights the importance of creating and sustaining new roles in old age, through occupationally engaging activity. Therapists need to be aware of the difficulties older males have in initiating and sustaining social occupations due to shyness and lack of feeling respected by others to share their experiences.

Keywords
Occupational therapy, Older people

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Amanda Freckleton is a Lecturer in Occupational Therapy at University of Huddersfield. Prior to working in OT, Amanda had a career in education and social work. Amanda is interested in understanding the experiences of older people and how they engage with meaningful occupation in social groups.
Session S30

Hooked on crochet

Myers H: Keele Clinical Trials Unit

Aim: The aim of this Occupation Station is to produce a basic crochet square. The Station is suitable for beginners.

Background: Historically, the use of crafts was significant in occupational therapy: this was reflected in occupational therapy training which included learning crafts and creative occupations for use as therapeutic interventions. There was a shift away from the incorporation of arts and crafts in practice in favour of a more medically oriented model. Despite this shift, occupational therapy has maintained its identity as a profession that incorporates creativity into practice.

There has recently been an increased interest in art and craft activities: crafts have become cool and contemporary, with ideas being shared via internet sites such as Pinterest. This movement has encouraged the incorporation of arts and crafts back into the practice setting (Bathje, 2012).

Evidence suggests that handicrafts such as crochet can have a beneficial effect on health and wellbeing (for example, stress relief, improving self-confidence through learning a new skill, socialising with others, improving memory, giving a sense of purpose): benefits which can be transferred into other areas of life. Crochet is accessible: it does not require much equipment (a hook and yarn), is transportable and can be done individually or in a group setting.

Session plan: Step-by-step demonstration of crocheting a basic square. This will include the basic stitches used in crochet: the chain, the double crochet and the treble crochet.

Resources required: tables, PowerPoint. (Yarn, hooks and hand-chains, the double crochet and the treble crochet.

Keywords

Mental health, Occupational therapy, Older people

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Current final year MSc pre-Registration student at Northumbria University. Interests include successful ageing for older people, occupational engagement, intergenerational activity.

MA, PHD. Interests include: intergenerational research in mental health and wellbeing.

Session S30A

STARTwork: an art-based intervention to support people experiencing mental ill health move towards employment

Jones R: Start in Salford

Aim: To demonstrate how the benefits of creative arts occupations can be harnessed to enable people to move towards employment.

Background: STARTwork is a project for people to progress towards work. It involves sessions on issues where mental health and employment interact, e.g. disclosure. Following these, participants produce artwork inspired by ‘changes’. Through the arts, participants explore the process of change safely. Creating a tangible object also increases confidence. The sessions involve groupwork, which develops employability skills such as communication and teamwork.

‘Improving Lives – the work, health and disability green paper’ states that 32% of disabled people with mental health problems are employed and support is needed for those who are long-term unemployed to move into good work. STARTwork provides a supportive and positive space for people to develop employability skills through engaging in a creative occupation.

Session plan: The session will be a sample of the STARTwork course, which creates an animation of a blooming flower, showing change in nature as symbolising recovery and achieving goals. The group will make paper roses at different stages of blooming and create a short animation. Participants will collaborate so each person makes one stage of a flower blooming. The group will then use an app to make these into a very simple stop-motion animation. No previous experience is necessary. An informal discussion will follow on why and how creativity might be helpful for people experiencing mental ill health prepare for work.

Resources: Group of tables and seats for 11 people.

Keywords

Mental health, Occupational therapy

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Rachel Jones works at Start in Salford, an organisation that promotes wellbeing through creativity for people who are experiencing mental health difficulties. Inspiring Minds is their Arts on Prescription programme that provides a diverse range of creative art sessions. As Community Integration Coordinator, Rachel supports Inspiring Minds members as they move on from the project, exploring and enabling participation in community-based meaningful activities. Rachel’s practice focuses on utilising creativity and the arts for health, wellbeing and living a full life.

Session S31.1

The value of cycling as a meaningful occupation

Feighan M: Devon Partnership NHS Trust

Introduction: Occupational therapists believe that meaningful occupations are linked to an individual’s health and wellbeing (Wilcock and Hocking 2015) and there is a growing literature exploring the personal meaning of specific occupations. However, few of these studies have focused on the personal
meaning of active sporting occupations and their therapeutic benefits. This study aimed to explore the personal meanings attributed to the occupation of cycling with a view to providing occupational therapists and others with an understanding of its therapeutic potential.

Method: Following approval by an ethics committee, seven men and women who cycled regularly took part in semi-structured interviews. These interviews were audio-recorded and transcribed. Interpretative Phenomenological Analysis was used to interpret the data.

Findings: The findings describe how and why cycling was meaningful. Cycling altered their mind-set and their emotions, contributed towards their identity and connected them to others. These themes concur with the findings of other studies (Leufstadius et al. 2008, Ikiugu 2005) and provide a rationale for their use therapeutically.

Conclusion: The value in understanding the meanings people have for their sustained participation in exercise provides evidence that can be useful in occupational therapy practice in a variety of fields, including mental health, learning disability and physical settings. There is clearly an association between meaning and participation in cycling, so it is incumbent on occupational therapists and other health and wellbeing professionals to exploit this connection in order to effectively support the uptake of exercise. This clearly provides a significant public health role for occupational therapists.

Ethical approval was granted by Plymouth University.

References


Keywords
Adult physical health, Mental health, Occupational therapy

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Session S31.2 (FP)
The occupation of cycling: an intervention for patients in rehabilitation and recovery?
Paske J: Sheffield Hallam University

Physical activity can play an important role in staying well and creating positive mood, wherever a patient is on their life’s journey (Public Health England (2014)). It is more likely to happen if it is enjoyable and cheap but people with disabilities often find barriers accessing such opportunities.

Cycling could be a valuable occupation for occupational therapists to consider for their service users. However, there is little evidence on leisure cycling for people with disabilities; the most recent is by Frances (2006). Observation suggests that people with disabilities can enjoy the same benefits from cycling as non-disabled people but that cycling can also mitigate impacts of impairment. For some, cycling is easier than walking.

At Wheels for Wellbeing, a south London cycling hub, people with disabilities enjoy cycling in a space free from motor traffic, using a range of cycles. There are at least 50 similar UK projects plus other local groups for bicyclists.

Aside from the possibility of improving motor, perceptual and cognitive skills, people with disabilities may enhance their psychosocial skills through being around other people. There are opportunities for volunteering and developing skills such as map reading or bike maintenance.

In these cash-constrained times, cycling can be continued independently by patients and used to enable their meaningful occupations such as going to work or visiting friends.

In this facilitated poster session there will be an exploration of the potential benefits of cycling as occupation, based on experiences at Wheels for Wellbeing.

References


Keywords
Learning disability, Long-term conditions, Mental health

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Author Biography
Janet Paske is a first year student on Sheffield Hallam University's BSc (Hons) course. She founded Wheels for Wellbeing in South London in 2007, a group which supports people with disabilities to cycle. She has a special interest in cycling as a meaningful occupation and as an occupational therapy intervention.

Session S31.3 (FP)
Promoting cycling and walking in the psychiatric rehabilitation setting
Dickson L: NHS Lothian

Occupational therapists who work in psychiatric rehabilitation are well placed to influence how people’s choices can directly impact their physical and mental health (COT, 2006). The benefits of regular low-impact exercise like walking and cycling are well documented, such as reducing the risk of coronary heart disease, stroke, cancer, obesity and type 2 diabetes, as well as promoting mental wellbeing (NICE, 2012; Scottish Government, 2016).

People with severe and enduring mental health conditions have poorer outcomes in physical health than the general population. This can be due to relatively inactive daily routines, high levels of medication and the restrictions of the hospital environment (Alexandratos, Barnett & Thomas, 2012).

Through partnership working with third-sector organisations including Penumbra, Carr Gomm and the Scottish Association for Mental Health, occupational therapists at the Royal Edinburgh Hospital have created various health promotion groups which include a walking group and a cycling group. This
Succession planning through therapy support worker apprenticeships

Cook T, Brown C: University Hospitals of North Midlands NHS Trust

The University Hospitals of North Midlands NHS Trust (UHNMT) Therapies Department apprenticeship programme has increased awareness of occupational therapy and physiotherapy among people who might not previously have considered these careers. Locally, youth unemployment is significantly high (Farmer 2013), so in 2012, following national policy developments around worker apprenticeships in 2012. Caroline has continued to manage this initiative since its establishment and has been involved in its on-going evolution, working in partnership with the UHNMT Health Academy and Stoke on Trent College.

The aims were:

- to contribute to succession planning within the therapy service
- to provide development opportunities that would demonstrate what therapy roles have to offer
- to help address local youth unemployment.

Apprentices are recruited via robust selection procedures and placed within a speciality therapy team with a named mentor to support them through their journey. While working through specific competencies alongside therapy staff on the wards, apprentices spend one day a week at college. Partnership working with Stoke College allows apprentices to obtain formal qualifications while working within a therapy team, gaining valuable skills and work experience.

Since apprenticeships were introduced, individuals have achieved the following outcomes:

- Two former apprentices are currently completing occupational therapy degrees.
- One has completed a physiotherapy degree and secured a physiotherapist post at UHNMT.
- Seven secured Band 3 Therapy Technical Instructor posts and are exploring opportunities for promotion within the team or considering applying for occupational therapy or physiotherapy degrees.

Succession planning through apprenticeships has proven to improve productivity and competency while ensuring that the therapy workforce has the practical skills and qualifications needed now and for the future.

References


Keywords

Managers, Occupational therapy, Support workers

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Author Biographies

Teresa Cook qualified as an occupational therapist in 2000 at the University of Cape Town, South Africa, and completed an NIHR-funded MSc in Clinical Research at the University of Sheffield in 2015. She has worked as an advanced occupational therapist on the acute medical wards at the Royal Stoke University Hospital, part of the University Hospitals of the North Midlands NHS Trust, since 2005. Teresa leads the integrated therapy team in this area, which is one of the speciality teams into which therapy apprentices are placed.

Caroline Brown MSc, BSc (Hons) is the Principal Physiotherapist in Emergency, Specialised and Respiratory Medicine at the University Hospitals of North Midlands NHS Trust. Caroline is the operational lead for both physiotherapy and occupational therapy service delivery across these specialties. Caroline began working specifically in medicine in 2001 and as part of her role was given responsibility for developing the therapy apprenticeships in 2012. Caroline has continued to manage this initiative since its establishment and has been involved in its on-going evolution, working in partnership with the UHNMT Health Academy and Stoke on Trent College.
In order to provide greater consistency for patients and meet NHS targets on agency spend, it is important to understand factors that attract staff and reduce attrition.

Local workforce data highlighted the vacancy levels for senior occupational therapists of 22–29%. Occupational therapists were invited to share their views anonymously on factors relating to recruitment and retention via an electronic questionnaire (SurveyMonkey 2015).

Descriptive analysis was used to identify the key themes and the results shared with managers.

Respondents wanted a robust professional structure, clear supervision as well as opportunities for continuing professional development. Staff felt valued by their team but wanted acknowledgement from senior managers for their contribution. Opportunities for professional career progression were pivotal in staff deciding to stay and people liked posts with a clearly defined occupational therapy role. However, large caseloads and unachievable targets were identified as challenges in community posts.

These findings have been used to develop a trust-wide workforce plan for occupational therapy, including the piloting of revised job plans and a structured programme to move from junior to senior posts. The findings and action plan may also be of interest to other organisations to inform local recruitment and retention strategies, and reduce vacancy levels and agency spending.

References


Keywords
Mental health, Occupational therapy

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Mary Morley was the Director of Therapies until February 2017 and is now working in the trust as a consultant occupational therapist. Jane Smith is the OT training and development lead in a mental health TRust.

Session S33.1
Interactively appraising a paper about mental health service users’ experiences and perceptions of photovoice

McDonald P: Royal College of Occupational Therapists

This interactive journal club will present and explore the results of a critical appraisal of a paper by Maniam et al. (2016), which examines the experiences and perceptions of attendees of an early psychosis programme with regard to participating in a photovoice project and exhibition. Photovoice is a visual participatory method that involves taking photographs. It is used within research to develop or enhance understanding of the lived experience (Anderson Clarke and Warner 2016).

The Qualitative Research Checklist (Critical Appraisal Skills Programme 2013) was used to appraise the paper. Initial screening questions identified that the paper warranted further appraisal, as the aims were clearly stated and deemed relevant to practice and the qualitative methodology was considered apt. Further questions were then used to explore the paper in more detail. While the research design was, overall, considered to be appropriate and well outlined, with evidence of ethics considerations and approval, some aspects could have been addressed more fully. The findings were clearly presented and discussed, although the challenges could perhaps have been explored further. There were some limitations, particularly in terms of generalisability, but it was considered that the findings/insights elicited could be used to inform a rich discussion.

The session aims to facilitate a constructive critique of the study, exploring strengths and limitations. It also aims to generate discussion about opportunities for/barriers to using photovoice in practice, as well as research, as a means of establishing a dialogue with individuals or communities at risk of not being heard.

References


Keywords
Mental health, Occupational therapy

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Author Biography
Pauline McDonald is a research and development officer at the Royal College of Occupational Therapists, responsible for producing a range of evidence-based resources. She is an occupational therapist and has a broad range of clinical experience that has included working in the fields of mental and physical health, in both inpatient and community settings. More recently, she has worked in the field of paediatrics.

Session S33.2
The development of the Occupational Therapy Mental Health Liaison role in the assessment and discharge planning of older persons with cognitive impairment within general hospitals

Fox H, Pressdee C: Abertawe Bro Morgannwg University Health Board

The contribution that occupational therapy can make in general hospitals and accident and emergency departments to improve patient flow and reduce rates and lengths of admissions is being increasingly recognised (COT 2016). Occupational therapy input can also play a key role in improving how older people are cared for during urgent care episodes (COT 2013), thus potentially reducing pressures on beds and improving patient outcomes.

Development of the mental health liaison team within Abertawe Bro Morgannwg University Health Board has included the
recruitment of a specialist mental health occupational therapist. This role focuses on older people and includes assessing functional cognition (Allen et al. 1992), education to general hospital staff, i.e. impact of cognitive impairment and mental health difficulties on function; interventions include carer guidelines, provision assistive technology and appropriate signposting and referral to community services.

The impact of this input in an acute medical assessment unit is being evaluated through a 6-week MDT pilot scheme, commenced in December 2016 and led by the specialist occupational therapist. The aims of the pilot include reducing admission rates for older adults with cognitive impairment, discharging patients home within 24–72 hours and preventing readmission.

Initial findings indicate positive outcomes for the individuals and their carers, including reduced length of time on the assessment unit, reduced rates of admissions to general wards, support to return to their own homes and access to appropriate community services. This has also led to extending the pilot within the accident and emergency department.

References


Keywords
Dementia, Mental health, Older people

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Social care
Session S34.1
Critical evaluation of the ‘short stay project’: service users’ perspectives
Brown H: Rotherham Metropolitan Borough Council,
Howlett F: York St John University

Purpose: This paper critically evaluates an innovative collaboration between health, housing and social care by exploring the ‘short stay project’ apartments from service users’ perspectives and considering the effectiveness of this service model as part of enabling provision locally.

Design/Methodology/Approach: The qualitative methodology for this evaluation was interpretative phenomenological analysis (Smith 2011), critically exploring service users’ personal lived experience of the ‘short stay project’. Three service users (n=3) participated in semi-structured interviews.

Findings: This study has identified that the ‘short stay project’ can prevent admission into and facilitate discharge from care and health services by offering service users a temporary stay in self-contained, adapted accommodation. Service users found value in staying temporarily at the apartments for differing reasons. However, practitioners must address service users’ emotional and social needs as well as physical needs to reduce the risk of occupational deprivation.

Research limitations: the small sample size is not fully representative of the total population, making transferability limited.

Practical implications: this research found there is demand for temporary housing provision for service users with health, housing and/or social care needs.

Social implications: further research around the potential role for occupational therapy in delivering interventions which support social and emotional wellbeing of service users is advisable.

Originality/Value: Service models which integrate health, housing and social care can be innovative and maintain service users’ independence and wellbeing in the community.

Permission to undertake the research was granted from the performance and quality department, assistant director and communications team in the setting. Ethical approval from York St John University Research Ethics Committee has been granted, approval number 130109842_Brown_20061016, and the researcher was supervised throughout.

References

Keywords
Long-term conditions, Occupational therapy, Social care

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Author Biographies
Helen Brown is Housing Occupational Therapy Manager at Rotherham Metropolitan Borough Council. Graduating in BSc (Hons) Industrial Studies in 1994, she enjoyed a successful 10-year career in sales and marketing. In 2005, Helen embarked upon a career change, studying Occupational Therapy part-time at Sheffield Hallam University, graduating in 2010 with a first-class honours degree. Since then Helen has worked at Rotherham Metropolitan Borough Council with responsibility for delivering occupational therapy services to customers with housing-related needs. Helen has recently successfully completed MSc Professional Health and Care Studies at York St John’s University.

Fiona is Senior Lecturer in Occupational Therapy at York St John University.
Research design and methods: We set out to determine what ‘good’ home care looks like using a mixed methods approach, including participant observation (researchers working as home care workers), diary keeping by caregivers, document analysis and interviews. We draw on data from the participant observation and diary elements of the study to describe the nature of home care and skills of the home care workforce.

Ethics: The study received ethical approval from the NHS Social Care Research Ethics Committee.

Results: In addition to the expected roles of assisting with personal care, cooking and shopping, we found carers were instrumental in assisting people to maintain meaningful occupations and relationships. For example, carers enabled clients to fulfil their usual family roles, access and participate in their communities and social networks, and maintain their hobbies and interests.

Conclusion: This research has potential to influence home care training and to extend the role of home care, particularly in relation to the range of activities carers can engage in with clients to support their meaningful occupations. Giving greater consideration to an occupational therapy perspective may help achieve a more holistic and person-centred approach.

References

Keywords
Dementia, Social care, Support workers

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Author Biography
Lucy Perry-Young began her career working as a nurse in a dementia care home. Her interests in dementia and older people led her to undertake a PhD in the area, which she completed in 2015. Her PhD focused on how people recognise and respond to the early signs of dementia in the family and social network. Since then Lucy has been working as a Research Fellow at the University of Nottingham on the Broadening Our Understanding of Good Home Care for People with Dementia (BOUGH) study. Lucy has recently started her MSc in Occupational Therapy at Sheffield Hallam University.

Session S36.1
Taking risks using competency training for manual handling skill development?

Webb J: University of Salford

Research purpose and aims: Manual handling is intrinsic to many health care professions as part of assessment and intervention. Mandatory manual handling training is inconsistent, ranging from demonstration sessions to practical classroom competency, yet there is no evidence that training is effective in reducing staff and patient risks (Clemes et al., 2010 and Haslam et al., 2007). Webb et al. (2016) note a significant evidence base supporting the use of an online training system while reducing the risks for the handler and patients. The purpose of this study is to establish whether the reduction in face to face training was replaced with the use of an online training system.

Methods: Experimental design, randomised trial comparing 2 groups of students (n=243). Experimental groups were assessed using a classroom competency model where face to face training was replaced with the use of an online training system.

Results/Conclusions: Results demonstrate differences across all tasks, highlighting interesting comparisons with traditional yearly training, while improving skills and levels of safety.

Impact: Evidence base supports the ability to reduce training without impacting level of risk and will have an impact on associated training costs while improving skills, safety and reducing errors.

Ethical approval from University of Salford Ethics Panel (REF HSCR 14/123).

References


Keywords
Occupational therapy, Social care, Students

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Session S37.1
Publishing research in a peer review journal: strategies for success

Crai C: British Journal of Occupational Therapy

Aims: This workshop aims to clarify the peer review process, identify the roles of editors and reviewers, dispel misconceptions and explain the common reasons why submissions are rejected, therefore enabling participants to increase their chances of publication.

Background: Many occupational therapists find writing for publication challenging and may delay submitting for publication or fail to resubmit when revisions are requested. They may be disheartened if their efforts are criticised or if they are unsuccessful. Internationally, there are now more manuscripts submitted for publication in peer review journals. This is due to the increase in occupational therapists studying for postgraduate qualifications, the growth of research in the profession and pressure on occupational therapists in academic posts to publish.

Method: This workshop will guide participants through each stage of the publication process, from initial idea to responding to reviewers’ comments. It will explore key messages and the target audience and identify relevant publications. Guidance will be given on upholding ethical principles, how to structure a paper, following submission guidelines (British Journal of Occupational Therapy Submission Guidelines, 2017) and responding to reviewers’ comments.

Conclusion: By participating in this workshop, authors will be able to learn from experts, share experiences, have their questions answered and develop a personal publication plan. This should improve their chances of successful publication.
Relevance to occupational therapy education and/or practice: Improving the quality of the evidence published on the effectiveness, benefit and value of occupational therapy will enable occupational therapists to make informed decisions.

References

Keywords
Occupational therapy

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Author Biography
Christine Craik is an Honorary Fellow of Brunel University London following her retirement as Director of Occupational Therapy there. She is an independent consultant and is the inaugural Editor-in-Chief of the British Journal of Occupational Therapy. She is a past Chairman and Fellow of the College of Occupational Therapists. Her research focused on occupational therapy in mental health, older people and the education of occupational therapists. She has published extensively in peer reviewed journals and presented at national and international conferences.

Session S38.1
Spirituality embedded into acute adult health occupational therapy
Jones J: London Southbank University

Acute illness or trauma impacts an individual’s health and wellbeing; however, the acute context poses challenges for occupational therapists to practise holistically and embrace professional core values and philosophy. Religious and spiritual experiences are commonly acknowledged to enhance health and wellbeing, often focusing on the search for meaning and purpose to interpret circumstances, and coping strategies (Clarke 2013; Jones 2016).

The purpose of this research was to explore how occupational therapists embedded spirituality into their practice on an acute physical health inpatient ward. The opportunities, therapeutic interventions, facilitators and barriers experienced by occupational therapists in this challenging context were considered.

A qualitative study underpinned by ethnographic approaches explored in depth the experiences and behaviours of occupational therapists in an acute physical health setting. Participant-as-observer approach and conversational follow-up interviews explored how spirituality was embedded into everyday practice in a real-life context. Data analysis was guided by the Framework Approach, suitable for analysing and interpreting the large volume of unstructured data (Smith and Firth 2011).

The findings supported the notion that occupational therapists do embed spirituality into their every day practice. Occupational therapists support individuals experiencing vulnerability due to disruption in their health and well-being, despite the contextual and organisational challenges posed by 21st-century healthcare. Vignettes from the study will be provided to illuminate aspects of occupational therapy practice. In conclusion, the study presented supports and inspires occupational therapists working in acute physical health settings to provide holistic therapy, embedding spirituality as an integral aspect of their practice.

Ethical approval was received from the following bodies: School of Human and Health Sciences Research Ethics Panel – University of Huddersfield, NHS Research Ethics reference 12/YH/0225; Local NHS Trust Research and Development board.

References


Smith, J., Firth, J. 2011. Qualitative data analysis: the framework approach, Nurse Researcher, 18, 2, 52–63.

Keywords
Adult physical health, Occupational therapy, Older people

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Author Biography
Janice Jones is an occupational therapist and academic with a research interest in how occupational therapists embed the professional values and philosophies into their everyday practice. She has worked in a variety of physical health settings, including inpatient, community and specialist palliative care. Her doctoral research focused on the construct of spirituality and how this was embedded into the practice of occupational therapists working in acute physical health care. This doctoral research has led to the development of a conceptual framework and model to guide practice.

Older people

Session S39.1
Arthritis: products and life hacks
Raby E, Neagu E, McGinley C: The Helen Hamlyn Centre for Design, Royal College of Art

Aim: The aim of the workshop is to preview the everyday products that people find helpful, those that most are unaware of, and to explore new life hacks in a database developed in partnership with Arthritis Research UK. The resource draws on input from 56 participants with a range of arthritic conditions and the clinical staff that support them. It has been compiled by researchers working on the project at the Helen Hamlyn Centre for Design, based at the Royal College of Art. The workshop group will also have a chance to undertake several of the ‘hack’ themes included in the database, e.g. handle hacks.

Background: Researchers used co-design methodologies to examine the use of products and tips by people with arthritis. Key insights include:

- Participants often described a desired product, unaware that the product exists.
- Participants had many simple ‘hacks’ to adapt everyday products.
- Adaptations are difficult to explain verbally.

The research formulated insights from participants, many of whom have purchased multiple products to help solve the same problem, e.g. one participant had purchased seven different can openers. This costly approach is only available to certain individuals.
Session S40.1
Gone too far? Assessing roles and responsibilities of occupational therapists

Richards G: South London and Maudsley NHS Foundation Trust

The aim of this presentation is to critique whether the recruitment and retention activity of one mental health trust is really helping to grow the occupational therapy workforce or dilute it.

Concerns have been expressed over the years about recruitment and retention. Scanlan et al. (2010) reported satisfaction, professional development, career pathways, supervision and the positive aspects of an individual’s role may impact positively on the occupational therapy workforce. However, factors leading to poor retention include lack of role definition, poorly perceived professional prestige, the negative influence of generic working, inadequate support or continuing education. The Royal College of Occupational Therapists echoes these concerns.

Ela Neagu has a particular interest in healthcare projects alongside investigating user experience and behaviour within fields with sensitive information. Her main area of focus is information distilling and methods to create better communication. After volunteering for medical centres and experiencing them first hand she started her MA/MSc in Innovation Design Engineering (a double masters between Royal College of Art and Imperial College London). Ela has joined the Helen Hamlyn Centre as a research associate working for Arthritis Research UK after graduating and she is also head of product at Nettoken, a start-up she co-founded.

References

Keywords
Managers, Mental health, Occupational therapy

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Author Biographies
Lizzie Raby is a Research Associate at the Helen Hamlyn Centre for Design, a research centre within the Royal College of Art which undertakes design research and projects with industry, charities and academic partners that contribute to improving people.

Ela Neagu has a particular interest in healthcare projects alongside investigating user experience and behaviour within fields with sensitive information. Her main area of focus is information distilling and methods to create better communication. After volunteering for medical centres and experiencing them first hand she started her MA/MSc in Innovation Design Engineering (a double masters between Royal College of Art and Imperial College London). Ela has joined the Helen Hamlyn Centre as a research associate working for Arthritis Research UK after graduating and she is also head of product at Nettoken, a start-up she co-founded.

Session S41.1 (FP)
An exploration into how occupational therapists in community mental health services work with people’s strengths and resources

Heath L, Mitchell J, Pollard N: Sheffield Hallam University

Current strategy, guidance and literature relevant to occupational therapy in community mental health emphasise working with people’s strengths and resources (COT 2010, Department of Health 2011, Public Health England 2015). Despite commitment to these principles, the literature offers little discussion of how occupational therapists do this.

Aim: This study aimed to explore how occupational therapists in community mental health services work with their clients’ strengths and resources and what helps them to work in this way.

Method: Six occupational therapists from four community mental health teams took part in semi-structured interviews and follow-up meetings. Data was analysed using the principles of constructivist grounded theory to identify integrated analytical categories.

Findings: The findings are presented as an occupation-focused conceptual model, which combines an understanding of contextual factors with core values and approaches to underpin an intervention cycle. Participants use narrative and observation to assess, plan and facilitate meaningful occupational opportunities, working collaboratively with people to support them in identifying, experiencing and ‘knowing’ their strengths and resources. By talking about and engaging in occupations people are enabled to experience and discover their strengths and resources.

Conclusion: Findings represent an emerging co-constructed theory that integrates a focus on strengths and resources with participation in occupation, aligned with person-centred recovery values and reflecting elements of health behaviour change theory and strengths approaches. The study furthers discussion about roles in community mental health teams, identifying the importance of remaining occupation focused,

ward against being all things to all people or we will lose the essence of who we are as occupational therapists. This paper will suggest what worked and what didn’t in order to help others.

Author Biography
Gabrielle Richards is the Professional Head of Occupational Therapy and Lead for Social Inclusion and Recovery at the South London and Maudsley NHS Foundation Trust (SLaM) and a Fellow of the Royal College of Occupational Therapists. She is passionate about working in mental health, chairs the London Mental Health Leads group and is a past chair of the Mental Health Specialist section. She set up the SLaM Recovery College and works closely with service users and carers to develop involvement opportunities in the Trust.
evidencing outcomes and allocating sufficient resources to deliver assessment and intervention.

The research was carried out in part fulfilment of MSc Occupational Therapy (pre-reg). Research participants were NHS staff, the study received the following approvals: SHU supervisor approval received 18th February 2016; SHU Research Ethics Committee approval received 14th March 2016; Trust Clinical Research Committee approval received 25th April 2016; Trust Letter of Access received 17th May 2016.

References


Keywords
Mental health, Occupational therapy

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Author Biographies
After receiving a degree in Social and Political Studies in 1995, Laura Heath worked with vulnerable young people and adults around sexual health, substance misuse, homelessness and mental health in the voluntary and community sectors. Laura developed a professional interest in working with people’s strengths and resources and has experience and training in Solution Focused Therapy. In 2015 she commenced an MSc in Occupational Therapy (pre-reg) at Sheffield Hallam University and carried out the research study to explore how occupational therapists working in community mental services work with people’s strengths and resources, Judith Mitchell and Nicholas Pollard as academic supervisors.

Session S42.1
Occupational therapy perspectives on cognitive stimulation therapy: outcomes in relation to activities of daily living (ADL)

Rehling T, Sixsmith J, Corr S: University of Northampton, Chard G: AMPS UK and Ireland

Cognitive stimulation therapy (CST) is an activity-based intervention recommended for people with dementia (NICE 2006). There is evidence that CST benefits cognition and quality of life (Spector et al. 2003), but little is known about its effect on occupational performance. The aim of this mixed methods study was to deliver CST while focusing on occupational performance as an additional outcome. Ethical approval was obtained.

Following a survey (n=71) and interviews (n=10) with occupational therapists and a case study of CST (n=6), an intervention (OT-CSTdem) was developed to deliver standardised CST within the framework of an occupational therapy approach. One programme of OT-CSTdem was delivered as part of routine care by a trained occupational therapist. The Assessment of Motor and Process Skills (AMPS) was used to examine any changes that took place in the occupational performance of participants (n=7). Wilcoxon Signed Rank tests revealed a statistically significant increase in ADL motor ability (z = −2.214, p = 0.027) with a large effect size (r = 0.639). An increase in ADL process ability was also noted, which was close to significance and with a large effect size (z = −1.184, p = 0.066, r = 0.531).

The results of this small exploratory study are promising and provide initial evidence of added value when occupational therapists deliver CST programmes, in terms of supporting people with dementia in their performance of activities of daily living. Further research is recommended to investigate whether these outcomes can be reproduced with a larger sample.

The NHS Research Ethics Service granted ethical approval for this study. REC reference: 15/ES/0062.

References


Keywords
Dementia, Occupational therapy

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Author Biographies
Tracey Rehling qualified as an occupational therapist in 1993 and has held clinical posts at every grade in various healthcare settings, including overseas. With experience as an occupational therapist practice educator, an occupational therapist service manager, a community mental health team (CMHT) manager and a senior health service manager, she has also worked as an independent consultant and clinical project manager within the National Health Service. Tracey is an experienced lecturer in occupational therapy, in France and in the UK. Her doctoral research examines cognitive stimulation therapy for people with dementia, with a focus on supporting continued engagement in meaningful activity.

Session S42.2
A study of the implementation of the tailored activity programme in a Scottish context

Kinsella N: Alzheimer Scotland and Queen Margaret University, Pentland D: Queen Margaret University, Hunter E: Alzheimer Scotland

The tailored activity programme is a multi-step, complex intervention for people living with dementia and their caregivers

Ongoing research
that is currently delivered by approximately nine trained occupational therapists in Scotland.

The tailored activity programme was introduced to Scotland in 2012 by Alzheimer Scotland, in partnership with the Scottish government, the intervention developers (Gitlin et al. 2008) and Queen Margaret University. In 2015, a PhD studentship was awarded by Alzheimer Scotland to further develop the research into the programme. The aim of this work was to understand how the tailored activity programme was being implemented in Scotland and the impact of the context on its implementation. This study was conducted with a view to designing a full research protocol for the PhD study.

A qualitative design underpinned by the principles of a critical creativity worldview was developed. Critical reflective discussions were facilitated with trained occupational therapists and creative hermeneutic analysis was conducted on critical reflections of these conversations and notes made during discussion.

Findings included the impact of limited resources and organisational processes on occupational therapists’ ability to implement the programme as per protocol. They also indicated that the programme was adapted in order to facilitate person-centred practice (McCormack and McCance 2017). Finally, adapted use of the programme facilitated occupational focused thinking and referral to occupational therapy.

The study concluded that the programme will be different for each case of implementation, thus requiring redefinition, further exploration and evaluation of its implementation.

Approval was provided by the authorised head of division in health sciences at Queen Margaret University. Consent was requested and approved by all occupational therapists who contributed their opinion and the work was conducted to the ethical standards outlined by the university.

References


Keywords
Dementia, Occupational therapy

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Author Biography
Niamh Kinsella was awarded a PhD studentship by Alzheimer Scotland in affiliation with Queen Margaret University, Edinburgh. Her PhD is related to the implementation of the tailored activity programme for people living with dementia and their caregivers. She is currently exploring the values and beliefs or philosophy underpinning occupational therapy practice using the tailored activity programme. She is interested in person-centred practice research and practice development for occupational therapy. Finally, Niamh is passionate about use of self and creativity in occupational therapy research and practice as a means of achieving human flourishing.

Session S43.1
Professional terminology – unleashing the potential of digital care records

Sainty M: Royal College of Occupational Therapists,
Middlewood L: First Community Health and Care

Aim: A pilot is examining whether the occupational therapy terms, published in SNOMED CT (Systematised Nomenclature of Clinical Terms), are fit for purpose for live deployment in digital care records.

Background: Personalised Health and Care 2020 (Great Britain, National Information Board 2014) endorses moving to a single clinical terminology – SNOMED CT – to support direct management of care. Four SNOMED subsets of terms developed by the College of Occupational Therapists (COT) and it members – assessments, problems, goals and interventions – are available to electronic system providers (COT 2015).

Method: First Community and Health Care, a social enterprise, volunteered to work with COT to implement the occupational therapy subsets in the practice environment. This is being done in collaboration with Emis Health to strive towards a paperless service and to improve continuity of care. Key evaluation criteria include frequency of use and relevance of terms, and benefits for practitioners and service reporting.

Conclusion: Occupational therapy subsets are not automatically uploaded into a local system. A first priority for occupational therapists is, therefore, to determine those subset terms which reflect their service’s activities, and to proactively engage with their local informatics team to influence and shape the professional terminology available in their electronic system.

Relevance to occupational therapy: Without access to, and use of, professional terminology in their digital records, occupational therapists will fail to capture the occupation-centred focus of an individual’s care plan. Can we afford, however, to also lose the potential of aggregated data that demonstrates the effectiveness of occupational therapy?

References


Keywords
Managers, Occupational therapy

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Author Biographies
Mandy Sainty is an occupational therapist with a diverse career in health and social care. She joined the College of Occupational Therapists in 2010 and her role as Research and Development Manager includes lead research responsibilities for College research governance activities, the development and management of a range of evidence-informed strategies and resources to support the profession, and representing the College within relevant informatics agendas.

Louise Middlewood is an occupational therapist specialising in neurological rehabilitation. She qualified in 2005 from Canterbury Christ Church University and since then has worked in a range of acute and community settings throughout London, Kent and Surrey, including King’s College Hospitals and National
Hospital for Neurology and Neurosurgery. She now works for First Community Health and Care CIC, a not-for-profit social enterprise in East Surrey, in the Community Neuro Rehab Team. She has an interest in the use of electronic records to aid clinicians’ efficiency and quality of patient care.

Tuesday 20 June 2017

Session S44A

The occupation of mixed media art and its role in creativity and reflection

Youngson A: University of Cumbria

Aim: The aim of this workshop is to introduce and explore the occupation of mixed media art both as a means to experience creativity and as a way to reflect on occupational therapy research, education and practice.

Background: Dickie (2004) asks how occupational scientists and therapists can support others’ efforts to be creative if we don’t have personal experience of what this means. Trying new media, such as mixed media artwork, can give rise to creativity and new insights (Myers 1999). During my doctoral research, I developed the skills of mixed media art to reflect on my development as a researcher. Reflection is a part of continuing professional development (COT 2015) and the workshop will enable participants to explore creativity and reflection on all aspects of practice.

Session plan: Participants will be introduced to a number of techniques such as collage, stencilling and embossing, using a variety of materials including paints, pastels, wool, fabric, paper and found objects. Examples and instructions will be available. Participants will be asked to think about an aspect of practice, education or research on which they would like to reflect. They will be asked to consider this first as a metaphor and then to create an artwork based on this metaphor. Finally participants will be invited to reflect on and share their art and experience of creativity. No previous art experience is required.

Resources: A large room with tables and a sink. References are available on request.

Keywords
Managers, Occupational therapy, Students

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Session S44

Doing beading and becoming: exploring bead-making as therapeutic media

Burwash S: Eastern Washington University

Aim: To discuss and demonstrate how creating a variety of simple, low-cost beads in therapy can contribute to enhanced client self-knowledge, goal identification and to taking hopeful action towards achieving desired outcomes.

Background: The occupation is fabricating beads as a component of jewelry-making. Jewelry-making has been used by occupational therapists since the early days of the profession (Kidder, 1922). However, as contemporary therapists are not often exposed to jewelry-making in their education, and as fewer occupational therapy departments have jewelry-making tools/materials because of cost/space requirements, use of this occupation in therapy may not be as common as it could be. Jewelry-making remains a popular leisure activity, may be associated with cultural practices, and can also be a source of income. An occupation that can be done individually or within a group setting, it can be used to explore self and communicate complex ideas visually. While some bead-making processes require great skill and specialised tools, there are many beads that can be created using simple techniques and inexpensive materials. This Occupation Station will demonstrate a variety of beads, allow attendees to create one of the beads demonstrated, and discuss therapeutic purposes to which making beads and jewelry could contribute.

Session plan: Introduction to bead-making as occupational therapy, demonstration of types of beads with opportunities for participants to create one of the beads, discussion of clinical experiences with bead-making, where to learn more.

Resources: long table with 8 chairs, 32 chairs for observers, sink, good lighting. Presenter will provide tools/materials.

Keywords
Mental health, Occupational therapy, Social care

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Author Biography
Dr Susan Burwash is a Canadian-educated occupational therapy academic and artist who is currently Chair of the Department of Occupational Therapy at Eastern Washington University in Spokane, Washington, USA. She is interested in the use of arts of all kinds as therapy, and has used jewelry-making as a creative-expressive medium in working with varied client populations, including clients in mental health settings, women in prison, teenage mothers in a school programme and homeless women. A recent profile about her can be found in the January 2017 issue of the Open Journal of Occupational Therapy.

Session S45.1 (FP)

Utilising the Residential Environmental Impact Scale (REIS) to increase patient participation in activities within a ward environment

Martin C: NHS Lothian, Harrison M: Queen Margaret University, Irvine L, Dickson L: NHS Lothian

The environment impacts on individuals’ occupational functioning, as highlighted by the International Classification of Functioning (World Health Organization 2001). Overcoming environmental barriers is emphasised as an important part of occupational therapists’ interventions (College of Occupational Therapists 2006; Harrison et al. 2016).

Environmental barriers to participation in ward environments can include unpleasant odours in parts of a ward, lack of seating available in ward gardens, a lack of art to decorate and personalise, communal areas and a lack of staff to facilitate meaningful activities at the time preferred by the patient themselves.

The Residential Environment Impact Scale (REIS; Fisher et al. 2104) was used in a mental health rehabilitation service to assess the impact of the physical and social features of the ward environment on mental health patients’ participation in meaningful activities. An action plan to improve the ward environment was agreed in consultation with patients and staff and implemented by the staff team working with patients.

Providing opportunities for personalisation of the ward environment improved patient participation in activities including art making, cooking and gardening. Increased use was made of
the communal areas of the garden and sitting room for resting and talking to others.

This work was completed as part of the Wayfinder Partnership, a partnership between NHS Lothian and Queen Margaret University.

References


Keywords
Mental health, Occupational therapy

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Session S45.2 (FP)
Occupational therapists delivering Schwartz rounds to improve staff health and wellbeing in work
Chouchelamane J: ABMU health board

Occupational therapists are widely involved in health and social care settings and are increasingly recognised as key players in managing the demands of a challenging health and social care system due, in part, to an ageing working population.

Arguably the greatest resource that health and social care systems have is their staff. When staff feel supported in the care they are providing, the benefits extend beyond those felt by staff but extend further to patients and to the organisation as a whole (Point of Care Foundation 2013). Schwartz rounds, originating in Boston, USA, have been introduced in the UK via the Point of Care Foundation since 2007 as a result of the Francis Report.

In ABMU Healthboard, Schwartz rounds have been in operation since 2014, running each month across four main hospital sights. Rounds have allowed a multitude of professionals, including medical staff, AHPs, clerical and domestic staff, to come together to discuss the emotional impact of their work.

Response to the rounds has been overwhelmingly positive, with audience members reporting rounds being ‘thought provoking’ and having helped them gain a greater understanding of the impact of working pressures on every member of staff. This would appear to echo findings from Goodrich (2012), which saw staff attending rounds report decreased feelings of stress and improved team working. Given the current challenging economic climate, Schwartz rounds could be a powerful tool in improving patient care through supporting staff.

References


Keywords
Mental health, Occupational therapy

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Session S45.3 (FP)
Does recovery in mental health need professionals?
Carter S: University of Derby

The aim of this work is to explore the role of the occupational therapist within recovery-orientated mental health services and how it fits with the notion of giving the service user control. The concept of recovery is now stated within much health and social care policy, legislation and guidelines across the UK, and it is an approach that is widely implemented by occupational therapists in mental health services. However, the recovery paradigm poses complex and multifaceted challenges to mental health professionals and there is growing concern over the ability to overcome the inherent barriers present in today’s health and social care structure and culture (Slade et al., 2014).

This literature review explore these barriers in relation to the professional concept and power theory using a Critical Realist approach (Edgley et al., 2016). The findings reveal there is an issue of power that undermines recovery implementation by occupational therapists within mental health services. The review concludes that the recovery paradigm needs to shift its focus off service provision and onto influencing societal change by using the power already available to it in the form of community. This calls for action from occupational therapists to unite with service users and other professionals to come together in community to fight for their right to occupational recovery at a societal level rather than focusing on service level implementation.

References


Keywords
Disadvantaged people, Mental health, Occupational therapy

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Session S45.4 (FP)
Connecting People, Connecting Support. The allied health professional offer to people living with dementia in Scotland
Hunter E: Alzheimer Scotland

This poster will share a new Scottish Government and Alzheimer Scotland AHP dementia policy document called ‘Connecting People, Connecting Support’ outlining a visual executive summary. ‘Connecting People, Connecting Support’ outlines how occupational therapists and allied health professionals
(AHPs) in Scotland can support people living with dementia to have positive, fulfilling and independent lives for as long as possible. The policy, while fulfilling a specific commitment in Scotland’s National Dementia Strategy (2013), aims to ensure the rehabilitation skills and expertise of occupational therapy and AHP, and have an even greater positive impact on the lives and experiences of people living with dementia.

A visual representation will be outlined and will include:

1. Professional and policy context (Scottish Government 2016) including key principles of human rights and a model for integrated dementia care (Alzheimer Scotland 2012).
2. Evidence to support the required changes to occupational therapy and AHP practice when working with people living with dementia.
3. The AHP offer, which aims to maximise the occupational therapy and AHP contribution to high-quality, cost-effective dementia services that are tailored to the needs of individuals.
4. Guiding principles, ambitions and actions to deliver the AHP offer, sharing a logic model and measurement framework to support local integration.

References

Keywords
Dementia, Occupational therapy, Older people

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Session S46.1
‘Occupational therapy: a cause without a rebel’ – a contemporary critical review

Davidson H: University of Salford

This session is a critical review of the opinion piece ‘Occupational therapy: a cause without a rebel’ (Joyce 1993).

The opinion piece published in 1993 questioned occupational therapy’s ability to meet the challenges presented by developments in mental health services at that time. Describing occupational therapy as a profession inhibited by a predisposition to appease and ‘least likely to rock the boat’ (p. 447), Joyce concluded that occupational therapists would not be able to grasp opportunities and fulfil the potential of our professional focus.

Beginning with an overview of the article and placing it in the context of practice in 1993, this session will then discuss contemporary occupational therapy initiatives such as the valueofOT and wider health and social care initiatives such as School for Health and Care Radicals, debating whether the professional landscape has altered since 1993. Including reference to concepts such as leadership and professional resilience, questions will be asked such as: could this article be written today?

Delegates will be asked to consider how their practice stands up to the comments made by Joyce. Recent personal communication with Joyce will also be used in discussing the article in the context of current practice.

In conclusion, the presence and role of rebels in occupational therapy going forward will be debated.

Key messages will relate to occupational therapy identity, professional confidence and professional competence. Facing critique is an essential tool for education and practice – this work will encourage critical reflection to inspire students, clinicians and educators.

References

Keywords
Occupational therapy

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Session S47.1
Coordinating evidence-based therapy at a national level: a case study in post-diagnostic dementia care


Coordinating the provision of complex interventions at scale is key to minimising variations in care access, quality and outcomes. However, work examining the translation of evidence into practice typically focuses on individuals or localised teams (Pentland 2012) rather than considering how to enable the simultaneous adoption of good practice across these boundaries. This endures as a challenge in dementia care where increasing access to appropriate post-diagnostic support features as a policy priority across the UK (Department of Health 2015, Welsh Assembly Government 2011) and has seen the provision of timely and effective occupational therapy included as the key commitment ‘Connecting People, Connecting Support’ in the Scottish government’s National Dementia Strategy (2013).

This seminar will present a continuing programme of work supporting occupational therapists across Scotland as they begin delivering Home Based Memory Rehabilitation (HBMR), a six-session intervention for adults in the post-diagnostic phase of their illness. Drawing on reflections from a range of partners including occupational therapists, academics and Alzheimer Scotland, the seminar will aim to demonstrate the key elements of learning from this process.

This will include presentation of national scoping work, outcomes data from the lead clinical team, reports about the impact of HBMR from people living with dementia and their families, consideration of the techniques used to engage and coordinate service implementation at national level, details about the design and implementation of a uniform national evaluation strategy, including outcomes, process and economic data, and consideration of how to generate strategic political support for cross-boundary implementation work.

References
Session S50.1

Social Prescribing: an emerging area for occupational therapy practice?

Thew M: Leeds Beckett University

The health burden of chronic disease and mental health conditions exacerbated by social and economic deprivation is significant around the world (World Health Organization – WHO – 2013).

Social Prescribing is an approach to address this within primary care and is currently being explored and promoted by the UK government (NHS England 2015, Dyson et al. 2014). Social Prescribing involves GPs referring people for activities run by the third sector or community agencies. At the heart of Social Prescribing is the breaking down of barriers (such as a lack of money or social capital) that commonly prevent engagement in social activities and interactions (Husk et al. 2016).

Research around Social Prescribing is still in the exploring effects stage or understanding the causal mechanisms of the social context (Husk et al. 2016, Dyson et al. 2014); none as yet appears to have involved occupational therapists. This is surprising, as occupational therapists possess invaluable skills in promoting health through meaningful occupation, along with the profession’s long-established acumen in client-centred holistic therapy to address medical and social needs (Donnelly et al. 2013).

This session reflects on student role emerging placements that have taken place within GP practices, to facilitate discussion on how occupational therapists could contribute to this emerging health and social care arena.

This session aims to: 1) understand what Social Prescribing can offer to address health and social care issues; 2) explore ways in which occupational therapists could be contributing to this important and innovative health and social care political driver.

References


Keywords

Disadvantaged people, Occupational therapy, Social care

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Author Biography

Miranda Thew is a Senior Lecturer at Leeds Beckett University. She devised a model for role emerging placements, the first in England for a full cohort of students, and is lead editor of an international book on role emerging practice. Her research concerns the impact of role emerging placements on student learning and occupational therapy practice. She is also lead editor on a book concerning lifestyle management and provides wellbeing at work interventions. She regularly presents at national and local conferences on scoping new fields for occupational therapy and how to develop business and marketing skills to facilitate entrepreneurial practice

Session S551

Pakistani occupational therapists and teachers collaborate to develop inclusive education through action research

Kramer-Roy D: Brunel University London, Ashfaq F, Manzoor A: Dow University of Health Sciences, Karachi, Pakistan, Umair B, Javed S: The AMI School, Karachi, Pakistan

The vast majority of children with special needs and disabilities in Pakistan are not attending school at all and there are very few special schools. Inclusive education is recognised as the best approach to giving all children access to good quality education (UNICEF 2013).

Purpose: In this collaborative action research project occupational therapists develop their role of supporting schools to become inclusive at child, classroom, school and community levels. The project team is made up of staff from Brunel University London, Dow University of Health Sciences Karachi, and The AMI School (Karachi).

Design and Methods: Following the first year of working together at The AMI School, in this second year of the project the occupational therapists and teachers on the research team are working with two further schools of lower socio-economic backgrounds. The team identifies challenges at the level of the individual child (person), the classroom or school (environment) and/or the lessons and other activities (occupations) and uses the action research cycles of observe–reflect–plan–act to develop contextually appropriate strategies, materials and inclusive lesson plans to improve education for all children.

Results: All these processes are recorded in reflective logs, which form the main data set and which will be used to produce a resource guide in the final year of the project in order to disseminate the approach to schools across Pakistan.
In this workshop participants will be offered a hands-on experience of the action research method. Case studies will be used to demonstrate processes and outcomes of this collaborative research project.

Ethical approval was granted by the Research Ethics Committee of the College of Life and Health Sciences, Brunel University London. The reference number is 14/10/STF/23. In addition the Institutional Review Board of Dow University of Health Sciences granted ethical approval.

References

Keywords
Children and families, Disadvantaged people, Occupational therapy

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Author Biographies
Debbie Kramer-Roy is a lecturer in occupational therapy at Brunel University London. She has many years of experience of working with children and their families, schools and communities in both the UK and Pakistan. One of her roles in Pakistan was to develop an inclusive education blended learning course at a teacher education institute.

Debbie has an MA in Education and International Development: Health Promotion, and her PhD research was a participatory action research project that explored the support needs of Pakistani families with disabled children in the UK.

Debbie is currently seconded part-time to the European MSc in Occupational Therapy as Director of Education.

Farzana Ashfaq is a senior lecturer in occupational therapy at Dow University of Health Sciences. She has 20 years’ work experience to train the clients in the area of daily living activities (ADLs), expertise to make adaptations according to the client’s need as adaptive devices and home modifications, and she deals with clients with psychiatric conditions using multi approaches.

Session S52.1
Possible Selves and Occupational Potential of M Level Healthcare Students with Dyslexia

Murphy A: Leeds Beckett University

Many challenges are faced within the educational system by people with dyslexia, particularly as routine screening and diagnosis are not in place within schools (Lamb, 2009). Despite this, more students with dyslexia are accessing higher education.

This research explores the experiences of nine healthcare students with dyslexia in relation to their possible selves and occupational potential. Using narrative inquiry (Clandinin and Connolly, 2000) and the theoretical concepts of possible selves (Markus and Nurius, 1986) and occupational potential (Wicks, 2005), stories of nine students with dyslexia are explored as part requirement of a professional doctorate in education. Narratives are presented as acts and scenes of a play in order to enhance and elucidate the experiences of the student participants and maintain the ‘spirit’ (Douglas and Carless, 2013) and essence of their voices.

The main plots, ‘diagnosis’, ‘cheer leaders in the background’ and ‘the challenge of fitting the mould’, highlight many complexities surrounding life with dyslexia. This includes new insights into issues surrounding diagnosis, the importance of families, and the challenges of negotiating every day and academic life with dyslexia within a society which highly values literacy skills. Conceptual developments relating to possible selves and occupational potential are made alongside practice recommendations for education, occupational therapy and policy. This research makes unique methodological and theoretical contributions by combining possible selves theory to occupational potential to contribute to literature on dyslexia within higher education.

Leeds Beckett University Local Ethics Approval. Issued 2014.

References


Keywords
Disadvantaged people, Learning disability, Students

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Session S52.2
Holistic, non-judgemental and person-centred: Exploring the experiences of lesbian, gay, bisexual and transgender occupational therapy students

McCrorry A: Sheffield Hallam University

Background: Current literature has shown that modern day healthcare systems are unconsciously entering the heterosexual norms of society, and therefore unintentionally discriminate against those accessing, more specifically, the LGBT population. Evidence suggests occupational choices are significant to sexual orientation and gender identity. People who identify as LGBT are up to twice as likely to receive mental health services than heterosexual individuals. For students, this risk increases. Although there is little literature on the experiences of LGBT students in other health related professions, little has been done with regards to the attitudes towards LGBT students within occupational therapy. This is a significant gap in occupational therapy literature as students are considered to be the faces of future professional competence.

Method: Using semi-structured interviews and thematic analysis, this phenomenological research piece explores the experiences of occupational therapy students who self-identify as LGBT following their placements and university teachings.

Results: The findings highlight a conflict between occupational therapy’s professed commitment to non-judgemental and person-centred philosophies. Issues regarding identity disclosure concerns and safety of the participants were also found.
Conclusion: It was concluded that university faculties should consider more implicit support resources for new and continuing students. Teachings should also include explicit discussions of LGBT issues that coincide with seminars to promote discussions on the relationship sexual orientation has with occupational choices. Further, the profession should consider highlighting an explicit reference to sexual orientation and staff in their professional code of conduct.

Ethical approval was provided by the Sheffield Hallam University Research Ethics Committee.

References


Keywords
Occupational therapy, Students, Transgender

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Older people
Session S53.1
Exploring the relationship between sensory processing and functional ability in mild to moderate dementia

Southam S: Dorset Healthcare University NHS Foundation Trust

Aim: This pilot study investigated the relationship between scores on the Adolescent/Adult Sensory Profile (AASP; Brown & Dunn 2002) and the functional ability of people with mild to moderate dementia when measured by the Assessment of Motor and Process Skills (AMPS; Fisher 2014).

Hypothesis: a) People with atypical scores on AASP will perform less competently on AMPS; b) relationships exist between AASP and AMPS scores with or without atypical sensory processing.

Method: Participants (n=17) with a diagnosis of mild to moderate dementia completed an AMPS. Sensory processing patterns were evaluated using the AASP questionnaire. Scores were analysed using SPSS. Relationships were explored using a t-test, Pearson’s rho and chi-square.

Results: Although not statistically significant, assessment of raw data showed only 4 participants had sensory processing patterns similar to most people. Those falling below the AMPS cut-off had atypical processing patterns. Low registration patterns correlated with low scores on AMPS items ‘organises’, ‘restores’ and ‘notices responds’. The percentage of people falling into atypical AASP categories was higher than expected for the normal population.

People with dementia may have atypical sensory processing patterns which could influence their ability to perform functional activities, impacting on community life. Awareness of sensory processing enables therapists to adapt routines/activities based on sensory need, making treatments more effective. Knowledge can help patients and carers maximise performance, enhance engagement and reduce care costs, allowing active engagement within both community and society. Further research in this area is indicated.

The research was peer reviewed by the University of Southampton prior to ethical approval being gained from East Midlands – Derby Research Ethics Committee (ref:15/EM/0458, on 13.10.2015) and Research and Development, Dorset Healthcare University Foundation NHS Trust (06.11.2015).

References


Keywords
Dementia, Occupational therapy, Older people

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Author Biography
Over the last 20 years I have developed an interest in the use of sensory approaches for people with dementia. I presented a poster at the 2014 COT Conference about the use of sensory profiling to enhance wellbeing in dementia. I recently completed an NIHR funded Masters in Clinical Research investigating the possible effect of sensory processing on functional ability. I plan to use pilot data from this study to develop further research in this new area.

Older people
Session S53.2
Identifying influences on take-up of a community occupational therapy intervention for people with dementia and their family carers

Field B: University of Sheffield

Research purpose/aims: This study aimed to explore influences on take-up of a community occupational therapy intervention, offered as part of the ‘Valuing Active Life in Dementia’ (VALID) research programme (National Institute for Health Research, Programme Grant for Applied Health Research RP-PG0610-10108; Wenborn et al., 2016). Understanding this is important to occupational therapy because health policy promotes living well with dementia, post-diagnostic support and psychosocial interventions (Department of Health, 2009, 2015, 2016, Doncaster et al., 2014) and occupational therapy can make a valuable contribution to this service provision and such interventions.

Research design: This paper presents preliminary findings, from ongoing, doctoral, qualitative research.

Methods: Semi-structured interviews were held with people with dementia and their family carers, after occupational therapy intervention, to explore its acceptability. A secondary, thematic
However, there is a growing recognition that for outcome measures to be effective they need to be beneficial and meaningful to both the service and the service user (Fuller 2011). The Canadian Occupational Performance Measure (COPM) was introduced within occupational therapy group work in a child and adolescent mental health service.

The aim of this service evaluation was to enable young people to share their experiences and views of using COPM. A qualitative approach using purposive sampling technique to recruit participants occurred. Semi-structured interviews, which were recorded and transcribed verbatim, were carried out with five young people who were service users. The content was analysed using thematic analysis.

The young people reported having some initial reservations about using COPM and they found having to give themselves a rating before and after their involvement in group work gave them a sense of purpose and personal achievement. COPM has been introduced within other treatment groups, bringing about a more systematic approach for measuring outcomes and goal setting and enabling the service to begin to measure the effectiveness of their interventions.

Session S54.1

How meaningful is an occupational focused outcome measure to young people accessing occupational therapy group work in a child and adolescent mental health service?

Maddison C, Corr S: Leicestershire Partnership Trust

The mental health of children and young people is increasingly being recognised and it is currently one of the government’s priorities for improvement and investment (DoH 2015). To improve the quality of care, there is a need to build the evidence base and outcome measures provide a tool to achieve this. Research into the effectiveness of occupational therapy also is a priority for occupational therapists (Bannigan et al. 2008). However, there is a growing recognition that for outcome measures to be effective they need to be beneficial and meaningful to both the service and the service user (Fuller 2011). The Canadian Occupational Performance Measure (COPM) was introduced within occupational therapy group work in a child and adolescent mental health service.

The aim of this service evaluation was to enable young people to share their experiences and views of using COPM. A qualitative approach using purposive sampling technique to recruit participants occurred. Semi-structured interviews, which were recorded and transcribed verbatim, were carried out with five young people who were service users. The content was analysed using thematic analysis.

The young people reported having some initial reservations about using COPM and they found having to give themselves a rating before and after their involvement in group work gave them a sense of purpose and personal achievement. COPM has been introduced within other treatment groups, bringing about a more systematic approach for measuring outcomes and goal setting and enabling the service to begin to measure the effectiveness of their interventions.

References


Keywords

Children and families, Mental health, Occupational therapy

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Author Biographies

Cara Maddison is a specialist occupational therapist in a child and adolescent mental health service for Leicestershire Partnership NHS Trust, providing assessment and treatment to children and young people with moderate to severe mental health needs over a 12-year period.

Prof Susan Corr is Head of Research and Development at Leicestershire Partnership NHS Trust, a large Mental Health and Community Services Trust. Her professional background is occupational therapy. She is Visiting Professor at the University of Northampton and Honorary Professor at DeMontfort University.

Session S54.2

Create and Share

Sheath G: Lancashirecare Foundation NHS Trust

As a single-person discipline in a 10-bedded inpatient CAMHS unit I felt that I needed protected time to learn about and enable young people to understand their mental health difficulties and find ways of sharing their problems and successes. Accessing young people through a group rather than individual work makes sense in these economically driven times.

Rose [1998] suggests that group work helps peer relationships and social competence within a structured environment. He
suggests they are better able to articulate their feelings to their peers rather than adults.

I wanted the young people to work together on shared tasks, taking a shared responsibility. As Button [1974] suggests, I wanted to run a group to draw on my repertoire of skills and experiences built up over a number of years.

Benson [2000] writes that a group helps people think, has a purpose and helps us to stay in touch with ourselves. I wanted to give our young people these opportunities.

Other disciplines were using talking therapies and I wanted to trial a group using art, creative writing and modelling.

I want to share how this group has helped the young people with their communication and interaction patterns, cohesion, social integration and influence plus develop a group culture [Toseland and Rivas [2005].

I expect to discover that the findings of working in this way with young people will bring the skills of the occupational therapy facilitator to the MDT.

References


Keywords
Children and families, Mental health, Occupational therapy

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Session S54.3
An occupation focused case management workbook for young adults not in employment, education or training: A role-emerging placement for a sport inclusion programme

Spencer K, Mulligan A: Leeds Beckett University

Two Leeds Beckett University students were placed with Positive Futures, a sport inclusion programme for ‘at risk’ and vulnerable children and young adults. Focus was placed on the ‘Get on Track’ programme for 18–25 year olds, run by the Dame Kelly Holmes Trust, for individuals not in employment, education or training, a group more commonly known as NEET (Delebarre, 2016 and ONS, 2016). A health needs assessment conducted by the students confirmed findings by Public Health England (2014) that long-term unemployment can have a detrimental impact on individuals’ health and well-being, including reduced life expectancy, higher rates of mental and physical health problems caused by substance misuse, and unhealthy behaviours. The students were able to infer that these complex needs had a significant impact on the individual’s ability to carry out productive occupations, resulting in occupational injustices such as deprivation and marginalisation (Whiteford, 2000). Therefore it was identified that the client group would benefit from occupational therapy input and as a result aimed to introduce:

• a case management workbook
• a pathway.

The introduction of occupational therapy resources based on the Model of Human Occupation (Kielhofner, 2008) meant the service could offer more client-centred interventions, identify areas of difficulty and promote independence, increasing the likelihood that clients would enter meaningful employment, education or training. Due to its success, the project has been taken nationwide and the service is aiming to secure funding for its own occupational therapist, which as a result will increase the profile of occupational therapy in a new service.

References


Keywords
Disadvantaged people, Occupational therapy, Students

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Recently graduated from Leeds Beckett University in January 2017. Starting new employment on the mixed rotation with Bradford District Care Trust and Airedale NHS Foundation Trust in low secure services. Continues to work alongside Dame Kelly Holmes Trust to promote the project.

Session S54.4
The journey of role-emerging practice to job creation

Carr R: Growing Well, King P: Cumbria Partnership Foundation Trust

This poster presents the creation of a role-emerging practice placement by two second-year occupational therapy students within an established mental health horticultural community, and the subsequent funding of a permanent qualified occupational therapy post. The changing nature of contemporary health and social care and the paradigm shift to explore new areas of occupational therapy practice (Thew et al., 2011) provides opportunities for developing emerging roles for both students
and qualified practitioners. Additional professional drivers, such as Clinical Commissioning Groups’ procedures for funding local health priorities, allow occupational therapists to follow Turner & Alsop’s (2015) call to use their passion for innovative, entrepreneurial approaches as effective change agents.

The placement introduced and enhanced the understanding of occupational therapy through the occupational passion the students embodied for occupational-led intervention. This incorporated a multi-faceted approach: developing therapeutic relationships, using standardised assessment tools and innovative theoretical approaches, working collaboratively with service users and outside organisations, developing therapeutic groups, analysing activity, and grading and adapting where appropriate for individuals. Evaluation included supervision, reflection, volunteer feedback, organisational feedback, volunteer success and a research study. It also highlighted the value of occupational therapy in mental health beyond traditional in-patient/community settings. In addition to the new occupational therapy post, a regular educational setting for occupational therapy students has been established.

The impact upon service users has been evidenced via their engagement with activities and occupations of value to them, transitioning into vocational environments, and the development of individuals’ understanding of themselves as occupational beings.

References

Keywords
Mental health, Occupational therapy, Students

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Rebecca Carr is a recently qualified occupational therapist working in a newly established role in mental health. She has a great interest in the occupational therapy paradigm shift and in the promotion of role-emerging practice, with a passion for sharing the importance of occupation in regards to health and wellbeing.

Phil King is a newly qualified occupational therapist working in a community mental health and recovery team in Cumbria. Phil is passionate about demonstrating the uniqueness and value of occupational therapy and has a keen interest in new and emerging practice.

Session S55.1
A critical appraisal of a research paper investigating the benefits of knitting in adults

Myers H: Keele Clinical Trials Unit

There has been a recent resurgence in interest in creative pursuits and their impact on health and wellbeing. This abstract presents the outline of an appraisal of a research paper which employed an online survey to investigate the benefits of knitting in adults (Riley et al, 2013). The appraisal has been conducted using the Critical Appraisal Skills Programme (CASP) for cohort studies.

The study addressed a clearly focused issue: identifying the benefits of knitting for individuals’ personal and social wellbeing (as a pre-requisite to investigating its therapeutic use). The method used was an online cross-sectional survey conducted through an internet knitting site, which was accessible worldwide. The questionnaire yielded both quantitative and qualitative data, but it is unclear whether any validated measures were used. Although the questionnaire was piloted prior to use, data from some questions was difficult to analyse. Data were analysed appropriately, and key findings and conclusions were consistent with results. Limitations and potential biases were acknowledged, together with their potential impact on the findings. Conclusions that those who knit feel calm and happy, and engaging in creative, meaningful occupation can contribute to quality of life and wellbeing, are consistent with other work in this area. Suggestions for further research could be more explicit. Points for discussion in the session will include: limitations of cross sectional studies, the impact of bias on findings, the advantages and disadvantages of online modes of data collection, and the importance of defining and accessing the population of interest.

References

Keywords
Adult physical health, Mental health, Occupational Therapy

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Session S56.1
Returning-to-practice using a preceptorship and Kawa Model

Woods J, Bowker H: Christie NHS Foundation Trust, Bradley B: on placement at Christie Hospital

The Health Care Professionals Council (HCPC) states that occupational therapists who have been out of practice for over two years need to undertake a period of updating their skills, experience and knowledge. This is to be completed (undertaken) through a combination of private and formal study and supervised clinical practice (HCPC 2011). This enables the return to practice occupational therapist to re-register with the HCPC and subsequently return to work.

The Preceptorship Programme (DH 2010) is widely used to support newly qualified health professionals transition from student to practitioner. The Department of Health defines preceptorship as ‘a period of structured transition for the newly registered practitioner… To develop their confidence as an autonomous professional, refine skills …. And to continue on their journey of lifelong learning’ (DH 2010). This reflective piece will review how a preceptorship programme was used to support a return-to-practice occupational therapist in their supervised clinical practice and discuss how a return-to-practice adult learner differs from those in student clinical placements. This piece will take into consideration the challenges and benefits of supporting a return-to-practice occupational therapist and demonstrate how the Kawa Model (Iwama 2006) was used by the return-to-work occupational therapist and clinical supervisor to identify areas that were impacting on the success of this placement.
Occupational therapists have a duty to provide regular practice placements for occupational therapy students (COT 2015), but we need to consider offering placements to return-to-practice occupational therapists, who can bring invaluable skills with them.

References


Keywords
Managers, Occupational therapy, Students

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Jennifer Woods is a senior occupational therapist at the Christie NHS Foundation Trust, working with inpatients across a range of cancer pathways, and has recently developed an occupational therapy drop-in service. She is Vice Chair of the College of Occupational Therapists’ HIV, oncology and palliative care specialist interest group and has a strong interest in palliative rehabilitation and professional development. Jennifer gained APPLE accreditation in 2014 from Salford University and has experience of supporting newly qualified occupational therapists through their preceptorship and student clinical placements.

Helen Bowker’s experience has included a rotational band 5 within acute settings, intermediate care and both bed base and community. She is currently the lead occupational therapist at the Christie NHS Foundation Trust, covering a maternity leave position. As a result of being involved with predominantly palliative patients, Helen is passionate about not writing off patients just because they have a terminal diagnosis, and that even achieving simple goals can improve their quality of life. Helen has extensive experience of supporting students on clinical placements and newly qualified health professionals during their preceptorship.

Session S58.1
Occupational therapists: A metaphorical analysis of their lived experience of the phenomenon of effective occupational therapy with children and young people (CYP)
Avantaggiato-Quinn M: Northumberland Tyne & Wear NHS Trust

The increasing numbers of children and families who use specialist community and in-patient services may reasonably expect them to be effective. Despite regulatory requirements for occupational therapists to appraise the effectiveness of their service, there is little empirical evidence to suggest that they do so.

The aim of this doctoral research was to explore the phenomenon of ‘effective occupational therapy’ with children and young people (CYP) with complex mental health/learning disabilities (MH/LD), through the lived experience of occupational therapists.

Of five objectives, one specifically sought to gather metaphors of ‘effective occupational therapy’ from participants and then offer an interpreted metaphorical explication of the phenomenon. Heideggerian (1962) interpretive phenomenological methodology guided the use of metaphorical analysis (Ricouer and Thompson, 1981). Using a reflexive relational approach (Finlay and Evans, 2009), in-depth interviews were carried out with eight occupational therapists (OTs) working in specialist CYP services.

All respondents offered a summative metaphor which was then analysed using Nvivo® software and themed. An interpreted synthesised metaphor will be presented, aiming to evoke the sensorial, emotional and practical journey experienced by occupational therapists when effective occupational therapy happens.

There is scant evidence of what effective occupational therapy is with young people with complex MH/LD. This paper aims to provide baseline insights into the metaphorical themes shared by participants against which other occupational therapists working in similar and different clinical areas can appraise their own practice, thereby facilitating the required regulatory evidence: of working towards increasingly effective occupational therapy interventions.

Ethical approval was granted by the Ethics Review Panel, Northumbria University, 2014.

References


Keywords
Children and families, Learning disability, Mental health

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Maria Avantaggiato-Quinn is Clinical Director of Allied Health Professional Services at NTW, a large mental health and disabilities trust, recently rated as outstanding by CQC. Maria recently completed a Professional Doctorate in Occupational Therapy, specialising in occupational therapy in child mental health and learning disabilities. Representing AHPs on the Local Workforce Action Board (LWAB), chairing the NE HEE AHP and the MH/LD sub group, Maria strategically influences on behalf of occupational therapy and AHPs. She was previously Chair of the English Board and Council Member for England at COT/BAOT and is an alumni of Leadership Fellows of the Health Foundation.
Session S58.2

Myth or reality? How do occupational therapists address the spirituality of children with physical disabilities?

Harrison V, Cox D: University of Cumbria

The founders of the profession of occupational therapy (OT) proposed one of the profession's values to be the belief in the importance to health and wellbeing of a balance between mind, body and spirit (Meyer, 1922/1977). Since that time it has been acknowledged that spirituality does have a place as a legitimate concern of occupational therapy; however, its place in practice continues to be debated and researched but often poorly understood. Research in relation to children's spirituality, within occupational therapy, is particularly sparse, which led to an interest in determining how this poorly understood aspect of occupational therapy theory was used in practice.

A qualitative design utilising Interpretive Phenomenological Analysis (Smith, Flowers & Larkin 2009) was used to determine the views, through workshops and one-to-one semi-structured interviews, of occupational therapy practitioners and academics within the UK as to the role of spirituality when working with children with physical disabilities. This presentation will discuss the findings of the research which reveal interesting insights into the way spirituality is embedded in our practice, to the benefit of the children we work with. The importance of the child-centred relationship and the contribution of occupational therapists in developing a child's identity are highlighted. The theory developing from this research will hopefully contribute in enabling practitioners to understand and have confidence in this element of their practice.

Ethical approval granted from the University of Cumbria Ethics Committee – approval references: UoC 12/39 & 13/34.

References


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Children and families, Occupational therapy

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Session S59.1

Does ecotherapy improve the quality of life for people living with dementia? A pilot study


Introduction: The advancement of quality of life for people with a diagnosis of dementia is widely accepted as an important outcome in dementia care (Department of Health 2013). Although there is a growing body of research being undertaken into the benefits of ecotherapy with working age adults, there is currently very little evidence demonstrating the effectiveness of ecotherapy group work with dementia clients (Wilson et al., 2010).

Hypothesis: Clients who attend an ecotherapy group programme will experience an increase in their quality of life as measured by EQ-5D visual-analogue scale compared to a control group of participants receiving treatment as usual.

Methodology: Non-randomised control study of ecotherapy in patients with mild to moderate dementia. Primary outcome measure was EQ-5D completed by participants at the end of an eight week programme. Secondary outcome measures included GDS with participants, ZBI and NPI with their study partners. Brief qualitative feedback was obtained from caregivers of those in the ecotherapy arm of the study.

Results: Results indicated improved in EQ-5D visual analogue in both the intervention and control groups. Similar findings appeared in secondary outcome measures. There was overwhelmingly positive feedback from the caregivers of people in the intervention group.

Discussion: In this sample it was not possible to tell if there was a significant difference between the intervention and control groups on the primary or secondary outcome measures. Interesting positive feedback from the qualitative work provides support for progressing this study to an appropriately powered randomised study to understand if this is an intervention worth pursuing.

Ethical approval granted by the NRES Committee London – Stanmore, Reference – 15LO/0759.

Keywords
Dementia, Occupational therapy

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Session S59.2

Exploring the role of occupation for spouse-carers before and after the death of a spouse with dementia

Mattock S: Central and North West London NHS Foundation Trust, McIntyre A: Brunel University

When a person with dementia dies, their former spouse-carer can find their personal resources depleted, leaving their mental health vulnerable and making re-engagement in life difficult (McLaughlin and Ritchie 1994). Hoppes and Segal (2010) argued that occupational engagement was key in the reconstruction process following bereavement. This qualitative study aimed to explore whether the occupations of spouse-carers contribute in the transition to the post-care period.
Sustaining occupations transition to post-care were identified. Key ways that occupations of spouse-carers contributed to the effect of role overload (Mattock and McIntyre 2016)’sustaining occupation’ (researchers term) appeared to counter new finding emerged, where spouse-carers engagement in a of the findings supported published literature. However, a and occupations, support and change and transition. Many Exploration of the data produced themes of: continuity, roles and occupations, support and change and transition. Many of the findings supported published literature. However, a new finding emerged, where spouse-carers engagement in a ‘sustaining occupation’ (researchers term) appeared to counter the effect of role overload (Mattock and McIntyre 2016).

Key ways that occupations of spouse-carers contributed to the transition to post-care were identified:

- ‘Sustaining occupations’
- Maintaining spouse-carers identity
- Continuing bonds with the deceased care-recipient
- Developing new roles

The first two of these began before bereavement and assisted in equipping spouse-carers for the transition to post-care. The second two followed bereavement and enabled spouse-carers to build confidence and re-engage with life.

As dementia threatens the identities of spouse-carer and care-recipient, occupational therapists should be vigilant of occupations that preserve identity and encourage them to be continued (Mattock and McIntyre 2016).

On July 16th 2010 Brunel University, School of Health Sciences and Social Care, Research Ethics committee gave ethical approval for the research

References

Keywords
Dementia, Occupational therapy, Older people

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Sarah Mattock qualified in 1986 and specialised in older adults’ mental health. Working with people with dementia and their spouse-carers triggered this research, completed as part of an MSc in Occupational Therapy in 2011. BIOT published the study in 2016. Sarah remains involved in research alongside an active caseload.

Dr Anne McIntyre qualified in 1980 and left practice to join Brunel University London in 1997. She is a senior lecturer and MSc Occupational Therapy (pre-registration) programme lead. Anne is an active researcher, with expertise using qualitative methods with people with dementia, falls, and carers. She publishes widely.
addition to contemporary choreographies. Participants hold hands in a circle and repeat a pattern of steps, following the rhythm dictated by the music and related to specific dances.

The author has been using circle dance since 1995, both in Brazil and the UK, in a clinical setting as well as in non-institutional and community settings. The author completed her PhD in 2014, investigating circle dance as a medium to promote occupational well-being. Academically, this study was informed by a contemporary trend in occupational therapy and occupational science and the need for sound evidence-based practice.

Session plan: The author will provide an overview of the session and relevant background information. Delegates will learn and practise simple circle dances; all the dances will be fully explained. There will be time at the end for participants to reflect on their experience and to ask questions.


Resources: access to PA system/projector, electricity. Space for participants to form a circle holding hands so they can dance in a circle.

Keywords
Mental health, Occupational therapy, Students

Ongoing research

Session S61.1
Making Waves: Asset Based Community Clinics for People With Chronic Obstructive Pulmonary Disease
Sewell L, Kerslake M, Lord V, Krumins S, Taylor A: Coventry University

Background: People with Chronic Obstructive Pulmonary Disease (COPD) experience breathlessness and fatigue which can decrease their ability to participate in everyday tasks, reduce their mental well-being and increase social isolation. Pulmonary rehabilitation (PR) has been shown to improve exercise capacity and health status for people with COPD (Bolton et al. 2013), with occupational therapists increasingly involved in such programmes. Unfortunately, uptake of PR and occupational therapy input is not universal (Steiner et al. 2015). The Making Waves (MW) project is an asset-based community development that is co-created by people who have COPD, clinicians and the voluntary sector. Each of the seven Midlands based groups provide self-management support, clinical advice and self-selected activity programmes, which aim to improve participants’ levels of self-management and mental well-being.

Aims: The evaluation (commencing Jan 2017) aims to explore the feasibility of the MW community clinic model.

Methods: A total of 210 participants (30 from each site) will be asked to complete validated measures of health status at baseline, 3 months and 6 months, alongside self-reported healthcare utilisation data. Health status measures include the COPD Assessment Test, the Warwick & Edinburgh Mental Well Being Scale and the Patient Activation Measure. Additionally, participant narratives will be collected through completion of 14 semi-structured interviews (2 from each site).

Results: It is hoped that the evaluation will establish the feasibility of the MW clinics and describe participants’ levels of health status and well-being. Results may also inform opportunities for effective occupational therapy interventions that can be delivered within this model.

Ethical approval has been granted by the East Midlands – Derby Research Ethics Committee (IRAS: 207109, REC REF: 16/EM/0502).

References


Keywords
Adult physical health, Long-term conditions, Occupational therapy

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Dr Louise Sewell is a Senior Lecturer in Occupational Therapy at Coventry University with a clinical interest in pulmonary rehabilitation. Louise is a member of the Making Waves evaluation team. Michelle Kerslake and Vicky Lord are Lecturers in Occupational Therapy at Coventry University and members of the Making Waves evaluation team. Sophie Krumins is a Research Assistant for the Making Waves Project at Coventry University. Dr Alan Taylor is Senior Lecturer in Leadership, Management and Service Development at Coventry University and is Chief Investigator of the Making Waves project evaluation.

Session S61.2
Primary care – occupational therapy at the forefront of health promotion and self management
Hall M: Betsi Cadwaladr University Health Board

Health Prestatyn/Rhuddlan lach, the first NHS run GP surgery with occupational therapists in Wales, went ‘live’ on 1st April 2016. The practice now consists of four multi-disciplinary teams, all of which have GP, nurse practitioner, pharmacist, occupational therapist and a team co-ordinator. Regular team meetings occur, a revelation to the GPs, to discuss patients. These are of benefit to the patient and also a great way to ‘sell’ occupational therapy.

The above is based upon the NUKA model from Alaska. The idea is ‘working with’ and not ‘doing to’ the patient (customer). Primary care is an excellent starting place when we know 90% of NHS contacts occur there. The occupational therapy team’s ethos is to promote good health and well-being (preventative/restorative) through occupational goal oriented intervention enabling self-management. We are using COPM as an outcome measure, backed further by collating patient stories. Evaluation of these is currently on-going with assistance from occupational therapy students from the local university.

Our aim has also not been to duplicate any of the existing services; rather to integrate with statutory and voluntary services in our local community and add a ‘richness’ to the various clinical pathways. Such pathways include: use of AHP fit note and ‘fit for work’ assessments, COPD self-management courses, lower back pain course, lifestyle management as regards diabetes and/or obesity, strength and balance in carrying out
ADL and ‘living life better’ groups. From this year onwards sees us developing, progressing, evaluating and producing outcomes/evidence of our work.

References
Welsh Government. 2015. Our plan for a primary care service for Wales up to 2018. February. Welsh Government

Keywords
Adult physical health, Mental health, Occupational therapy

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Session S62.1
Positioning occupational therapy as a unique and integral component within case formulation and effective treatment for service users with personality disorder

Horne K: Leeds and York Partnership Foundation Trust

Personality Disorder is a serious mental health condition affecting between 5–12% of the UK population (Bolton et al., 2014). The NICE guideline for the treatment and management of borderline personality disorder (NICE, 2009) does not identify occupational therapy as an intervention. However, occupational therapists are routinely working with this population. There is an urgent need for occupational therapists to explain their theoretical models and evidence effective practice with this population.

This seminar will explore the evolution of occupational therapy over thirteen years within the Leeds Personality Disorder Managed Clinical Network (LPDMCN). The task has been to construct a credible and relevant form of occupational therapy that engages effectively with the complexity of personality disorder. One challenge has been to keep an occupation-centred approach (Fisher, 2014) while working within psychologically driven frameworks. A further challenge has been to utilise suitable frames of reference that can help explain the multiple functions of service users’ occupational lives.

The occupational therapy process within LPDMCN is described. Relevant theoretical models are outlined and applied using case examples. Occupation-based and occupation-focused methods, tools and interventions are illustrated. The concept of ‘occupational traps’ is introduced and explored using clinical examples. It is argued that occupational therapy should be an integral component of the personality disorder care pathway because it:

- produces an occupational profile which contributes to the overall case formulation
- enhances the therapeutic relationship through ‘doing together’
- develops and reinforces self-regulation skills
- can potentially move the service user beyond the identity of personality disorder.

References


Keywords
Mental health, Occupational therapy

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Author Biography
Kathy Horne is an occupational therapist at the Leeds Personality Disorder Managed Clinical Network where she has worked for the past three years. Kathy has interests in sensory integration and its application within mental health, trauma informed occupational therapy and clinical research.

Session S63.1
Occupational therapy – a feminist profession?

Davidson H: University of Salford

‘Occupational therapy has more in common philosophically with feminism and holistic health than it does with medicine’ – Miller (1992). This session reflects a critical appraisal of literature that links feminism and occupational therapy.

The outcome of a systematic literature review will be presented with a brief outline of the methods used and the articles identified. An outline of significant articles will be given, including the 1992 issue of the American Journal of Occupational Therapy that featured six articles with a feminist theme. Key themes from all articles will be summarised.

Critical context will be provided in two ways. Firstly, by comparison to publications focusing on feminism in other professions in health and social care. Secondly, by identification of occupational therapy focused articles that make links to other critical theory themes such as class, race and gender.

It will be suggested references to feminism in occupational therapy publications are limited. The lack of publications with feminism as a theme in a female dominated profession will form a critical discussion with delegates – what might be the reasons for this? Is this an issue for occupational therapy?

The key message will be to summarise what a feminist perspective offers occupational therapy, with an opportunity for personal reflection on applying feminist principles to the delegates’ occupational therapy practice. The session is appropriate to give a critical perspective on occupational therapy education and clinical practice.

References

Keywords
Occupational therapy

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Embedding Public Health (PH) in Occupational Therapy (OT) Practice; Utilising Outcomes of a Region-Wide, Allied Health Professional (AHP) Training Programme

Milston A: University of Central Lancashire, Dey P: Faculty of Health and Social Care, Edge Hill University, Rawlinson G, Roddam H, Clayton S, Fisher S, Gaskins N, Nuttall D, Gurbutt D, Robinson H: University of Central Lancashire

Introduction/background: 150,000 UK AHPs (OTs n=37000) are well placed to influence individual and population health behaviours (RSPH and PHE 2015). Lack of training and awareness of occupational therapists’ public health (PH) role has been identified as a barrier to implementation of PH in practice (Fowler Davis et al. 2016). This workshop will disseminate the findings of a UK region-wide project which developed, implemented and evaluated the impact of training on occupational therapy and AHP PH practice (178 AHPs OTs n=59).

Methods/Analysis: The project’s educational approaches and resources were evaluated through interviews, focus groups, surveys and case studies at 3–6 months. This workshop will use presentations, case studies and small group work to disseminate and explore the key findings and resources related to occupational therapy practice.

Results/conclusions: Project findings identified that occupational therapists valued training on population approaches and development of core skills, increasing their confidence to engage in PH interventions. Barriers identified: lack of PH theory training, time constraints and lack of confidence to address key PH issues.

Impact on service users: Dissemination of project finding and educational resources to the occupational therapy workforce will contribute to PH, with almost 4 million AHP service user contacts in the UK each week.

Clear implications for occupational therapy: Workshop based education has been shown to be a useful mechanism to support change in embedding PH in occupational therapy practice.

Funding Acknowledgements: This project was funded by a collaboration between the NW AHP Network and the NW PH workforce team on behalf of Health Education North West (HENW). UCLean Ethics Committee approval granted 30/06/15.

References


Keywords
Disadvantaged people, Managers, Occupational therapy

Session S67.1
Quality Improvement: Creatively designing sustainable services

Whittaker B: Bluebell House Recovery Support Centre, Cox C: Barnet, Enfield and Haringey Mental Health NHS Trust

Improving quality outcomes for service users is a core focus for a modernised NHS. It has been argued that only by adopting quality improvement as a principal strategy in a sustained and comprehensive way can the NHS meet England’s health care requirements (King’s Fund, 2016).

The Institute of Medicine identified six domains of healthcare quality, stating that it must be: safe, effective, patient-centred, timely, efficient and equitable. The Royal College of Physicians’ (2011) quality improvement strategy expanded on these to include the seventh domain of sustainability, which refers to a health service’s ability to provide healthcare over time, with acknowledgement of future generations.

Acknowledgement of future generations. They recognised that sustainability must both be incorporated into and moderate other healthcare domains.

This workshop will explore practical ways in which sustainability can be incorporated into quality improvement. Examples of sustainable quality improvement will be provided from the Green Wards competition (Centre for Sustainable Healthcare, 2016).

The group will consider the design of an occupational therapy service’s pathway and how it could be developed to improve quality outcomes. Information presented will align with the WFOT’s current work around quality indicators and the COT’s (2016) Improving Lives, Saving Money campaign.

The use of resources throughout the world, including within healthcare, contributes to the health impacts of climate change, which are most strongly felt by vulnerable communities.

Exploring sustainability in quality improvement could instil a renewed motivation for change amongst clinicians, inform whole systems thinking and focus projects on the highest value improvements (Mortimer et al., in press).

References


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Author Biographies
Dr Anne Milston is a Principal Lecturer in Health and Social Care and a member of the Public Health and Applied Epidemiology Research Group at the University of Central Lancashire. Her clinical and research interests are public health, management of long-term conditions and occupational therapy approaches within practice.

Professor Paola Dey is a Professor of Public Health and a public health epidemiologist. She led the Public Health and Applied Epidemiology research group within the Schools of Medicine and Dentistry at the University of Central Lancashire. In addition, Paola is the Associate Director (Quality Assurance) for the Lancashire CTU. Her interests are applied research in Health and Social Care and she has recently become Professor of Health and Social Care at Edge Hill University.
occupational interventions to support health and well-being.

This innovative practice development is of value to occupational therapists and care staff working in dementia care homes and contributes to papers about sustainability for the Royal College of Occupational Therapists and World Federation of Occupational Therapists.

Camilla Cox is a senior occupational therapist and day programme manager at St Ann's eating disorders service, at Barnet, Enfield and Haringey Mental Health NHS trust. Camilla contributes to work at the World Federation of Occupational Therapist practice development project group – quality indicators and occupational therapy.

Older people

Session S69.1

Wide Awake Club: Engaging care home residents with dementia in night-time social activities

Ward G: Centre for Technology Enabled Health Research, Coventry University, Russell E: WCS Care

There are now over 850,000 people living with dementia across the United Kingdom (Mitchell et al. 2016). One third of people with dementia live in care homes (Prince et al. 2014). Sleep disturbance in people with dementia is a common and problematic symptom, often accompanied by confusion, wandering and agitation at night-time. A Cochrane systematic review is under way to summarise the best evidence for the efficacy of non-pharmacological interventions for sleep disturbances in people with dementia (Wilfling et al. 2015). Current non-pharmacological interventions include light therapy and increased physical and social activity. A recent systematic review and meta-analysis (Abdelhamid et al. 2016) of the effectiveness of interventions to support nutritional intake in people with dementia found studies with a strong social element around eating/drinking, although small and of low quality, provided consistent suggestion of improvements in aspects of quality of life. However, there were no interventions to support those ‘night-owls’ who sleep during the day.

This paper will describe the ‘Wide Awake Club’, a night-time activity programme to support occupational engagement and well-being of care home residents with dementia. It will describe the programme and delivery of night-time social, occupational activities and nutritional support for ‘night-owl’ residents and its positive impact on residents and staff.

This innovative practice development is of value to occupational therapists and care staff working in dementia care homes and adds further interventions to the ‘Living Well Through Activity in Care Homes toolkit’ (COT 2015) by exploring night-time occupational interventions to support health and well-being.

References


Keywords

Dementia, Occupational therapy, Older people

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Author Biographies

Dr Gillian Ward is an occupational therapist and a Reader in Assistive Technologies in the newly formed Centre for Technology Enabled Health Research (CTEHR) at Coventry University. She is currently the acting lead for the Innovation, Design & Technology Unit within the Centre. She has a keen interest in the design and usability of assistive technologies to support older people and those with long-term health conditions and care needs.

Ed Russell, Director of Innovation and Delivery, WCS Care has over 25 years’ experience working in health and social care in the not-for-profit sector. Joining WCS in 1992, he progressed from care worker to home manager before moving into management in 2005. His proven background in compliance and quality inspections has brought him to his current role, leading on the design of new homes and the commissioning of technology and equipment to enhance the quality of life for residents living in WCS homes.

Meaningful activity in the acute hospital environment: the impact of a specialist dementia service

Leeds C: University Hospitals of Leicester

The use of meaningful activity for individuals with dementia within care settings is recommended by the National Institute for Clinical Excellence due to its known benefits (National Institute for Clinical Excellence, 2016). However, limited evidence exists for its use within an acute hospital environment.

Originally developed from the Pool Activity Level (Pool, 2012) in 2013, the Meaningful Activities Service supports patients with dementia, and those with an increased confusion or diagnosed...
delirium, at the University Hospitals of Leicester NHS Trust. The Service consists of meaningful activities facilitators with an occupational therapist team leader.

Based on the older people’s wards, the Service assists individuals to maintain their identity, promoting positive health outcomes through various meaningful activities and a patient-centred approach. Carers, formal and/or informal, are empowered by the Service through both education and involvement in meaningful activities. The impact has predominantly been demonstrated through improved patient wellbeing, increased oral intake, and facilitating the multidisciplinary team in caring for patients with dementia. Notably, supporting patients with behaviour that challenges has enabled compliance during essential investigations, potentially impacting on length of hospital stay and one-to-one nursing care provision.

The value of the Service has been recognised by the Trust, which led to substantive funding in 2016 in keeping with recognition of the need for increased dementia care and support (Department of Health, 2015). Further Service evaluation will be undertaken in 2017, to determine its need in other clinical areas which could present exciting opportunities, including within the Trust’s emergency department opening in March 2017.

References


Keywords
Dementia, Older people

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Session S70.1
Occupational Balance: Who decides? And what happens when it goes wrong?

Feighan M: Devon Partnership NHS Trust

Occupational therapists tend to maintain a world-view of the promising impact of health and well-being from engaging in occupation (Feighan and Roberts 2016). This is furthered by studies in occupational science looking at the impact of occupational marginalisation, disruption and deprivation on health (Durocher et al. 2014). Occupational Balance in turn is a recognised construct within occupational science and therapy literature (Matuska and Christiansen 2008). The construct helps to illuminate healthy occupations and how to get enough of the healthy blend of these occupations in life.

So, occupation is a good thing?

This session will explore not just the balance between the healthy and the not so healthy occupations above, but will go further by asking what healthy is and who decides (King 2008). To do this the author will focus on two areas.

Firstly, his own lived experience of over-utilising a so called ‘healthy’ occupation to his detriment, leading to depression and needing to disengage with previously cherished occupations. The process of rebuilding a healthier balance and occupational world-view will be reflected upon.

Secondly, the author, who works with violent offenders with personality disorders in a forensic setting, will unravel the complexities of what occupation means to some of the people he works with, which does not necessarily concur with occupational therapists’ perspectives.

However, understanding other cultures’ and communities’ stance towards their occupation helps broaden the understanding needed to optimise successful interventions by occupational therapists (Kiepek et al. 2014).

References


Keywords
Criminal justice, Forensic practice, Mental health

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Session S71.1
Anxiety and stress: exploration of common discourses influencing occupational therapy practices in palliative care

Pywell Miss, Roddam Dr: UCLAN, Milston Dr, Archer Professor: MMU

Purpose and aims: Anxiety and stress can have separate, shared and mixed meanings across patient and professional communication (Wenger et al. 2002). This causes fundamental cracks in our understanding, clinical reasoning and ability to compare evidence. The aim of this ethically approved PhD research is to explore occupational therapists’ (OTs) perspectives on common discourses around anxiety and stress influencing occupational therapy practices in palliative care. Identification of types, causes, relationships and impact of these ambiguities is required to address potential barriers to quality. Capturing semi-structured dialogues with occupational therapists will produce new insights into these ambiguities.

Research design: This mixed methods research adopts interpretivist methodology to explore occupational therapists’ perspectives (Teddlie and Tashakkori 2009). This research comprises of two distinct phases.

Method (phase one): Phase one has been completed; fifteen participants completed e-questionnaires, and results were analysed using linguistic concepts (assumption, implication, framing) (Archer et al. 2012) and Wmatrix3 (Rayson 2008).

Results (phase one): Themes were created, based on participants acknowledging the existence of ambiguity in terminology: worry,
the number of patients seen, help to maintain progress, and ensure timely assessments, improve continuity of care, increase

(2015) supports seven day acute services, stating that it can

of Health, 2015). The College of Occupational Therapists

services to be delivered over a seven day period (Department

A key element of the government’s strategy for the NHS is for

extending occupational therapy services for older

Session S73.1

Seven day working: evaluating the impact of extending occupational therapy services for older adults in the acute setting

Davies N: King’s College Hospital

A key element of the government’s strategy for the NHS is for services to be delivered over a seven day period (Department of Health, 2015). The College of Occupational Therapists (2015) supports seven day acute services, stating that it can ensure timely assessments, improve continuity of care, increase the number of patients seen, help to maintain progress, and

reduce delays to discharge. A practice analysis of a seven day occupational therapy service within an Emergency Assessment Unit showed an increase in assessments and discharges over weekends (Robinson et al., 2014). However, the effectiveness of seven day working on acute wards and its impact on occupational therapists is relatively unexplored.

The occupational therapy service within the acute unit for complex older patients at King’s College Hospital began operating over seven days, and a 16 month quantitative and qualitative evaluation was carried out to review patient outcomes and staff perspectives. There was an increase in patient contact of 45%; and the number of patients assessed by occupational therapists within 24 hours of admission increased from 60% to 84%. Length of stay decreased by an average of 2.5 days. Occupational therapists felt that seven day working is beneficial to patients; however, there was a negative impact on therapists’ work–life balance.

There are increasing calls for acute services to implement seven day services and the session will explore the quantitative outcomes for patients of the seven day occupational therapy service, staff perspectives, and key considerations for other services transitioning to seven day services.

References

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Robinson. A. Lord-Vince H, Williams R. 2014. The need for a 7-day therapy service on an emergency assessment unit. 77. 1. British Journal of Occupational Therapy

Keywords

Adult physical health, Managers, Older people

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Older people

Session S73.2

A rotation of all sorts. New Graduate Occupational Therapist rotation across Health (Physical & Mental) and Social Care.

Quarrie S, Baker C: Isle of Wight NHS Trust

The occupational therapy (OT) profession of the Isle of Wight NHS Trust has been developing the new graduate occupational therapy rotation for over six years. This rotation has steadily grown to now cross clinical boundaries across:

• health and social care
• physical and mental health
• inpatient and community
• children and adults
• wheelchairs and equipment.

This is a perfect example of integrated working to improve sustainability of service delivery on the Isle of Wight. That enables us to grow our own future clinicians with the ultimate

Author Biography

Samantha has over 10 years’ experience in the NHS as primarily a community occupational therapist. Currently, Sam works for UCLAN, is a specialist advisor to the CQC and studies part time towards a PhD with the University of Central Lancashire on anxiety and stress in palliative care.
outcome and primary focus of improving the outcomes with clients, patients, carers... the people of the island.

The rotation has enabled the Trust to reduce recruitment delays during 2015–2016 to specialist posts, reducing costs from agency backfill, recruiter finders’ fees and stressors to team members through vacancies affecting capacity to meet demand.

This rotation supports integrated working across different teams and improves information sharing and patient care. Rotations allow new graduates to explore a wide range of clinical settings, gaining more knowledge to establish their desired future career paths (Atwal and Jones, 2009).

A rotational post: increases motivation and protects team members from work-related stress (Taylor et al., 1995); supports a person-centred approach (NICE, 2011); and builds a range of specialist skills (Polglase and Treseder, 2012). Taylor et al.’s (1995) assertion that rotations provide a positive career advantage is supported by the fact that our current rotation group have chosen to move, live and work on the island.

References

Keywords
Adult physical health, Children and families, Social care

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Older people
Session S73.3
Prevent, Reduce, Delay: Using occupational therapists at the frontline of adult social care. An innovative service to manage referrals

Bell C: North Yorkshire County Council

The Care Act places a duty on local authorities to promote independence and wellbeing (Department of Health, 2016). The Act also acknowledges that proportionality should be applied when undertaking assessments, depending on a person’s level of need (DH, 2016). Timely assessments and interventions are essential to prevent, reduce or delay the need for on-going support services; occupational therapists have the skills to drive this approach forward (College of Occupational Therapists, 2016).

The pressure on adult social care continues to rise, making it imperative to find alternative ways to respond. During 2014/15 North Yorkshire County Council (NYCC) saw almost 3,000 adults referred for a full face to face assessment, the outcome of which was only to provide the person with simple equipment and/or minor adaptations.

In October 2015 NYCC launched an innovative pilot service to manage referrals, placing occupational therapists at the customer service centre to provide a rapid assessment service and screening process. A proportionate telephone assessment is offered to those with less complex needs, with the aim to provide services such as equipment and adaptations, and offer timely advice and information.

During Quarter 1 of 2016/17 there were 255 referrals to the Care and Support team for equipment and adaptations; 86% of these customer enquiries were resolved by the new team, with significantly reduced effort needed from locality teams. Total hours saved (net) during this period was 927, equating to a saving of £21,295. This is accompanied by excellent feedback from service users for a fast and efficient service.

References


Keywords
Adult physical health, Occupational therapy, Social care

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Older people
Session S73.4
How to prevent crisis and unnecessary A+E attendances for older people: the Frailty Assessment Base

Wingrove N, Driver M: The Ipswich Hospital

Nationally, individuals aged 80+ have the highest rate of attendance to Accident & Emergency (A&E) departments (Baker, 2016). Locally, Ipswich Hospital NHS Trust serves an aging population (Trust Strategy, 2016). Older people with long-term conditions attending A&E should be assessed with special consideration of their physical, emotional and cognitive state (Banerjee et al., 2012). Responding to these drivers in October 2015, the Emergency Therapy Team at Ipswich Hospital extended their admission avoidance service to include the new award winning (HSJ Awards, 2016) outpatient Frailty Assessment Base (FAB).

FAB is designed for frail older people who are deteriorating functionally, medically and/or cognitively and are at risk of an acute admission. Referrals are made by GPs, A&E and paramedics. A full comprehensive geriatric assessment is completed by the multidisciplinary team and a care plan is developed to help maintain independence and a safe return home.

From October 2015, 699 admissions were avoided at a saving of £1,143,651, equating to 2.0 avoided admissions per day. Patient and family/carer feedback indicates that over 98% are extremely likely to recommend FAB to family and friends, demonstrating the economic and human value of FAB.

The College of Occupational Therapists (2017) highlights the value of occupational therapy in A&E; however, FAB aims to intervene before the crisis and potential A&E attendance. This pioneering opportunity for the profession highlights the importance of avoiding unnecessary admissions by using our highly specialised, holistic assessment and expert clinical reasoning, to enable older people to remain independent in the community.

References

The main aims of our project are: to identify the occupational preferences of the service users and make recommendations for occupational therapy practice. A phenomenological interpretative design was used to meet the research aims. Using purposive sampling techniques, participants were recruited from a drop-in centre for asylum seekers and refugees based in the North East of England. Data was collected using semi-structured interviews, recorded and transcribed verbatim. Interview questions focused on the experiences, meaning and value of using the drop-in service. Data is currently being analysed using interpretative phenomenological analysis. It is anticipated that the results and conclusions of this study will provide important insights into how drop-in services add value to the occupations of asylum seekers and refugees. It is also hoped that the study will support future strategic direction in developing and enhancing such services, both in the wider community and in contributing to the evolving evidence base in occupational therapy.

Ethical approval for this study was granted by York St John University Ethics Committee. Reference number: 31082016_Spring&Howlett

References

Keywords
Children and families, Disadvantaged people, Occupational therapy

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Session S75.1

Preceptorship for newly qualified practitioners: How does it help?

Thompson A: West London Mental Health Trust

Preceptorship is described by the Department of Health (2010) as ‘a period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning’. Preceptorship is designed to support the newly qualified therapist to transition from student to practitioner and it is usually led by a manager (Morley 2009).

This presentation will be guided by the Preceptorship handbook for occupational therapists (Morley 2013) and the author’s...
participation enablers’, with sub themes ‘peer support’, ‘research technology’, ‘recruitment’ and ‘new ways of working’.

Conclusions: This study illuminates in more depth than previously reported the mechanisms by which enablers and challenges can influence research participation. The increased understanding can be used to facilitate the future involvement of clinicians in research. Ultimately this should increase research quality, occupational therapists’ evidence base and result in greater improvements in healthcare outcomes and service users’ experience.

The study was approved by the Yorkshire and the Humber – Leeds West National Health Service (NHS) Ethics Committee (reference number 12/YH/0492). The study was also granted NHS Research and Development approval (reference number 13762).

References


Keywords
Dementia, Managers, Occupational therapy

Ongoing research

Session S75.2
Occupational therapists’ research engagement: enablers and challenges
Di Bona L: University of Sheffield

Background, purpose and aims: Engaging occupational therapists in research studies by delivering interventions presents an opportunity to improve occupational therapy outcomes and extend the profession’s evidence base. However, little is known about how best to recruit and engage professionals as research participants (Hysong et al., 2013). Valuing Active Life in Dementia (VALID), a five year research programme culminating in a randomised controlled trial, involves occupational therapists as research participants delivering a community intervention for people living with dementia and their carers (Wenborn et al., 2016). This study, part of VALID, aims to improve understanding of how to enable occupational therapists to deliver interventions within research studies.

Design and methods: A qualitative study with multi-site NHS ethical approval. Twenty-eight occupational therapists participated in five focus groups. Data were gathered about experiences of participating in VALID and analysed thematically to identify key and sub themes arising from the data (Guest et al., 2012).

Results: Two themes were identified. Firstly, ‘research participation enablers’, with sub themes ‘peer support’, ‘management support’, ‘protected time’ and ‘positive attitudes towards research’. Secondly, ‘research participation challenges’, with sub themes ‘overwhelming paperwork’, ‘information technology’, ‘recruitment’ and ‘new ways of working’.

Conclusions: This study illuminates in more depth than previously reported the mechanisms by which enablers and challenges can influence research participation. The increased understanding can be used to facilitate the future involvement of clinicians in research. Ultimately this should increase research quality, occupational therapists’ evidence base and result in greater improvements in healthcare outcomes and service users’ experience.

The study was approved by the Yorkshire and the Humber – Leeds West National Health Service (NHS) Ethics Committee (reference number 12/YH/0492). The study was also granted NHS Research and Development approval (reference number 13762).

References


Keywords
Dementia, Managers, Occupational therapy

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Alex Thompson is an occupational therapist specialising in mental health at West London Mental Health Trust. Graduating from the University of Southampton in 2015 she has a keen interest in reducing mental health stigma, professional development through CPD and the achievement of occupational balance. She is currently organising and attending opportunities at a variety of student conferences and universities and hopes to lecture in the future.

Session S75.3
An exploration of the attitudes, knowledge and ability of occupational therapists in applying evidence to practice
Turner S: University of Plymouth

Within the challenging climate of health and social care in the United Kingdom it is key that clinical practice is regularly reviewed and influenced by high quality research (NHS England, 2013). Greenhalgh (2015) identifies the importance of guiding decision making in practice by having a balance between the use of epidemiological evidence, clinical judgement and the patients’ perspective.
This journal club will critically appraise the findings of research which explored occupational therapists’ attitudes and knowledge of implementing evidence-based practice completed by Upton et al. (2014). A Critical Appraisal Skills Programme Systematic Review Checklist (2013) will be used as a tool to guide this process.

Upton et al. (2014) completed a systematic review using 32 pieces of qualitative and quantitative research. Key findings were identified as the factors impacting implementation of evidence-based practice, which included a lack of time, a lack of availability of research and limited research skills. There were, however, limitations to the Upton et al. (2014) article as most of the research reviewed was completed by a convenience sampling design which could have limited the representativeness and generalisability of the findings (Greenhalgh, 2010, pp. 47–60).

It was concluded that it is essential for education and training initiatives to be implemented to ensure occupational therapists have the correct knowledge to engage in evidence-based practice. Further critique of the research will be presented within the journal club to inspire a discussion related to the realities of implementing evidence-based practice within clinical settings.

References


Keywords

Occupational therapy

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Author Biography

I work as a full-time Lecturer in Occupational Therapy at Plymouth University in the South West of England. I am currently engaged in MSc level study in the Advanced Professional Practice for Occupational Therapists. My journey into education was via a Lecturer Practitioner position. This experience, alongside MSc level study, has enabled me to explore and reflect upon the importance of, and barriers to, the utilisation of evidence in practice. I have a range of clinical and managerial experience which has been based in London and the South West of England. I specialise in neurology including the management of long term conditions and I have a keen interest in the rehabilitation of people with Multiple Sclerosis. I have explored a range of literature related to neurological practice and I will be focusing my MSc research within the area of Multiple Sclerosis.

Session S76.1

A developmental perspective informs a framework of self-awareness following traumatic brain injury in childhood

Wales L: The Children’s Trust

Research purpose: Occupational therapy interventions for children/young people with traumatic brain injury (TBI) are reliant on models from adult studies. Children/young people develop self-awareness over many years and existing adult models lack a developmental perspective (Wales et al. 2013).

Aim: Conceptualise self-awareness within a developmental framework, providing an age-related guide for clinicians.

Research design: longitudinal/multiple case study design.


Results: Quantitative/qualitative data support a new conceptual framework for ongoing development of self-awareness following TBI. The framework has a developmental focus and proposes change over time relating to maturity and recovery. The impact of TBI is explored across framework elements. Each element is underpinned with existing knowledge from child development and new insights from research data.

Framework elements:

1. Self-awareness knowledge – knowledge is key component. Opportunities for learning/experience increase child’s knowledge of occupational performance.


Conclusion: This self-awareness framework informs clinicians’ understanding of protracted child development in some domains and the impact on occupational performance. This framework should ensure that our goal-directed interventions accommodate the unique presentation of children/young people with interrupted development of self-awareness. Occupational therapists should be reminded of the importance of a developmental perspective in other neurodisability conditions.

Ethical approval: London Fulham NRES11/LO/1833

References


Keywords

Children and families

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Author Biography

Lorna Wales qualified as an occupational therapist in 1986 and gained a PhD from the University of Warwick in 2016. The title of her PhD research was ‘Self-awareness after TBI in childhood – a developmental perspective’. She has worked in the fields of neurology and complex disabilities in the inpatient and community settings. She is currently the Research Professional
Lead at the Children’s Trust. Her research interests include the consequences, rehabilitation and outcomes of acquired brain injury in childhood.

Ongoing research

Session S78.1
Occupational Therapy (OT) in Prison Establishments
Nicklin E: Barnet, Enfield and Haringey Mental Health NHS Trust

Background: Occupational therapists in prison establishments provide interventions in aid of preparation for reintegration, creating support networks and developing independent living and life skills. Occupational therapists seem well placed to support prisoners with their unique tools and practice models, but research into this area is in its infancy, and the involvement of occupational therapy in prisons has not been widely documented.

The North London Forensic Service provides occupational therapy across several prisons (HMP Brixton, HMP Pentonville, HMP Aylesbury, HMP Feltham and HMP Wormwood Scrub) and is in an excellent position to add to the research base of prison based occupational therapy.

Methods: An on-going qualitative research project across the five prisons aims at gaining an in-depth understanding of the experiences, processes and outcomes of occupational therapy provision in a prison establishment. Through the use of semi-structured interviews, the study explores the experiences of occupational therapists and occupational therapy clients within prison settings. A caseload analysis explores occupational therapy interventions offered. In addition, a qualitative analysis of using the goal attainment scale (Turner-Stokes 2009) offers insight into how occupational therapy goals are created and if and how they are achieved.

Conclusion: The authors will discuss preliminary findings of this ongoing research. They will also reflect on their experience of the challenges and opportunities of conducting research in a prison environment.

Impact on service user: This study aims to find out how occupational therapy can help support prisoners with their rehabilitation. The authors will share their experience of involving occupational therapy clients in the research process.

The research is currently going through ethical approval.

References

Keywords
Criminal justice, Forensic practice, Mental health

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Session S79.2
Exploring the clinical utility of the Structured Observational Test of Function (2nd edition)

Barcroft V, Cuddy S, Laver-Fawcett A: School of Health Sciences, York St John University

Introduction: The Structured Observational Test of Function (SOTOF; Laver and Powell, 1995) is a standardised occupational therapy assessment used to observe older people’s performance of activities of daily living and identify underlying neurological deficits. The 2nd edition (Laver-Fawcett and Marrison, 2016) added a formalised dynamic assessment component that applies a graduated mediation protocol.

Research purpose and aims: By 2039 more than one in twelve of the population is projected to be aged 80 or over, bringing increased prevalence of immobility and reduced quality of life (ONS, 2015). Current assistive equipment for improving mobility can be experienced as stigmatising and constraining. A radical change in assistive and rehabilitative devices is needed. The purpose of this collaborative study was to inform ‘yet-to-be-designed’ soft robotic trousers for improving mobility in everyday living.

Research design and methods: Two focus groups were held in a robotics lab. Participants were: people with mobility impairments due to stroke or age related pathologies, engineers, rehabilitation doctors and an occupational therapist. Topics included advantages and disadvantages of existing assistive technology, acceptability of the idea of soft robotic trousers and what was needed from the materials. An artist provided a silent ‘running commentary’ and summary to check that views had been captured.

Findings: Participants liked the idea of assistive trousers but had many and varied requirements for them. In addition to improving mobility, the trousers will be required to look and feel normal, be easy to put on and off and to look after, as well as being safe, reliable and adaptable.

Conclusions and impact for occupational therapy: The focus groups highlighted the need for the trousers to be compatible with the person, environment and occupations. Co-design with potential users and a multidisciplinary team has led to exploration of a variety of new materials to address the needs of potential users.

The study was approved by the University of the West of England’s Faculty of Health and Applied Sciences Research Ethics Committee on 20 July 2015. Ref: UWE REC REF No: HAS 15/07/190

References

Keywords
Adult physical health, Long-term conditions, Older people

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Author Biography
Dr Ailie Turton is part of a multidisciplinary research team from seven UK universities awarded a £2 million grant from the EPSRC to develop soft robotics for independent living.
Purpose: To explore the SOTOF's clinical utility from the perspective of occupational therapists working with older adults.

Methods: A mixed methods survey design was utilised. A volunteer, convenience sample was obtained from an email circulated to the College of Occupational Therapists’ specialist section for older people members and to therapists who had previously requested a copy of the SOTOF. Participants were emailed the SOTOF materials and following review completed an online survey comprising both closed and open questions. Ethical approval was obtained from York St John University.

Results: Seven participants completed the survey (17% response rate); they worked in hospital (n=2), community (n=4) and care home (n=1) settings. Views on the ease of understanding, administration and time required were varied. The graduated mediation protocol was deemed useful and the SOTOF was considered as useful to inform intervention plans, clinical reasoning and decision making. Comments included: ‘I found it very comprehensive and occupational focused’ and ‘in depth and ... easy to understand and administer’.

Conclusion: The SOTOF (2nd edition) appears to be longer and more complex to administer than the original version. A training video and/or workshop would be beneficial for therapists learning to administer the assessment.

This project was approved by the Health Subjects Ethics Committee at York St John University. Ethical approval ID: 18NOV2016_Laver-Fawcett_000010910.

References

Keywords
Dementia, Neurological practice, Older people

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Author Biographies
Victoria is in the third year of a 3 year full-time BHSC (Hons) Occupational Therapy Programme and undertook this research as part of a Student as Co-Researcher (SCoRe) project.

Siobhan is in the third year of a 3 year full-time BHSC (Hons) Occupational Therapy Programme and undertook this research as part of a Student as Co-Researcher (SCoRe) project.

Session S80.1

Hybrid management in rehabilitation: the service impact of a dual management/clinical role

Cartwright J: Access to Communication and Technology

The rehabilitation directorate within Birmingham Community NHS Foundation Trust has focused in recent years on increasing the voice of clinicians within the management structure of the organisation. This has included the appointment of a number of service and clinical business unit managers who are ‘hybrid managers’, combining management roles with direct clinical practice. This change has been instigated through a service redesign programme, driven by the clinical director and senior management team. This reflects a wider shift in NHS management from ‘men in grey suits’ to roles with shared clinical and management responsibilities, although the support and training offered to professionals who take up hybrid posts has been questioned.

This presentation will explore the experience of an occupational therapist moving into this role, from a more traditional therapy manager post, and will also offer the perspective of occupational therapy clinicians working under a hybrid manager. We share the management and leadership model used within the team and report on innovative service development strategies we have used to ensure compliance with our national service specification. Having a hybrid manager post has provided many benefits: enhanced communication with commissioners, drawing together teams within the service and practical benefits in increased capacity to see patients, as well as improving complaint resolution.

References


Keywords
Managers, Occupational therapy
Themes of the instability of the developing professional identity, the challenge of personal and professional leadership for women, the impact of wearing a uniform and experience of fluctuating confidence were identified. Preference for the content of leadership development to include professional resilience, confidence building and dealing with conflict was acknowledged.

Findings identified a complex intersection of feminism, occupational therapy and leadership. A unique model of authentic leadership, building on rhizomatic leadership theory, is suggested for occupational therapy students. Authentic leadership promotes an expression of an individual’s values and beliefs (Shamir and Eilam 2005). Rhizomatic leadership acknowledges many strands of leadership behaviours of equal importance (Mortimer 2009) and therefore combining the two approaches may provide a vehicle for championing feminine advantage in leadership.

Ethical approval application HSCR14/38 approved by University of Salford ethical approval panel, July 2014.

References


Keywords
Occupational therapy, Students

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Older people

Session S81.1

Empowering support workers to engage older people in residential settings in activity

Haines D: University of Brighton

People living in residential settings may not always be well supported to engage meaningfully in activity at home (Mansell 2010), arguably an occupational injustice (Townsend and Wilcock 2004). Research in the learning disabilities field aimed to understand how occupational therapists seek to improve such support and encourage support workers and managers to adopt professionals’ recommendations.

A single, purposively-selected case of supporting engagement in activity at home was investigated using a critical ethnographic case study methodology. An occupational therapist worked with five people with profound learning disabilities and their support workers over one year. Data were collected using ethnographic methods (participant observation, interviews and document analysis).

The case’s story highlights challenges in encouraging others to follow recommendations as intended (Cross and West 2011). Its two overarching themes are how shifting support and leadership cultures impact on engagement in activity (Bigby et al. 2012) and how occupational therapy seeks to create and sustain cultural change by working with support workers in a collaborative and empowering way. Staff occupational risks, in particular of burnout where roles are conflicting or ambiguous (Vassos and Nankervis 2012), may need to be addressed while promoting occupational justice for residents.

This presentation will suggest ways in which the findings from this learning disabilities research may be of wider relevance to occupational therapists who input into residential and nursing homes where older people, perhaps with dementia, live.

This research was approved by the University of Brighton Faculty of Health and Social Sciences Research Ethics and Governance Committee and the National Health Service National Research Ethics Service (Ref: 12/LO/0319)

References


Keywords
Dementia, Older people, Support workers

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Older people

Session S81.2

The Activity Card Sort – United Kingdom version: a valid and reliable measure of older people’s activity engagement

Laver-Fawcett A: School of Health Sciences, York St John University

The Activity Card Sort (ACS, Baum and Edwards, 2008) is a well-established self-report outcome measure designed to identify changes in older adults’ participation in instrumental, leisure and social activities. Each ACS test item comprises a photographed activity card with an activity description underneath. The ACS can inform a client-centred intervention plan based on the participant’s activity preferences and participation levels (Katz et al., 2003).

Three psychometric studies have been undertaken to develop the ACS United Kingdom version (ACS-UK). Results indicate the ACS-UK has established content validity (Laver-Fawcett and Mallinson, 2013), good clinical utility and acceptable face validity (Laver-Fawcett et al., 2016) and good levels of test-retest and inter-rater reliability. The intraclass correlation coefficients for the ACS-UK Global Retained Activity Scores (GRAS) for inter-rater reliability were 0.86 and for test-retest reliability were 0.83.
The ACS-UK covers four domains: instrumental activities; low demand leisure activities; high demand leisure activities; and social-cultural activities. It has three formats (institutional, recovering and community living versions) which use the same 93 activity cards but involve sorting these into different participation categories. For example, the community living version uses the categories: never done; not done in the past year; do now; do more; do less; and given up. Scores are calculated for current activity, previous activity and activities retained. The choice of ACS-UK versions enables application across hospital, community and long-term care settings.

The York St John University Health and Life Sciences Ethics Committee has approved all studies. ‘The evaluation of the reliability of the Activity Card Sort – United Kingdom Version (ACS-UK)’ reference ID: first sample: UG17 4 July 2014 ALF; and second sample: 10910_Laver Fawcett

Keywords
Occupational therapy, Older people

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Author Biography
Alison qualified as an occupational therapist in 1986 and has a PhD in Psychology (during her doctoral studies she developed the Structured Observational Test of Function, 1995). She has worked as a clinician, researcher, educator and professional lead in the UK, and as a researcher and educator in the USA and Canada. Her current research relates to the development of the Activity Card Sort – UK version and ‘Models of Reablement Evaluation: a mixed models evaluation of a complex intervention’. She is author of ‘Principles of Assessment of Reablement Evaluation: a mixed models evaluation of a complex intervention’. She is author of ‘Principles of Assessment of Reablement Evaluation: a mixed models evaluation of a complex intervention’.

Session S82A
Get up and go. The use of sensory based approaches in a circuit based group within forensic child and adolescent mental health

Smalley L: Southern Health NHS Foundation Trust, Nelson J: Bluebird House, Southern Health NHS Foundation Trust

We aim to give participants an opportunity to reflect on what groups provide for self and co-regulation, while providing a practical opportunity to observe ‘Sensory Circuits’.

Sensory Circuits is a group we started facilitating within our clinical setting to regulate arousal level, particularly at times of heightened anxiety (e.g. ward round). We deliver this group in the morning as young people were not attending school due to their dysregulated state. Sensory Circuits provides an opportunity for an enriched sensory environment offering calming, alerting and organising tasks. Goals of the session include aiming to be at ‘Just Right’ arousal level prior to leaving the group.

Within the service VdT Model of Creative Ability is used to identify ability levels and support goal-setting. Sensory Circuits is an opportunity for our young people to accept co-regulation, or self-regulation through positive rather than self-injurious behaviour.

We will facilitate Sensory Circuits, incorporating the Alert Programme. Participants will have the opportunity to explore sensory equipment and the use of this to support regulation. They are expected to label their engine speeds in order to start at an appropriate circuit station. Prior to the end, participants will be asked to document their engine speed once again.

We will need enough space to set up sensory equipment, some of which is larger (e.g. adult sized spinner), for several circuit stations to be set up in the room, and for people to move between these.

Keywords
Forensic practice, Mental health, Occupational therapy

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Laura Smalley is an occupational therapist who has worked in inpatient and community settings since qualifying in 2011. Laura has worked in a range of forensic services including, Child and Adolescent Mental Health, Adult, and Learning Disability.

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Session S82
The versatility of table-top gardening in end of life care, an occupation of interest

Leckie K: Marie Curie, Pilgrem E: Phyllis Tuckwell Hospice

Aim: To explore and experience therapeutic table-top gardening interventions that can be used by occupational therapists working in end of life care.

Background: An extensive array of literature exists supporting the use of gardening for different client groups in a variety of health and social care settings (Sempik et al, 2003; York and Wiseman, 2012). The King’s Fund (2016) emphasises the significance of gardens and gardening on health and wellbeing,
embracing the importance for current policy and practice. As occupational therapists we promote wellbeing and quality of life. This prompted our use of table-top gardening which has shown to be a versatile, useful and meaningful occupation for clients.

Dissemination of social and therapeutic horticulture evidence is vital, as is encouraging the development of practical skills to inspire occupational therapists to use table-top gardening interventions within palliative care (Leckie and Pilgrem, 2016). Gardening interventions are deemed supportive of the palliative care rehabilitation agenda, which advocates assisting people to ‘live fully until they die’ (Tiberini and Richardson, 2015).

Session plan:

• Introduction. Share theoretical knowledge about gardening.
• Discuss health and safety, infection control and risk assessment/management related to gardening.
• Participate in ‘Potting a herb’ activity. Undertake activity analysis. Engage in discussion regarding application of the ‘Social and Therapeutic Horticulture Model for Palliative Care’.
• Reflection on theory and practical learning experience. Group develops ‘top ten tips’ list regarding using gardening in occupational therapy practice.
• Distribute CPD post-session practical activity ‘sowing seeds’.
• Session evaluation.

Resources: large room, space to move around tables, water/sink access, flipchart.

Keywords
End of life care, Occupational therapy

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Occupational Therapist – Social and Therapeutic Horticulture. Chair of the Social and Therapeutic Horticulture for Palliative Care interest group.

Session S83.1
What are the occupational performance needs of UK Armed Forces service leavers and veterans who are making or have made the transition from military to civilian life and is there a role for occupational therapy (OT) within transition services?

McGinley S, Roth S: University of Southampton

In recent years, large numbers of military personnel have left the Armed Forces following return from combat (Plach and Sells 2013). For service leavers, the transition from military to civilian life, training, education, health, housing, welfare and finance are all factors associated with transition (Ashcroft 2013).

Despite the profession’s long history of supporting reintegration to military, or transitioning civilian, life, little empirical research exists to validate the effectiveness of occupational therapy assessment and intervention (Radomska and Briningger 2014) and it appears unclear where or how UK occupational therapists are working within transition services delivered across governmental, private and charitable organisations.

A scoping exercise was performed to identify national and international literature relating to military populations and transition, the occupational performance needs of military personnel, service leavers and veterans, and the existing or potential role of occupational therapy within transition services. This method was deemed most appropriate to address the research question, understand the scope of existing research and highlight the gaps (Cogan 2014).

Veterans have described transition as finding ‘themselves standing in both worlds (military and civilian)’ (Gregg et al. 2016, p6) and identify driving, sleeping, nutrition, access to education and relationships as occupational performance priorities (Plach and Sells 2013). There is a clear role for occupational therapy in supporting transition, but if we are unclear how, where and at what points this is happening, how can we begin to understand the broader socio-political and health issues encountered by service leavers of the Armed Forces?

References


Keywords
Adult physical health, Mental health, Occupational therapy

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Sarah McGinley is Occupational Therapy Lecturer and Admissions Tutor within the Faculty of Health Sciences at the University of Southampton.

Dr Silke Roth is Associate Professor in Sociology within Social Sciences at the University of Southampton. She is interested in meaningful work and engagement for social justice. Her areas of research include the participation in and the impact of voluntary organisations, social movements and non-governmental organisations.

Session S83.2
Assisting the transition of ex-military veterans into civilian life

Sloan J, Valentine C: Wrexham Glyndwr University

With recent conflicts in Iraq and Afghanistan, increasing numbers of ex-military veterans are being diagnosed with mental health issues and post-traumatic stress disorder (Murphy et al. 2016).
2015). Although service policy intends to fulfil their support needs (Veterans NHS Wales 2016), many veterans are reluctant to seek help and struggle to transition into civilian life. Issues such as relationship breakdown, unemployment and substance misuse can lead some veterans into adverse circumstances. A collaborative partnership between Wales Homes for Veterans (Alabaré) and Wrexham Glyndwr University has utilised occupational therapy students in role-emerging placements to embed occupationally-focused interventions into a supported environment for veterans facing homelessness. The students were guided in their practice through long-arm supervision provided by a community occupational therapist employed by Combat Stress.

Initially many veterans were reluctant to engage so the students used occupation to build therapeutic rapport (Griffiths and Corr 2007). Group activities were facilitated to highlight opportunities for leisure, productivity and self-care occupations, such as gardening, baking, country walks, creative art and cycling. Support with person-centred goals was offered in one-to-one sessions, with a strong focus on occupations such as using public transport, attending medical appointments and shopping. Changes to the environment were made to improve occupational performance.

The placement evaluation highlighted the value brought to the veterans and left a legacy through positive change, which will continue with further student placement provision. The scope of occupational therapy practice has been recognised and the charity is seeking ways of securing an occupational therapy specific role within the organisation.

References


Keywords
Disadvantaged people, Occupational therapy, Students

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Julie is a final year occupational therapy student living in Cheshire. Clare is a final year occupational therapy student living in North Wales.

Session S84.1
An exploratory study of skilled participation in embroidering
Gregory A, Von Kurthy H: University of Brighton

Introduction: Embroidery is a contemporary needlecraft that has respectively symbolised meaning within human experience over many centuries. Research evidence suggests a link between engagement in creative arts and wellbeing (Perruzza and Kinsella 2010). A limitation in the research is use of the term ‘creative arts’ to define a variety of diverse creative activities. It is suggested that research should focus on the understanding of specific art or craft occupations like embroidery. Such evidence will support justification and therapeutic use of craft occupations in occupational therapy practice. This study aimed to explore individual participants’ experiences of engaging in skilled embroidery.

Method: Five, semi-structured interviews were undertaken with hand and machine embroiderers based on a qualitative, hermeneutic phenomenological methodology. Thematic analysis and thematic networks were used to identify patterns across the data set in order to examine social meanings within multiple realities.

Findings: The six themes identified revealed the following: occupations exist within occupations; the presence of a powerful relationship between participants and their embroidering; impact of the sensory possibilities that embroidering offers; and the emotional release experienced when engaging in the activity.

Conclusion: The study revealed that embroidering is a complex and deeply engaging occupation that is integral to identity with consequential and defensible therapeutic power (Pierce 2003). The findings show the importance of understanding the complex and multifaceted relationships within specific human occupation and suggest further research is necessary to understand this phenomenon so future therapists can better justify the use of craft in contemporary occupational therapy practice.

Ethical approval: University of Brighton School of Health Professions School Research Ethics and Governance Panel (SREGP).

References

Keywords
Occupational therapy

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I am an occupational therapist currently based in an independent school for children with specific learning difficulties in East Sussex, employed by Kent Community Health NHS Foundation Trust. I strongly believe in the therapeutic power of contemporary crafts and promote the return to the creative roots of this diverse and exciting profession.

I am an occupational therapy tutor at the University of Brighton who is passionate about the resurgence of the therapeutic use of craft in contemporary occupational therapy education and practice. My current doctoral study is focused on the fascinating and beautiful occupation we call embroidering.
Session S84.2
Exploring the meanings of creative writing as a meaningful occupation and its influences on wellbeing and identity

Rampley H, Reynolds F, Cordingley K: Brunel University

Introduction: Understanding around the deeper meanings of creative occupations is a growing research area within occupational science, expanding our understanding of the role of occupation in wellbeing. Current research into creative writing focuses predominantly on its use as a means of disclosing emotions as part of a short-term intervention for novice writers rather than as a long-term meaningful occupation. This study aimed to investigate the relationship between creative writing, wellbeing and identity when used as a meaningful occupation.

Method: This study used interpretative phenomenological analysis to investigate the experiences of five male participants aged 21–55, via semi-structured interviews, for whom creative writing was a meaningful occupation. A purposive sampling strategy was used to recruit participants from two online London-based writing communities.

Findings: The role of writing in participants’ lives was shown to be closely linked to their sense of identity, something that was at times vulnerable owing to participants’ dependence on others’ opinions of their writing. Writing provided a valuable contribution to participants’ emotional wellbeing, serving as a vehicle for honest communication and emotional expression. On occasion participants also expressed that writing could have a detrimental effect on their wellbeing when they became overly engrossed.

Implications: This study contributes to the fields of occupational science and occupational therapy, providing insight into the meanings of writing as a creative occupation. Further research is required in order to develop these findings across different groups and types of writers.

Ethical issues must be considered prior to commencing any research project in order to ensure research integrity (Bryman, 2012, p. 120). Ethical approval for this study was obtained from Brunel University Research Ethics Committee before recruitment for potential participants commenced.

References

Keywords
Occupational therapy

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Author Biographies
Helena Rampley is a newly qualified occupational therapist currently working at Guy's and St Thomas' NHS Trust, having completed the pre-registration MSc at Brunel University in 2016. She has a long-standing interest in literature and creative writing and previously obtained an MA in Writing for Stage and Screen at Brunel University London since 1992. Her main field of research concerns the contribution of creative occupations to psychological wellbeing. She has particular expertise in interpretative phenomenological research methods. She has published over 100 chapters and articles, in journals such as the British Journal of Occupational Therapy, Disability and Rehabilitation, Arts and Health, and the Arts in Psychotherapy. Some of her research has been funded by the Arts and Humanities Research Council.

Session S85.1
Removal of hip precautions from hemiarthroplasty protocol and its impact on service user outcomes

Agarwal N: Warrington and Halton Foundation NHS Trust

Hip precautions were taught to all patients who have undergone hemiarthroplasty at the author's NHS Trust. In 2015, the author evaluated the evidence for and against hip precautions. Evidence to support this current practice was found to be very weak. Following discussions with the orthopaedic consultants, it was agreed to discard these hip precautions in October 2015. The author measured the impact of changing this long standing practice on three patient outcomes, namely rate of hip dislocation, Trust length of stay and probability of patients returning to their own permanent home from hospital.

Results: there was no change in rate of hip dislocation after hip precautions were removed. Trust length of stay reduced by three days and 10% more patients returned to their own home instead of intermediate care beds.

Discussion: this was an occupational therapist led change in practice which had a significant positive impact on individual patients and the Trust as a whole. In addition to the above mentioned results, patients did not have to learn new ways of completing their ADLs and needed lesser support and equipment to be independent. OT intervention was based more on patient’s abilities rather than being protocol driven, which led to greater job satisfaction.

References

Keywords
Adult physical health, Occupational therapy

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Session S86.1
Maintaining motivation and raising the profile of occupational therapy in a challenging health/social care environment

Payne S: Heart of England Foundation NHS Trust, Holder K: Kickstart Development

Occupational therapy is delivered in a health and social care environment characterised by increasing demand, stretched resources and growing financial pressure. These pressures can mean occupational therapists losing sight of their unique professional contribution and the value they offer to patients/services users/carers. This session will offer clinicians, support workers and managers the opportunity to reflect, challenge thinking and develop an action plan to maintain the motivation of individuals and teams, to demonstrate the value of occupational therapy and to raise the profile of a service and the profession.

This session shares learning from a partnership between a clinician and learning consultant. Drawing on Patrick Lencioni’s ‘six critical questions’ from his book The Advantage (2012), participants will have the opportunity to clarify their core purpose; to reflect on how this can help them to prioritise their actions; and to explore how to measure and demonstrate the success and value of occupational therapy.

Practical examples of strategies used by individuals and teams to maintain their motivation and passion for occupational therapy when access to training and resources is limited will be presented. The value of revisiting our core purpose for improved job satisfaction will be highlighted.

Some ‘novel’ methods for demonstrating the value of occupational therapy to stakeholders and commissioners/funders will be presented and examples illustrating the successful implementation of this approach by teams will be shared. The need to be explicit and provide succinct evidence of the impact of occupational therapy for patients/service users will be highlighted.

References

Keywords
Managers, Occupational therapy, Support workers

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Sally Payne is Head Paediatric Occupational Therapist for Heart of England Foundation NHS Trust and completed a PhD at Coventry University in 2015. She has a particular interest in teenagers with DCD/dyspraxia and has published and presented her work in the UK and abroad. Sally is a trustee of the Dyspraxia Foundation and is also a consultant for the CBeebies programme Tree Fu Tom. Sally has worked with Kirsten Holder for a number of years and enjoys sharing and debating ideas with people who bring a different perspective to her work.

Kirsten Holder is a learning and development specialist who runs her own company, Kickstart Development, and has worked with leaders and teams cross the NHS over the last ten years. Kirsten has two main areas of focus:

• Helping to create inspiring, purposeful and confident leaders through bespoke leadership programmes, coaching and mentoring.

• Energising teams through development programmes, away days, consultancy and coaching to become more focused, cohesive and productive.

Kirsten also works with the private sector and the charity sector and has worked with Dr Sally Payne for a number of years.

Session S88.1
Occupational Therapy in an Immigration Removal Centre

Alred D, Hobbs J: Sussex Partnership NHS Foundation Trust

Immigration detention is the policy of holding individuals suspected of visa violations, illegal entry or unauthorised arrival, and those subject to deportation and removal, in detention until a decision is made by immigration authorities to grant a visa and release them into the community or to repatriate them to their country of departure. The Home Office has 11 designated Immigration Removal Centres (IRCs). Brook House IRC is a secure centre, purpose built to category B Prison Service standard, near Gatwick Airport. Its management has been outsourced to G4S (Silverman 2016).

The population is very needy. Many men arrive with poor health and/or with mental health issues or behavioural problems. Some may have been tortured or witnessed atrocities. The act of being detained and living in detention is likely to cause stress. Separation from friends and family, loss of control over one’s future, poor communication or delays in Home Office decisions can exacerbate the situation (IMB 2015).

Occupational therapists have developed a group intervention within Brook House. The Emotional Health Group meets weekly and is attended by 6–8 men at a time. Each group is a stand alone session designed to help the men cope with the experience of being in detention. In developing the bespoke group approach we drew on the core values of occupational therapy, recovery and compassion focused therapy. The presentation will share the group development and model. It will provide an evaluation of the group and consider the implications for occupational therapy.

References


Keywords
Criminal justice, Forensic practice, Mental health

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Deborah Alred, DipCOT, MSc, is a consultant occupational therapist at Sussex Partnership NHS Foundation Trust. She is working towards a PhD at the University of Brighton. Her practice interest is in forensic recovery practice, incorporating co-production with service users. She has co-edited two books: ‘Forensic Occupational Therapy’ and ‘Secure Recovery,
Session S88.2
An exploration of strategies and methodologies for undertaking research with minority communities

Swenson R: Brunel University London

Aim: This paper considers an ethically responsible approach to undertaking research with minority communities and explores methodologies that aim for authentic inclusivity.

Background: The research was motivated by a desire to improve occupational-related knowledge of transgender people; currently health care is letting down transgender clients and, as such, professionals are at risk of failing their legal duty under the Equality Act (House of Commons, 2016). In view shared by many marginalised communities, some transgender groups state their concern that they are objectified by research (Yost and Smith, 2014). Mindful of this unease, the author presents how, as an outsider undertaking qualitative research into the relationship between transgender identity and occupational engagement, she developed an inclusive methodology and strategy from her UKOTRF-funded research.

Methodology: This paper discusses the recruitment of advisory groups; examines how queer theory can provide a critical understanding of the relationship between researcher and participant; and explores how the methodological approaches of Free Association Narrative Inquiry (Hollway and Jefferson, 2013) and the relational-centred research (Finlay and Evans, 2009) can facilitate a partnership between researcher and participant.

Conclusion: Through an exploration of practical action and theoretical approaches, ethically sound approaches can be developed to undertake research with minority groups.

Relevance to Occupational Therapy Education/Practice: Occupational therapists have an ethical, moral and legal responsibility to undertake research into working with marginalised groups to advance knowledge. This paper will explore ethically sound ways in which research can be conducted, which also reflects the concerns of those whose identities we are researching.

References

Keywords
Disadvantaged people, Occupational therapy, Transgender

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Session S89.1

Challenging Perceptions in Recovery
#NewWaysOfThinking

Palmer L, Harris T: Jami

Mental health recovery may be defined as an individual, personal and unique process that enables people to live meaningful and satisfying lives (Scottish Recovery Network, 2014). The recovery process supports individuals to have control over and make decisions about their own lives.

However, what happens when personal values or beliefs lead to choices that others believe do not promote recovery, or when choices carry a risk of physical, social, spiritual or ethical harm? Twinley (2013) discusses the ‘dark’ side of occupations, those that may not promote good health but may still contribute to wellbeing. It can be argued whether these are considered ‘bad’ choices and how, as practitioners, we decide what a bad choice is and whether we promote it. The potential impact of this is explored by Shepherd et al. (2008), who suggest that a risk adverse culture can disempower people and restrict the opportunities for recovery.

Jami is a Jewish mental health charity that supports clients on their recovery journey through working towards personal goals based on individuals’ values and beliefs. Occupational therapists at Jami have been instrumental in introducing recovery principles to the organisation. This has required an increased understanding of how as practitioners, our own values and beliefs may influence our practice and how we support clients to engage in meaningful occupations.

This workshop will incorporate an interactive activity, small group work and discussion that aim to challenge delegates’ perceptions of recovery and increase understanding of client choice and risk taking.

References


Keywords
Mental health, Occupational therapy

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Session S90.1

Factors associated with participation in life situations after stroke in community dwelling adults: a systematic review

Ezekiel L, Collett J, Dawes H: Oxford Brookes University, Mayo N: McGill University, Pang L: Oxford Brookes University

The traditional focus on the recovery of body functions and personal care activities within rehabilitation fails to adequately address the difficulties stroke survivors experience participating in social, community, work and leisure activities (Wolf et al. 2012). Current interventions have limited long-term efficacy for improving participation outcomes (Obembe and Eng 2016). Understanding factors associated with poor participation may lead to more effective interventions. Hence this review synthesises the evidence for potential determinants of participation following stroke.

Aims: To identify biopsychosocial factors associated with participation outcomes for adults with stroke. To investigate how factors associated with participation change over time.

Methods: We conducted a systematic review of observational studies reporting on biopsychosocial factors and participation outcomes for community dwelling adults with stroke. We determined the proportion of studies reporting significant associations with variables classified according to the ICF.

Results: Seventy-seven studies totalling 11,132 participants aged 18 to 99 years with mild to severe stroke. Older age, stroke severity, comorbidities, cognitive impairment, aphasia, depressive symptoms, limitations in mobility and daily living activities were consistently associated with worse participation. Social support emerged as an enabling factor. Participation restrictions continued longer term but stabilised six months to one year post stroke.

Conclusions: Many factors are associated with poor participation outcomes, suggesting the need for a top down, participation focused approach to interventions. The timing of such interventions later in the stroke recovery journey may also be crucial to improving participation outcomes. Occupational therapists potentially have key skills to enable better participation outcomes for stroke survivors.

References


Keywords
Long-term conditions, Neurological practice, Older people

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Leisle qualified as an occupational therapist in the late 1980s and has worked predominantly with people with complex neurological conditions and physical disabilities. She has worked in both inpatient and community settings and more recently as a brain injury case manager. Since 2002 Leisle has been working part time at Oxford Brookes as a senior lecturer on occupational therapy programmes. Since 2014 Leisle has been studying for a PhD. Her research project focuses on understanding the impact of fatigue on participation in daily life, after an acquired brain injury.

Dr Johnathan Collett is a Research Fellow in movement science at Oxford Brookes University. Johnny completed his PhD, entitled ‘Evaluation of gait economy using centre of mass displacement in healthy individuals and individuals with stroke’, with the movement science group in 2007. He has continued to work in the group initially as a postdoctoral researcher on a trial investigating exercise for people with multiple sclerosis, funded by the MS Society, and currently as a Research Fellow. His research interests include the control and measurement of movement, in particular gait, and applying this to neurological rehabilitation. His research also involves exploring factors affecting fluid intake and evaluating therapeutic exercise interventions in people with neurological conditions.
Session S90.2  
Exploring the current education levels and practices for the assessment and treatment for post-stroke anxiety and depression: a survey of occupational therapists, physiotherapists and speech and language therapists in the UK  
Durkin A: Royal Cornwall Hospitals Trust  
Background: Anxiety and depression after stroke impact on an individual's functioning (Ayerbe et al., 2014; Ayis et al., 2016). Stroke survivors should be assessed and, where appropriate, treated for post-stroke psychological changes, additional education for clinicians is advised to achieve this (Intercollegiate Stroke Working Party, 2016). This study aimed to identify the current practice and educational needs of therapists working in the UK, including occupational therapists, related to post-stroke psychological changes.  
Method: An online survey was conducted. Data was analysed using descriptive statistics and associations were investigated using Pearson's chi square test.  
Results: Most (n=317, 75.3%) of the 421 respondents agreed it was their role to address post-stroke psychological changes and 262 (62.2%) reported receiving additional education. Post-stroke anxiety (PSA) was assessed by 213 (54.9%) respondents using 26 different assessment tools. Post-stroke depression (PSD) was assessed by 269 (63.9%) respondents using 40 different assessment tools. Almost 50% (n=204) of respondents provided 14 different interventions for PSD and over 50% (n=216) provided 12 different interventions for PSA. Associations were found between education and assessment of PSA (χ² 32.552, df 1, p<0.000) and PSD (χ² 22.363, df 1, p<0.000) and education and treatment of PSA (χ² 22.487, df1, p<.000) and PSD (χ² 25.381, df 1, p<.000).  
Conclusion: Education appears to influence therapists' practice, therefore all occupational therapists working with stroke patients should be educated about post-stroke psychological changes. Future research should address which assessments and interventions are effective for this population.  
Ethical approval was obtained through Plymouth University Faculty of Health and Human Sciences prior to any contact with potential respondents (Reference: HS1516-224).  
References  
Keywords  
Mental health, Neurological practice, Occupational therapy  
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Older people  
Session S91.1  
Working Together: Shared Occupations of Persons with Dementia and Carers  
Wey S: York St John University, Brewster C, Egdell K, Williams K, Theocharou E, Tuffs J, Dennehy A: Third-year students at York St John University  
Participation in occupations is central to the maintenance of well-being and personhood for people with dementia and fosters vital relationships with care partners (Vikström et al. 2014). As dementia progresses, participation in occupation becomes increasingly mediated by those partners, often within shared occupations.  
Understanding how occupations are shared and co-constructed by more than one participant has only begun to be explored in research and theory (Van Nes et al. 2012; Vikström et al. 2014; Hydén, 2014). How people with dementia and partners work together to co-construct shared occupations as meaningful enacted processes is the subject of this study, which analyses collaborative occupations involving persons with dementia and family partners. It aims to observe and analyse everyday occupations in rich detail within naturalistic settings (Dahlbäck et al. 2013). Video journals of occupations recorded by the participants themselves are analysed using grounded theory methodology and microanalysis (Griffiths, 2013) is utilised to identify subtle actions and interactions.  
This seminar discusses findings and analysis from just the first occupation analysed within an ongoing research programme involving staff and students as co-researchers. Initial themes identified include ‘valuing relationships’, ‘co-construction of a shared action world’ and ‘you play your part and I’ll play mine’. An overarching theme was of ‘working as one’. The enfolded nature of the occupation and its dramaturgical structure as performance were also significant. The study has implications for occupational therapy practice with people with dementia and carers, but also occupational science and theories of enablement from a complexity and ecological perspective.  
Research ethics went through the York St John research ethics process and was approved by the Health Modules Ethics Panel at York St John University on 3rd November 2016 (Research ID: 03112016_Wey_00002216).  
The study adopted a process ethics model (Dewing, 2007), which meant that gaining consent from participants (particularly with dementia) was a continuous process. We decided the best way to make that a reality was for the participants to have control over the video camera themselves so they could be consenting in action at all points and could turn off the camera at any point.  
References  
Session S92.1
Digitising the acute service based home assessment

Read J, Cudd P: University of Sheffield, Simpson E: Sheffield Teaching Hospitals NHS Foundation Trust, Ciravenga F, Mazumdar S: University of Sheffield

Cost improvements and delayed discharges or ‘bedblocking’ are historical, ongoing and topical issues (Gaughan et al. 2016). Crucial for many inpatients in the discharge pathway are access and home visits (Marks 1994, Parker et al. 2002). Many patients require occupational therapy home assessments prior to hospital discharge (Sheppard et al. 2010). They are labour and resource intensive (Sampson et al. 2014). Clinical practice also suggested that although necessary, arranging and conducting visits can delay discharges. It was hypothesised greatly that reducing occupational therapists physically visiting homes could significantly reduce the costs to conduct the visits and speed up discharges.

An NHS Trust, university collaborative delivered a secure videoconferencing and note taking prototype. Immediate service deployment was inappropriate; consequently an emulation of adapted practice in realistic home assessment settings plus clinician and public consultation regarding the service development is reported, a registered volunteer or relative being the home visitor with a smart phone or tablet and the hospital based occupational therapist operating a personal computer. A simple to use videolink allowed the therapist to instruct the visitor and make notes.

Therapists evolved draft practice protocols, progressively learning from scenarios that were increasingly better home assessment simulations. They also provided feedback for system improvements and obtained information to analyse cost and time savings.

Findings: Patients’ discharge could be quicker through an approach offering easier patient involvement in the home assessment. For stroke and wheelchair services there was an estimate of £81,000 savings per year without accounting for reduced bed blocking.

References

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Session S92.2
A pre-post evaluation of an occupational therapist led group lifestyle and resilience course for well employees in a public sector workplace

Thew M: Leeds Beckett University, Cox D: Cumbria University

Background: The UK government is driving allied health professionals to be more influential and active in public health initiatives (Allied Health Professions Federation, 2015). In addition, there is a move to develop collaborative interventions into the workplace to help people with mental health and social problems stay within or return to work (Department of Work and Pensions, 2014).

Occupational therapists have an established history in using group lifestyle intervention approaches with older adults (Clark, 2015). However, despite this and further skills in vocational rehabilitation, studies involving occupational therapy lifestyle interventions in the workplace are rarely reported. This paper describes a pre-post evaluation of an occupational therapy led lifestyle and resilience group intervention that took place within NHS workplaces.
Method: Three group courses of six sessions were provided to NHS employees (n=41). Retrospective analysis of stress, depression, fatigue, presenteeism and sickness absence was compared pre, immediately post and 3–6 months post intervention. Descriptive and inferential statistics were used to explore the data collected.

Results: All three group course participants reported significant reductions in stress (p=0. 000), depression (P= 0. 000) and fatigue (p=0.002) post group intervention compared with pre-group. Sickness absence was reduced. Presenteeism was noted in more than 75% of the sample but reduced to <40% overall for all groups.

Conclusion: Occupational therapist led group interventions can make a positive impact on wellbeing in the workplace and demonstrate a valuable area for future practice. The findings need to be substantiated by a larger scale, formal, randomised and controlled study.

This project has received research ethical approval in line with the Research Ethics Policy and Procedures of Leeds Beckett University. Application Ref: 28149.

References

Keywords
Adult physical health, Mental health, Occupational therapy

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Miranda Thew is a Senior Lecturer at Leeds Beckett University. She has had many years’ experience in establishing role emerging placements for occupational therapy students, creating new posts as a result. Her research and publications concern scoping new fields for occupational therapy practice and innovative areas for student education. She has developed the Leeds Beckett Occupation and Wellbeing Service for office based workers. She provides occupational lifestyle and resilience interventions to both individuals and groups of people outside of the university.

Session S93.1
The Scope of Occupational Therapy in Primary Care in Canada
Donnelly C: Queens University at Kingston, Hand C: Western University, Mofina A, Bobbette N, Williams A: Queen's University at Kingston, Letts L: McMaster University

Purpose: Primary care reform has been a global theme with a specific emphasis on team-based primary care. In the province of Ontario, Canadian occupational therapists have been funded within interprofessional primary care (IPC) teams for six years. Preliminary research has shown that occupational therapists work as generalists in primary care (Donnelly et al. 2014). However, evidence of the scope and benefit of occupational therapy service in primary care is needed.

Objectives: To gain information about the scope of clinical practice of occupational therapists working in IPC teams and to develop an efficient method to collect real-time occupational therapy client visit data for use within IPC teams.

Design: Cross-sectional observational study (Bayram et al. 2007).

Methods: In phase one three focus groups were conducted to obtain input from primary care clinicians regarding the content of a client-visit data collection form. Phase two involves the implementation of the visit form in four IPC practices. The visit form will be completed for 100 consecutive clients at each primary care practice. Descriptive statistics will be used to summarise practice, practitioner, client and visit characteristics.

Results: A client visit form has been developed and is being implemented at four practices to identify occupational performance issues, management of these issues, communication among team members, and community resources.

Conclusions: Occupational therapy can play a key role in IPC teams by supporting the physical, psychological and mental health of clients with complex and chronic conditions. Occupational therapists are ideally situated to coordinate and integrate medical and social services.

The project has been reviewed and approved by the Queen.

References

Keywords
Occupational therapy

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Session S93.2
Engagement of general practitioners in falls prevention assessment and referral to occupational therapists. Insights from a NHS England-wide survey of general practitioners

McIntyre A: Brunel University London, Mackenzie L: University of Sydney, NSW, Australia, Harvey M: Chelsea Children’s Therapy, London

Purpose: High rates of falls and fall injuries for community living older people, combined with the ageing population, make falls prevention a key activity for general practitioners (GPs) and occupational therapists (OTs) to promote well-being of older people. The evidence for multidisciplinary and multifaceted community based intervention is strong (Gillespie et al. 2015), but uptake of falls prevention is variable (30–70%) (Yardley et al. 2006a, 2006b). Other research indicates that GP endorsement increases uptake of services (Damery et al. 2012). GPs are crucial for identifying older people at risk of falls, and referring for intervention, including occupational therapy.

Aims: To identify the current engagement of GPs in falls prevention practice and to identify opportunities for occupational therapists to extend their reach in falls prevention in primary care.

Design and method: Following feedback from advisory groups of older people and GPs, paper surveys were distributed to 4,000 randomly selected GPs within 209 clinical commissioning groups (CCGs) in England. Electronic surveys were also distributed via an emailed link directly, via CCGs or in CCG newsletters (approximately 3216 GPs). Descriptive analysis of the survey data was undertaken.

Results: 152 GPs responded. Most GPs were unfamiliar with UK guidelines for falls risk screening, or did not use them. Only 31% routinely asked older people about falls incidence. While 90% identified occupational therapists as providing evidence based falls prevention, 74% indicated they referred to occupational therapy.

Conclusion: Gaps in GP falls prevention practices are evident. Better relationships between local GPs and occupational therapists would boost referrals for falls prevention services.

Ethical approval was granted by the Brunel University London Research Ethics Committee (reference 14/7/STF/18). Although general practitioners were participants, this study was considered a service evaluation by the NHS and did not require further ethical approval. Following random identification of GPs for the study, permission was requested of the relevant CCGs to approach the GPs identified. Where a CCG refused, these GPs were not approached and GPs from other CCGs were randomly identified. Where a CCG refused, these GPs were not included in the analysis.

The data has been analysed using framework analysis and a thematic approach.

References

Ongoing research

Keywords
Occupational therapy, Older people

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Anne qualified in 1980 and left practice to join Brunel University London in 1997. She gained her doctorate in 2012. She is a senior lecturer and MSc Occupational Therapy (pre-registration) programme lead. As a clinician, Anne initially specialised in neurological rehabilitation, and latterly in community rehabilitation of older people, also working in acute physical services and with children with movement disorders. Anne’s enthusiasm for working with older people continues with her teaching and research. She is an active researcher, with expertise in falls research, with people with dementia, carers and research on home visits. She publishes widely.

Lynette graduated in 1981, working in adult rehabilitation settings and social services programmes in Sheffield and London. She emigrated to Australia in 1986. Lynette was the first occupational therapist employed by community health services in Newcastle NSW, implementing the Home and Community Care Home modications service. Lynette joined the University of Newcastle NSW in 1991. She completed her PhD in 2002, investigating falls among older people, as part of the DVA Preventive Care Trial. She joined the University of Sydney in 2007, co-ordinating the MOT programme, and is currently involved in several research projects related to community living older people.

Session S94.1
The ‘frailty’ concept – implications for occupational therapy practice

Evans L: Sheffield Teaching Hospital Foundation Trust

This doctoral research explores the practice of occupational therapists across primary and secondary care, aiming to illustrate the impact of occupational therapy for older people who have become frail.

It reviews the emerging themes and considers applications to practice. The study was designed across the pathway of primary, intermediate and secondary care using a case study methodology (Stake 1995) to understand the context and instrumental role of the occupational therapists in each setting.

The qualitative data was obtained from 21 interviews of stakeholders, occupational therapists and their team members. The data has been analysed using framework analysis and identified three main themes to consider for future practice. These broad themes are time, complexity and risk. Each has been reviewed, aligning the emerging concepts with the philosophical and theoretical paradigms of current occupational therapy practice (Creek 2010).

The theory of transition (Meleis 2010) is considered along with frailty as a long-term condition (Young 2015) to inform future thinking on the delivery of occupational therapy practice. The management of risk is intrinsic to practice. This study explores how this can be considered as a professional attribute within integrated and discharge to assess models (NHSE Quick Guide, Discharge to Assess).
Ongoing research

Session S94.2
To explore the content validity of the six level mediation protocol developed for the Structured Observational Test of Function (2nd edition), from the perspective of an expert panel

Annis S, Piotrak P, Laver-Fawcett A: School of Health Sciences, York St John University

Introduction: The Structured Observational Test of Function (SOTOF; Laver and Powell, 1995) is a standardised occupational therapy assessment used to observe older people’s performance of activities of daily living and to identify underlying neurological deficits. Following a review of literature, the 2nd edition (Laver-Fawcett and Marrison, 2016) added a formalised dynamic assessment component that applies a six-level graduated mediation protocol.

Purpose: To explore the content validity of the SOTOF six-level graduated mediation protocol from the perspective of an expert panel.

Method: A mixed methods survey design and purposive sample were utilised. Twenty-two occupational therapy experts were identified via a literature and website search. The SOTOF materials were attached to a recruitment email and, following review, participants completed an online survey comprising both closed and open questions. Consent was obtained in the first survey question.

Results: The sample comprised five participants (response rate 22%) from Australia, Canada, Ireland and the USA with an average of 39 years’ (range 27 to 50) experience as occupational therapists. Qualifications: PhD (n=3); professional doctorate (n=1); and MRes (n=1). Results were varied. Four of the five respondents considered the six-level graduated mediation protocol ‘easy to interpret’. Four considered the examples for suggested mediation for each SOTOF test item were useful to guide the occupational therapist to apply the graduated mediation protocol, and one was ‘unsure’. Useful feedback and suggestions for improvement were obtained.

Implications: The results will inform further revisions of the SOTOF 2nd edition prior to psychometric evaluation of reliability and research with a normative population.

This research project was approved by the Health Modules Ethics Panel at York St John University on 3 November 2016, Research ID: 161101_Annis_14009923_HLS

References

Keywords
Dementia, Neurological practice, Older people

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Session S96.1
Implementing constraint induced movement therapy: a mixed methods study

Jarvis K: University of Liverpool, Hunter S, Edelstyn N: Keele University, Ashton R, Turner J: Royal Liverpool and Broadgreen University Hospitals NHS Trust

Research purpose and aims: Constraint induced movement therapy (CIMT) improves upper limb (UL) function after stroke; however, therapists are not implementing evidence-based CIMT protocols into practice (McHugh et al., 2013). The primary aims of this study were to: (i) investigate the feasibility of providing CIMT protocols in sub-acute stroke; (ii) explore stroke survivors’ perceptions and experiences of CIMT.

Research design: Mixed methods study involving semi-structured interviews and pre-post CIMT measurements of UL function and participation.

Research methods: Four stroke survivors were recruited on discharge from an Early Supported Discharge service and interviewed before and after undertaking a CIMT protocol; data were transcribed verbatim, coded, and analysed by two independent researchers using inductive thematic analysis. Emergent themes were scrutinised to address the research aims. Pre-post CIMT measures triangulated qualitative findings.
Results: Provision of evidence-based CIMT protocols was feasible, although some barriers persisted. Stroke survivors identified barriers and facilitators to undertaking CIMT, including: impact of CIMT engagement on participation, mood, fatigue and pain; personal attributes such as motivation, determination and hope for recovery; impact of the environment; aspects of CIMT including intensity of training and the constraint. Each participant experienced positive changes in some but not all measures; changes in upper limb function and participation supported qualitative findings. Occupational patterning as a result of the CIMT was found to facilitate participation.

Conclusions: The findings are important to occupational therapy practice. Future research should aim to better understand the relationship between occupational patterning and participation. Recommendations were made for implementing CIMT into practice.

This study gained favourable ethical approval from NRES in May 2013 (REC ref: 13/NW/0309). R&D approval was gained from the Royal Liverpool and Broadgreen University Hospitals NHS Trust in October 2013 (Ref: 4359).

References

Keywords
Neurological practice, Occupational therapy

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Kathryn Jarvis qualified as an occupational therapist in 1989. Her clinical area of expertise is stroke rehabilitation; between 1989 and 2001 she worked in a variety of settings with stroke survivors. Kathryn’s main research interests focus on upper limb recovery following stroke and the relationship of this recovery to occupational performance. She gained an MSc in Research in Remedial and Caring Practice in 1995 from Loughborough University and completed her PhD at Keele University in 2016. Kathryn has been a lecturer at the University of Liverpool since 2001. In this role she is involved in teaching related to rehabilitation and research.

Sue Hunter qualified as a chartered physiotherapist in 1983 and specialised in neurological rehabilitation before completing her PhD at Keele University in 2004. She now works as Senior Lecturer in the School of Health and Rehabilitation at Keele; as research lead in the School and rehabilitation theme lead in the Research Institute for Applied Clinical Sciences, Sue leads a group of interprofessional neuro-rehabilitation researchers evaluating complex therapeutic interventions used in neurological rehabilitation, with a particular focus on interventions to restore upper limb recovery post-stroke, and exploring experiences of living with a long-term neurological condition.

Session S96.2
Application of a conceptual framework to facilitate return to paid work following a brain injury

Beaulieu K: University of Northampton

Research purpose and aims: This PhD research originally aimed to improve return to paid work following a brain injury due to the poor return to paid work success rates in England and the social and financial consequences to these individuals. This research resulted in development of a conceptual framework to facilitate return to paid work following a brain injury. A further aim is to facilitate application of the conceptual framework.

Design and methods: Following NHS ethical approval, a qualitative, descriptive phenomenological research approach was originally utilised and collected interview data from sixteen brain injured participants who had returned to paid work and eleven employers who had been involved in return to paid work of brain injured individuals in England (Giorgi 2000). Descriptive phenomenological analysis of their lived experience data established a general situated structure of the phenomenon. Following evaluation of the deeper meaning of these findings, four key themes emerged and were developed into the conceptual framework.

Findings: The four key themes to emerge were occupational needs, experiencing loss, grief and adjustment, self-identity and social inclusion and return to the workplace. The conceptual framework was directly developed from evaluation of these findings and enables brain injured individuals, employers and professionals to manage return to paid work.

Conclusions and the impact for occupational therapy practice: To facilitate a more successful return to paid work experience for service users and employers it is important to explore ways that this evidence based conceptual framework can be applied in everyday occupational therapy practice.

NRES Committee East Midlands-Nottingham 1 favourable ethical opinion was provided in 2010. Research REC reference number 10/H0403/95.

References

Keywords
Long-term conditions, Neurological practice, Occupational therapy

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Dr Karen Beaulieu is the MSc Advanced Professional Practice Occupational Therapy Programme Leader at the University of Northampton. She finished her PhD in 2016 looking at return to work post brain injury.
**Poster P1**

Outdoor activity holidays as occupations for people with multiple sclerosis: the effects on wellbeing

**Shuttleworth E: University of Cumbria**

Introduction: Outdoor activity holidays have long been known to facilitate personal development for children and young people. Building on this knowledge, this study aims to investigate the effects of outdoor activity holidays for people with multiple sclerosis.

Method: The data for this qualitative research was generated through a focus group, comprising seven individuals from a regional multiple sclerosis support group who had attended an outdoor activity holiday approximately two months prior.

Findings: Four key themes were found which address the research question: empowerment, peer support, coping mechanisms and challenges to wellbeing. The participants believed that the outdoor activities holiday had a positive impact on their wellbeing, reporting effects related to overcoming challenges and experiencing the holiday as a support group. The holiday had an ongoing effect on the wellbeing of the participants, through the development of coping mechanisms. However, participants also discussed challenges to their wellbeing which were linked to the nature of multiple sclerosis and the risk posed by engaging in outdoor recreational activities.

Conclusion: This study shows that through attending an outdoor activity holiday, people with multiple sclerosis can experience a positive impact on wellbeing.

Ethical approval was received through the University of Cumbria ethical procedure.

**References**


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**Poster P2**

An occupational perspective on recovery within Borderline Personality Disorder: a qualitative synthesis

**Rogers R, Lowe J: Northumbria University**

There is currently a paucity of research exploring the meaning of recovery within Borderline Personality Disorder. It is important to occupational therapy practice to explore the meaning of recovery from the perspective of the service user, in order to ensure holistic, recovery-focused practice.

This study aimed to explore service user perspectives of the meaning of recovery within Borderline Personality Disorder, and to present the findings within an occupational therapy framework.

A systematic search strategy was employed to identify published research papers relevant for inclusion within this systematic appraisal. Papers identified for inclusion focused on service user perspectives of the meaning of recovery within Borderline Personality Disorder (Falklof and Haglund, 2010; Katsakou et al., 2012; Lariviere et al., 2015).

Themes emerging from the qualitative data synthesis were recovery, concepts of self, and occupational performance, within an overarching theme of interpersonal relationships. These themes were explored in relation to current understandings of personality disorder, and the importance of this within recovery narrative frameworks in occupational therapy practice.

These themes were framed within the occupational therapy constructs of ‘doing, being, becoming and belonging’ in order to better understand the impact of Borderline Personality Disorder on the ability to achieve sustainable, long-term, holistic recovery. Recommendations for practice are presented in order to provide a better understanding of how to support and empower long-term recovery within this disorder, with regards to utilising meaningful occupation as a vehicle through which social integration and self-actualisation can be achieved.

Ethical approval for this project was obtained through Northumbria University.

**References**


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**Poster P4**

Informal interprofessional education on placement: the views and experiences of postgraduate (pre-registration) occupational therapy students

**Quinn P, Morris K: University of Cumbria**

While the College of Occupational Therapists (2013) supports interprofessional education (IPE) at the pre-registration level, a review of existing literature has indicated a variety of barriers to achieving this, particularly for post-graduate level Occupational Therapy students (Pollard et al., 2004; Howell, 2009).

While IPE is addressed informally by many students on placement, little is known about this phenomenon (Pollard, 2009). Therefore, the research question seeks to discover the views and experiences of postgraduate (pre-registration) Occupational Therapy students towards informal IPE on practice placement.

The research aims to:

- discover how IPE may occur on student placements
- determine the value students place upon IPE
• identify any barriers to effective IPE for students on placement, and how these are negotiated.

The research question shall be addressed using a convenience sample of 4–6 MSc (pre-registration) Occupational Therapy students. Research participants shall be asked to complete a short questionnaire, followed by a focus group surveying their views and experiences of IPE on placement. Data shall be analysed using an interpretative phenomenological approach, capitalising upon the researcher's recent practice placement experience (Shaw, 2010).

The completed research article is due to be completed by 8 May 2017. It is anticipated that research findings will inform occupational therapy educators and practice placement providers when arranging and evaluating student practice placements.

The research has been approved by the University of Cumbria ethics committee.

References

Keywords
Occupational therapy, Students

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Paul Quinn is a postgraduate (pre-registration) Occupational Therapy student in his final year at the University of Cumbria, Carlisle.

Karen Morris is the Principal Lecturer for Rehabilitation in the Department of Health, Psychology and Social Studies at the University of Cumbria. In addition to this, Karen works with doctoral researchers and leads the MSc (pre-registration) Occupational Therapy dissertation module.

Poster P5
Sporting for Success in Addictions Recovery
Jeffery D: CNWL

Alcohol use in the UK is increasing, along with its associated harm to physical and mental health and society as a whole (Health and Social Care Information Centre (HSCIC), 2013). The effects of excessive alcohol consumption are numerous. Not only does it increase the risk of long-term health conditions such as cancer and liver disease, it also increases the risk of mental ill health (World Health Organization (WHO), 2007). It has detrimental effects on society and is linked to violence and domestic abuse as well as sickness and absence from work (Strategy Unit (SU), 2003).

In an addictions setting, lifestyle balance, improving quality of life and generating pleasurable non-drinking or substance using activities is a recommended aspect of relapse prevention to reduce stress and the risk of relapse as well as to enhance self-efficacy and self-esteem (Bandura, 1984, Marlatt and Gordon, 1985). Exercise has been proposed as one such activity, particularly due to its positive effects on mood and physical health.

This poster portrays the development of a sports group intervention in a community drug and alcohol treatment service in an outer borough of London. It describes the process of establishing the group, details the benefits and challenges of providing this type of community provision and will report on the effectiveness of the intervention in this setting through service user feedback and the use of an Occupational Self-Assessment Measure as a pre and post measure.

References

Keywords
Adult physical health, Mental health, Occupational therapy

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Debra Jeffery was an occupational therapist at Addictions Community Recovery Hillingdon (ARCH). She trained at Brunel University, completing the MSc pre-reg occupational therapy in 2014. Prior to this she worked as a researcher in addictions for 10 years, first at Drugscope and then at the Institute of Psychiatry, King's College London. She has co-authored
a number of peer reviewed publications and is particularly interested in researching the impact of occupational therapy on substance misuse recovery.

**Poster P6**

**Practice development in Bosnia and Herzegovina: an international perspective**

**Parker J:** London South Bank University, Slunjski Tisma 
L: Institute for physical medicine and rehabilitation ‘Dr Miroslav Zotovic’

Occupational therapy (OT) staff from London South Bank University (LSBU) have been involved in a project to develop occupational therapy practice within Bosnia and Herzegovina. The partnership with the Institute for Physical Medicine and Rehabilitation ‘Dr Miroslav Zotovic’ in Banja Luka was supported by the Tropical Health Education Trust, reflecting the World Federation of Occupational Therapists’ (WFOT) objectives to develop strong partnerships in order to increase the presence and visibility of occupational therapy internationally (WFOT 2013).

Occupational therapy practice in Bosnia and Herzegovina is in its infancy. Few health institutions employ occupational therapists and formal occupational therapy education began three years ago. Development also needs to be considered against the backdrop of complex political and challenging economic environments.

Three inter-country visits took place, with a view to completing a training needs assessment, understanding service provision in both countries and for LSBU staff to deliver two workshops.

Service user involvement played an important part in the development of the services within the Institute. The workshops aimed to explore occupational therapy practice through the framework of the International Classification of Functioning, applying the bio-psychosocial model (World Health Organization, 2001). Feedback from participants identified it as an excellent opportunity to exchange theoretical and clinical knowledge with British colleagues, as well as to gain insight into everyday clinical practice in both countries, identifying positive practice and areas for future development and collaboration.

Working within an established health and social care framework and community of occupational therapists within Britain, we often take for granted the opportunities our practice affords.

**References**


**Keywords**

Adult physical health, Children and families, Occupational therapy

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**Author Biographies**

Janet is a Senior Lecturer in Occupational Therapy at London South Bank University. Janet has worked extensively in the social care sector as an occupational therapist, with a particular interest in housing and the impact of our environment on occupational performance. Before coming into higher education she was Director of Parker Knight Associates, a company delivering occupational therapy services and access consultancy to a wide range of clients in both the public and commercial sectors. As well as an occupational therapist she is a registered Access Consultant and a Fellow of the Higher Education Academy.

Lidija qualified as an occupational therapist in 2000. Since 2004 she has been working at the Institute for Physical Medicine and Rehabilitation ‘Dr Miroslav Zotovic’, Banja Luka, where she is the head occupational therapist. Her areas of interest include orthopaedic rehabilitation and ergonomics. She has attended additional courses in accessible housing, music therapy, PNF and neuromuscular taping. She works closely with the team delivering the occupational therapy course at the High School in Prijedor as well as delivering clinical sessions to students on an introduction to occupational therapy and ergonomics for occupational therapists.

**Poster P7**

**Promoting and developing occupational therapy in Stepped Care Therapy**

**Walsh K, Perrin G:** CPFT

Following a service restructure in Cambridgeshire and Peterborough, occupational therapy was placed within a Stepped Care Therapy service for older people. The service delivers interventions to adults over 65 with a mental health diagnosis.

NICE guidelines for depression recommend Stepped Care as the ‘least intrusive, most effective intervention provided first’. Using minimal interventions this way allows the greatest benefit from current resources, and is considered more acceptable to service users due to its appropriate intensity (Bower and Gilbody, 2005).

There are current drivers to equip people to self-manage their conditions and treatment, to ensure people with complex needs receive treatment in the least restrictive setting, as close to home as possible and with a strong focus on recovery (NHS England, 2016).

Benefits to patients:

- Able to clearly identify relevant goals and interventions in the most timely way.
- Received the most appropriate service.
- Using a recovery approach and feeling confident to self-manage their conditions.
- Using outcome measures (MOHO) to see their progress.

Benefits to occupational therapists:

- Use their time more effectively.
- Remain specialists in their field.
- Increase evidence based awareness.
- Using MOHO to quantify the value of occupational therapy.
- Strengthen professional identity within the team.

Benefits to service:

- Promotion of occupational therapy and raises profile of profession.
- Greater awareness of the value of occupational therapy within the wider team.
- Higher rates of appropriate referrals.

The poster presentation will demonstrate how occupational therapy has been implemented into the Stepped Care Therapy service and consider the value to patients.
References
Keywords
Mental health, Occupational therapy, Older people
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Poster P8
Vale Community Resource Service: a seven day occupational therapy led reablement service in the Vale of Glamorgan locality

Needham L: Vale Community Resource Service

An estimated 1 in 4 Welsh adults are aged over 65, expected to increase to 1 in 3 by 2036 (Statistics for Wales 2016). An ageing population is associated with an increasing prevalence of chronic health conditions, leading to additional pressures on health and social care. Annual costs of health and social care are significantly greater for older people and current projections predict a 60% increase in the prevalence of care needs among older people over the next 20 years. A significant contributor to health and social care costs in this population includes delayed transfers of care, estimated at £820 million a year (The King’s Fund 2016).

Reablement can deliver cost efficiencies by reducing levels of ongoing care support. An occupational therapist’s (OT) training and skills are pivotal in ensuring efficient, effective, decreased dependency.

In 2015 the Welsh government invested £34 million into primary and community care to help transfer services into the community, from which the Vale Community Resource Service (VCRS) obtained funding to enhance the reablement service. This enabled additional occupational therapy staffing and extension of service provision to 7 days a week. In the first year after introducing 7 day working, mean hospital discharges were facilitated 6 days quicker. This contributed to significant cost savings through reducing unnecessary delays. For the 12 month period from November 2015, 84% achieved a reduction in their care hours.

This practice development demonstrates how occupational therapists can champion integration and be key contributors to timely discharges and reduction in costly care packages.

References


Keywords
Occupational therapy, Older people, Social care
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Poster P9
Patients’ perspectives of occupation focused groups on an in-patient psychiatric ward

Barker G: Cambridgeshire and Peterborough NHS Foundation Trust

The adult acute in-patient service at the Cavell Centre includes a three day assessment unit, three week treatment ward, three month recovery ward and a psychiatric intensive care unit (PICU).

At the beginning of 2016, the occupational therapy team evaluated the current therapeutic treatment group timetable to ensure we were meeting the occupational needs of patients in the fast paced admission pathway.

After initial assessment using the Model of Human Occupation Screening Tool (MOHOST), or VDT Model of Creative Ability, patients are referred to the therapeutic treatment groups based on their occupational needs. This poster will display the revised therapeutic group sessions relating to occupational performance areas within the above models of practice.

The COT’s Recovering Ordinary Lives strategy (2006) suggests those who use occupational therapy services play a part in developing and evaluation. A form was provided at the end of each group for patients to complete. The form included a helpfulness rating and feedback about aspects of the group that were most helpful, not helpful, areas that they did not understand and ideas for future sessions. This information was collated in a database in January 2017.

The results indicated that 776 patients attended therapeutic treatment groups in 2016. 94% of these patients rated that they experienced the groups as ‘helpful’, ‘very helpful’, or ‘extremely helpful’ in relation to working towards their occupational therapy goals on their care plan.

The poster will display patients’ comments from the feedback forms.

References


Keywords
Mental health, Occupational therapy
The importance of sensory awareness in adult mental health services has been identified through a number of different agendas. The neurological processes that organise sensation from one's own body and from the environment make it possible to use the body effectively within the environment (Ayres 1972). "The neurological processes that organise sensation from one's own body and from the environment and make it possible to use the body effectively within the environment" (Ayres 1972). The importance of sensory awareness in adult mental health has been identified through a number of different agendas. The neurological processes that organise sensation from one's own body and from the environment make it possible to use the body effectively within the environment (Ayres 1972).

References

Keywords
Mental health, Occupational therapy

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Poster P11
Sensory awareness in secondary adult mental health services
Simpson S, Martin J: TEWV

The neurological processes that organise sensation from one's own body and from the environment make it possible to use the body effectively within the environment (Ayres 1972).

The importance of sensory awareness in adult mental health has been identified through a number of different agendas. The neurological processes that organise sensation from one's own body and from the environment make it possible to use the body effectively within the environment (Ayres 1972).

References

Keywords
Mental health, Occupational therapy

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The Five Year Forward View (NHS 2014) promotes preventative care that is achieved through stronger partnerships between the NHS and local authorities and local communities that can help to overcome health inequalities.

Occupational therapists are leading experts in working across the health and social care and third sectors, dual trained in physical and mental health, with expert knowledge of complex health conditions and disabilities.

Collaboration in the design of homes can maintain independence, increase health and wellbeing and help in the prevention of long-term conditions and falls, which cost the NHS £2 billion annually (The King's Fund 2016).

Occupational therapists have the expertise to lead the way forward in terms of designing communities that are sustainable and life-enhancing.

References


Keywords
Long-term conditions, Mental health, Occupational therapy

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Ongoing research

Poster P13
Occupational therapy and equipment provision: the outcome of a pilot study
Harrand J, Cronin-Davis J: York St John University

Research purpose and aim: A systematic approach to reviewing the literature found little evidence of occupational therapists’ work around the use of equipment for daily living activities, particularly from a user perspective. Existing literature typically focuses upon whether equipment remains in use over time. With the ongoing expectation for efficiency and increased demand for equipment, evidence based research to determine the benefits of equipment provided by occupational therapists is essential (DH 2010a, DH 2010b, Davis and Rodd 2014). Therefore, exploring equipment provision and use, its impact upon quality of life and health and well-being is important.

Research method: A postal survey questionnaire, conducted with occupational therapy staff, collected demographic details and explored respondents’ opinion regarding types of equipment and conditions which would benefit most from research.

Results: A total of 38 viable questionnaires were returned. The data was collated and analysed descriptively by the researcher. University ethical approval was granted.

Conclusion and impact on occupational therapy: Respondent views were wide ranging, with the majority expressing opinion of issues related to equipment provision including areas of future research. The survey findings informed the direction of a wider in-depth doctoral research study relating to equipment provision and its use from the perspective of those who provide and use it. For occupational therapists to remain central to the role of evolving equipment provision and use, an understanding of their work will be enhanced by users’ perspectives.

Information gathered from this survey and the wider research will inform stakeholders about areas of practice from a range of perspectives.

Approval was gained from York St John University and the Northern Lincolnshire and Goole NHS Foundation Trust.

References


Keywords
Long-term conditions, Occupational therapy

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Jenny Harrand is a Senior Lecturer in Occupational Therapy at York St John University. She is currently undertaking a PhD in the area of equipment provision. She has a recent clinical background in wheelchairs and special seating.

Dr Jane Cronin-Davis is a Senior Lecturer in Occupational Therapy at York St John University and programme lead for MSc Occupational Therapy (Pre-registration).

Poster P17
Are the Wards in St Vincent’s University Hospital Dementia Friendly?
Davis A: Incorporated Orthopaedic Hospital of Ireland

Research purpose: A significant proportion of hospital inpatients in SVUH have a dementia diagnosis. These individuals have complex care needs and require a specialised environment that is tailored to their dementia needs (Waller, 2015). The term ‘environment’ can refer not only to the physical aspects but also to social, cultural and institutional elements.

Research methods: A real time audit was completed using the ‘is your ward dementia friendly’ Enhanced Healing Environment Assessment Tool (developed by the King’s Fund...
East London Research Ethics Committee (REC) 3 approved the occupational therapists requiring an evidence-based intervention. This is an extensively researched intervention that should be given to the inclusion criteria of group attendees. Attention for people with mild to moderate dementia (10–24 on the Mini Mental State Examination; Folstein et al., 1975). Attention should be given to the inclusion criteria of group attendees to maximise the opportunity for cognitive benefits of those involved. This is an extensively researched intervention that transfers well into practice, and is a useful programme for occupational therapists requiring an evidence-based intervention.

Conclusions: Recommendations were made to improve the ‘dementia friendliness’ of the wards, including simple and low-cost modifications, e.g., appropriate signage, orientation boards, clocks, calendars. Other modifications include use of contrasting colours, dimmer switches on lights, handrails along the length of corridors, removal of additional clutter, use of day room for meals, activities, etc. Audit approval was obtained from the Clinical Audit Committee in St. Vincent’s University Hospital.

References

Keywords
Dementia, Occupational therapy, Older people

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Poster P19
Observational study of Cognitive Stimulation Therapy (CST) for people with dementia

Strayer A: North East London Foundation Trust

Aim: Cognitive Stimulation Therapy (CST; Spector et al., 2003) is a cognitive-based psychosocial intervention supported by National Institute for Health and Care Excellence guidelines, but there is a lack of evidence looking at the practical delivery and outcome measures when used in practice. It is important to measure its effectiveness in practice, and occupational therapists can play a key role to support the delivery of a person-centred intervention.

Method: A one-year observational study to measure cognition and quality of life for people with mild to moderate dementia in receipt of the CST and maintenance CST programme as part of their usual care.

Results: A paired sample T-test was run on outcome measures at follow-up time points and cognition and quality of life remained unchanged. Although, when high functioning individuals were omitted from the analysis, cognition significantly improved after CST (p = 0.04) and quality of life remained stable.

Conclusion: Being in receipt of the CST programme is beneficial for people with mild to moderate dementia (10–24 on the Mini Mental State Examination; Folstein et al., 1975). Attention should be given to the inclusion criteria of group attendees to maximise the opportunity for cognitive benefits of those involved. This is an extensively researched intervention that transfers well into practice, and is a useful programme for occupational therapists requiring an evidence-based intervention.

References


Keywords
Dementia, Occupational therapy, Older people

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Poster P20
A study of the meaning of and attitudes to work in adults in forensic psychiatric care

Clay E: East London NHS Foundation Trust

Occupational therapists (OTs) in a forensic psychiatric service questioned the varied motivation to work amongst their client group. This study aimed to explore attitudes and understand motivations to work.

The UK government wants people receiving state benefits to find work, including mental health service users. There are also key performance indicators regarding vocational rehabilitation or training. Service users’ attitudes must be understood to meet these targets.

A phenomenological basis for this qualitative study was used. Individual semi-structured interviews allowed open questions and points of interest to be pursued. Interviews were audio-recorded and transcribed verbatim before thematic analysis. Nine participants were drawn from a medium secure forensic setting.

Results showed all had some interest in working in the future. Money, structure and routine, and status were important aspects of work. Perceptions of barriers to work covered more than employer attitudes, stigma and loss of benefits that are usually discussed (Centre for Mental Health 2013; McQueen and Turner 2012). Participants were broadly concerned with feelings of readiness to work, separate to willingness.

Some participants’ attitude to work was contrary to the perception of their occupational therapist. This has implications for practice in the importance of understanding people’s goals and supporting the achievement of these. Another implication for practice regards readiness for work. This study suggests developing skills in the management of illness and relationships should be emphasised.

The types of work available to mental health service users with a history of offending, and the support available to them at work, should be a significant consideration.

Ethical approval for this study was given by the National Research Ethics Committee in a letter dated 12 March 2015 following submission through the IRAS system (IRAS project ID: 145839). It was also approved by the local research ethics committee (Noclor) for the Trust in which the project took place.

References
Poster P22

Personalised energy charts support fatigue management outcomes in acquired brain injury

Humphries T: Wye Valley NHS Trust

Fatigue following brain injury is a common symptom in neurological practice and can impact recovery. Occupational therapy has demonstrated how fatigue management can help long-term condition management.

Wye Valley NHS Trust Acquired Brain Injury Team have developed a six session format based on a study completed by Cooper et al. (2009) incorporating education, recording energy levels over a 4 week period and analysing diary sheets to identify personal energy budgets. Sheets give a visual overview of patterns of energy. Activity and pacing plans are developed based on the diary sheets. Between sessions clients practise strategies and develop plans. They are given the opportunity during each session to reflect on how useful these strategies and plans are, and can amend if required. A session is dedicated to maintaining strategies upon completion of the programme.

Outcomes are measured using the Fatigue Severity Scale (FSS) (Valko et al. 2008) and by asking simple qualitative questions pre, post and at six month follow up. Out of 22 clients, 14 recorded a lower fatigue score on completion of the sessions, 3 remained unchanged and 5 recorded a higher score. In the qualitative questions all clients reported that they understood their own fatigue patterns – while their energy levels remained similar, they felt able to increase their participation in structured activity.

To date, a six month follow up with six clients showed four maintained their post treatment fatigue score, while two recorded their pre fatigue scores. All reported maintaining their post treatment activity levels.

References


Keywords

Long-term conditions, Neurological practice, Occupational therapy

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Poster P23
Reflections of a newly qualified occupational therapist on a first year in adult social care practice
Askew J: Hampshire County Council
Morley (2009) explored the contextual factors impacting on the transitional experiences of newly qualified occupational therapists (NQOTs) working within the NHS. The increasing demands placed on newly qualified occupational therapists and the impact of working autonomously early in their careers were highlighted as particular issues. A preceptorship programme to support newly qualified nurses and allied health professionals employed in NHS Trusts was implemented after a successful pilot in 2005 (Morley 2009). No equivalent programme was in place in a local authority employing a newly qualified occupational therapist in her first post-qualifying role, but the newly qualified occupational therapist had completed her final placement within the authority.

Arguably, there are unique demands placed on social care newly qualified occupational therapists: high levels of lone working in the community and autonomy from the outset, supporting clients with complex presentations, grappling with complex policies, processes and coping with changes to service delivery. Alongside those demands, the newly qualified occupational therapist must quickly develop confidence in clinical decision making, acquire high level self-management skills and acquire a thorough knowledge of local/community resources.

This poster aims to explore these challenges and considers whether a formal preceptorship programme could benefit local authority social care newly qualified occupational therapists alongside traditional supervision. The Assessed and Supported Year in Employment is available to support newly qualified social workers in developing skills, knowledge and professional confidence. Could a similar programme be offered by local authorities to support social care newly qualified occupational therapists in this unique, wide ranging and diverse area of practice?

References

Keywords
Adult physical health, Occupational therapy, Social care

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Poster P24
Clinical tips for occupational therapists working with people with Huntington’s disease
Long-term neurological conditions have been acknowledged to be a priority for research by the College of Occupational Therapists (College of Occupational Therapists 2008). In 2015, occupational therapists at the specialist section for neurological practice long-term conditions conference indicated a need for more guidance on assessment and treatment of Huntington’s disease (HD) to improve outcomes.

Written by the core occupational therapy HD special interest group, with input and peer review from the wider group, the tips are a condensed version of the ‘Occupational therapy for people with Huntington’s disease: best practice guidelines’ (Cook et al. 2012). They were completed in conjunction with both the European Huntington’s Disease Network and the Huntington’s Disease Association and will be hosted on their websites for ease of access. They are conceived as more user-friendly documents for occupational therapists.

The special interest group plans to gain feedback on the tips sheets through the newly set up occupational therapy Huntington’s disease special interest group website, which will also host them, and the group plans to review the sheets at the end of five years.

We have received very positive feedback from Bill Crowder, Head of Care Services at the Huntington’s Disease Association, and hope to improve outcomes directly for people with Huntington’s disease and their carers, while improving confidence in working with this client group by occupational therapists working in all clinical areas.

References

Keywords
Long-term conditions, Neurological practice, Occupational therapy

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Poster presented on behalf of the occupational therapy Huntington.

Poster P25
Sowing the seeds of hope: occupational therapy horticulture groups to promote mental wellbeing in refugees newly arrived in the UK
Flicker F: London South Bank University
Aims: To promote understanding of the need to develop more of an occupational therapy role with refugees. To demonstrate how horticulture groups could be used as one such intervention to promote wellbeing amongst this population.

Background: Current refugee crisis worldwide – asylum applications increased by 29% in the UK in 2015. Refugees are five times more likely to experience mental health problems due to previous experiences and occupational deprivation caused by living conditions in the UK. The Care Act 2014 and the Five Year Forward View set out the need to promote wellbeing to prevent ill-health (estimated to save £3.1 billion a year).

Method: A thorough literature search was conducted of studies into horticulture groups with refugees over the past five years. Four relevant studies were identified and met critical appraisal criteria using the CASP. The limitations of the studies are critiqued and discussed. Further reading was conducted to understand challenges and barriers to working with this population.
population, and occupational therapists currently working in this area were contacted to understand the current contemporary issues.

Conclusion: This is an exciting area for occupational therapists to develop, as occupational therapy is a perfect fit to combat the extreme occupational deprivation faced by this population on arrival in the UK. Horticulture groups are one such suggested intervention.

Relevance to occupational therapy education and/or practice: Recommend further research, including gathering quantitative data, to provide robust evidence of the effectiveness of occupational therapy intervention in this area to increase funding for services.

References


Keywords
Disadvantaged people, Mental health, Occupational therapy

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Poster P26
Clicking your way through continuing professional development? Attitudes to social media use as a platform for continuing professional development (CPD) within occupational therapy

Murray K: NHS Lothian, Ward K: University of Cumbria

Introduction: This poster presents a study which explored the use of social media within the continuing professional development of occupational therapy students and practitioners. Perceived barriers and the influence of generation theory on the use of social media were also considered.

Increasingly, social media platforms are being embraced by healthcare professionals within financially challenging climates and occupational therapists working within non-traditional settings as a cost effective mode of networking and supporting their CPD (Lawson and Cowling, 2014).

Previous literature is limited and focuses on small-scale qualitative data (Bodell and Hook, 2014) and personal experience of using specific social media platforms (Bodell et al., 2009; Ezzamel, 2013; BJOT and #OTalk, 2016). More research with a larger sample group was therefore considered appropriate.

Method: A mixed method survey design gathered qualitative and quantitative data through an online questionnaire. Content analysis was used to code and identify themes. Descriptive statistics were used to quantify the findings and consider variations across generations.

Findings: Results highlighted a predominantly positive attitude to social media use within CPD. Accessibility, networking, learning and development were highlighted as advantages to its use. Time and individuals’ skills and knowledge were highlighted as barriers to utilising the platforms. The results suggest that age does not impact on willingness to use social media within CPD but does impact on perceived knowledge and skills to utilise the platforms confidently.

Conclusion: The study highlighted a need for more structured training on professional social media use at both pre and post registration levels.

Ethical approval was received from the University of Cumbria on 2nd November 2015.

References


Addressing diverse occupational needs: what new knowledge do European and New Zealand occupational therapists seek?.

Keywords
Managers, Occupational therapy, Students

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Kelly Murray is a newly qualified occupational therapist who graduated from the University of Cumbria in 2016. Kelly is part of the #OTalk organising team and is passionate about utilising social media as part of education and within occupational therapy practice. She is also interested in the role of occupation in integration and inclusion.

Kath Ward is a senior lecturer in occupational therapy at the University of Cumbria. Her interests include educational research in higher education and the development of research capacity.
Poster P27

A bridge to better practice: the use of the Model of Human Occupation Screening Tool (MOHOST) in adult inpatient mental health

Claridge M, Aitken L, Spenceley H: NHS Lothian

The MOHOST (Parkinson et al. 2006) is a standardised assessment that is rooted in the Model of Human Occupation (Kielhofner, 2008), which provides a conceptual system to address issues of volition, performance and organisation of occupational behaviour in the everyday environment.

It aims to provide an overview of occupational functioning that will inform areas for further assessment, treatment and discharge planning. Being straightforward and relatively quick to complete, it lends itself well to repeated use for a measure of change and communication with other members of the multidisciplinary team.

The MOHOST was adopted as a tool within two inpatient mental health pathways: acute admissions and psychiatric rehabilitation. It provides a framework for occupational formulation and treatment planning, and as a standardised screening tool informs the use of other standardised assessments.

Within the Acute Admissions service the Single Observation MOHOST is used following interventions, offering a regular review process of patients’ presentation and occupational performance. The full MOHOST is utilised to gain a broader picture of patients’ occupational abilities and is completed as part of the psychiatric rehabilitation referral process.

Following referral confirmation, the psychiatric rehabilitation occupational therapists complete full MOHOST assessments at three-monthly intervals for each patient, for the Integrated Care Pathway review and to inform the focus for treatment planning. The Single Observation MOHOSTs are used following individual patient sessions.

The use of MOHOST provides a bridge between the two mental health services and enables collaborative working, a common professional language and the ability to measure change.

References

Keywords
Mental health, Occupational therapy

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Heather Spenceley is Specialist Occupational Therapist, Psychiatric Rehabilitation at the Royal Edinburgh Hospital.

Poster P28

Opening the ‘can of worms’: the work of occupational therapists (OTs) who broach client sexual concerns

Ralph P: University of Huddersfield

Sex is a domain in the International Classification of Functioning, Disability and Health (ICF; WHO, 2001) and is an important aspect of health, wellbeing and identity, yet it is frequently seen as a ‘can of worms’ and omitted from client care (Couldrick, 2007) by occupational therapists and healthcare professionals generally. This research investigated occupational therapy practice in relation to supporting clients’ sexual issues in predominantly physical settings, to ascertain information on both practice and experiences, alongside occupational therapists’ thoughts and feelings, in order to share practice and encourage the inclusion of sexual concerns in the health services.

Underpinned by a Critical Realist paradigm, this research took a mixed methods approach, combining surveys, questionnaires and interviews. This research found that occupational therapists who broached sexual concerns adapted and applied their core occupational therapy skills to support sexual concerns, using rapport, the therapeutic use of self and their reasoning skills to find ‘a way in’ to broach sexual concerns, and applying activity analysis, problem-solving, creativity and improvisation in exploring challenges with their clients and seeking interventions. By exploring sexual concerns, these occupational therapists are changing the lives of their clients, addressing their unmet needs and tackling the stigma associated with this ‘can of worms’ by normalising their concerns and supporting them in making sex and intimacy ordinary occupations.

This research received ethical approval from the University of Huddersfield.

References


Keywords
Adult physical health, Occupational therapy

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Author Biography
I am a postgraduate researcher at the University of Huddersfield.
Poster P29

Design thinking: promoting the value of occupational therapy within Specialist Rehabilitation Services (SRS)

Howard C, Fokerd S: Lancashire Care Foundation NHS Trust – Specialist Rehabilitation Services

Lancashire Care NHS Foundation Trust (LCFT) is a large Trust, spread over a wide geographical area. SRS is a small service within LCFT, currently with 10 occupational therapists. As the Trust is so large the role of occupational therapy within SRS is not always understood. It is therefore vital that the added value of the profession is highlighted to significant people, particularly if occupational therapy is to continue being commissioned as part of SRS.

To help this, a ‘design thinking’ approach has been adopted. This is a process that starts with divergence, a deliberate attempt to expand the range of options available rather than narrow them. This process consists of five fundamental phases: empathise, define, ideate, prototype and test (FMA, 2017).

Regular meetings have taken place over the last six months following these fundamentals. The meetings have included study days facilitated by an external agency and workshops led by clinical specialist occupational therapists. These have led to the development of 2D, 3D and 4D models. These models have enabled the occupational therapy team to develop a strategic plan of how we can further promote our value and identify the relevant stakeholders to share this with.

Current evidence indicates that occupational therapists can offer cost effective services, which can reduce hospital pressures and provide innovative solutions to the challenges faced by healthcare systems (COT, 2016; NHS England, 2017). These national drivers have been utilised to support our mission of raising the profile of occupational therapy within SRS to key LCFT stakeholders.

References


Keywords
Managers, Mental health, Occupational therapy

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Poster P30

Explore the lived experience of Dementia Friends Champions: poetic representation

Woods S: London South Bank University

There are over 850,000 people living with dementia in the United Kingdom and the number is predicted to rise to 1 million by 2025 (Alzheimer’s Society, 2014). The Dementia Friends initiative was started to provide information sessions to raise awareness, reduce stigma associated with living with dementia, promote social inclusion and develop dementia friendly communities. Dementia Friends Champions (DFCs) are volunteers who deliver information sessions about the impact of dementia with the aim of turning understanding into action (Alzheimer’s Society, 2015). Reflecting on the experiences of DFCs provides an opportunity to hear experiences, concerns, questions, fears, beliefs, values and perspectives about what dementia means in the twenty-first century.

Aims: The research aims to bring an original contribution by exploring the lived experience of volunteer DFCs to promote social action, develop the Dementia Friends provision and promote inclusion for individuals living with dementia.

Methodology: A qualitative phenomenological research design is being undertaken.

Sample: Eleven DFCs were recruited from the London region using purposive sampling.

Method: Semi structured interviews were undertaken.

Analysis: Interpretative phenomenological analysis is being undertaken. Research poetry is being produced by the researcher including found poetry from the transcripts and generated poetry from the researcher’s insights from the research. Empowering the person living with dementia requires an informed, caring, inclusive and dementia friendly community and society.

Ethical approval received from London South Bank University.

References


Keywords
Dementia, Older people

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Poster P31

Introducing occupational therapy to Ward 36 – a new role in slow stream rehabilitation and long-term NHS care

Wilson R, Ballentyne S: NHS Greater Glasgow and Clyde

Following a review of Older People’s Services at the Royal Alexandra Hospital, Paisley, an occupational therapy post was created to improve the treatment and experience of the patients admitted to the long-term care/slow-stream rehabilitation ward. With an increased number of patients admitted to the ward requiring ongoing rehabilitation, along with those awaiting nursing homes, there was a vital need for occupational therapy to provide assessment and rehabilitation with a view to patients regaining and maintaining level of function and where possible enabling a discharge back home, or to a nursing home, if not remaining in a long-term NHS care bed.

With a variety of patient conditions, functional abilities and assessment needs, the occupational therapist has spent time over this first year in post establishing the role and considering best practice within this specialist area.
These developments will be presented with a diagram to visually describe the core skills and interventions used by the occupational therapist, including a focus on activities of daily living, assessment, collaboration, discharge planning, group work, and the support given to activity coordinators on this ward and across the hospital.

A summary of two recent practice developments that have been explored to enhance interventions with the patients will be presented. The occupational therapist has identified two useful resources, Pocket Ideas (developed by NHS Ayrshire and Arran) and Namaste Care (a programme used worldwide in care homes and hospices for people), and sought out training and begun to implement the use of these in her practice.

References


Keywords
Dementia, Occupational therapy, Older people

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Band 5 occupational therapist working in ward 36 RAH. A new role since January 2016.

OT Practice Development Lead for NHS GG&C Acute, supporting staff and teams to develop clinical practice and promote the role and value of occupational therapy.

Poster P32
A UK survey of occupational therapy practice for adults with lower limb amputation during the preoperative and acute postoperative stages of rehabilitation

Challenger V: Nottingham University Hospitals/University of Nottingham, Logan P: University of Nottingham

Although occupational therapists routinely treat patients with lower limb amputations during all stages of their recovery and rehabilitation, little is known about current practice (COT, 2011; Spiliotopoulou and Atwal, 2011).

Therefore, to address this gap, a descriptive survey strategy was completed, with the aims of identifying, describing and documenting occupational therapy practice for adults with new lower limb amputations in the United Kingdom. An online questionnaire was designed, piloted and advertised, asking occupational therapists to report on their own practice during the preoperative and acute postoperative stages of lower limb amputation.

Fifty-eight occupational therapists responded; 93.1% of questionnaires were completed by occupational therapists at band 6 level or above. The majority of respondents worked for the National Health Service (87.9%), with the remainder working for the Ministry of Defence. Occupational therapy practice during the early stages of rehabilitation focused on the assessment of functional tasks, assessing the home environment, equipment provision and practising patient transfers. 60.3% of respondents stated they considered psychological aspects of recovery as important and 74.1% provided advice and education around limb care.

The findings shed light on the routine practice of occupational therapists who were mainly responding to the physical challenges of an amputation. The number of responders indicates that occupational therapists are interested in research on this topic. Further research is needed to investigate the underlying components and mechanisms that contribute towards the successful delivery of occupational therapy assessments and interventions used for this patient group.

Ethical approval was obtained from the University of Nottingham’s Faculty of Medicine and Health Sciences. Ethics Reference no: E12042016 SoM RHA.

References

College of Occupational Therapists. COT, 2011. Occupational therapy with people who have had lower limb amputations: Evidence based guidelines. London. COT.

Keywords
Adult physical health, Long-term conditions, Occupational therapy

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Victoria Challenger works as an occupational therapist at Nottingham University Hospitals. As an NIHR trainee, Victoria has completed a research internship and a MA in Research Methods (Health) with the University of Nottingham, as part of HEE/NIHR's Integrated Clinical Academic Careers Pathway. Victoria was recently awarded a Silver Research Scholarship by the NIHR in collaboration with the University of Nottingham and is currently working towards developing a fellowship proposal to continue with her research around occupational therapy for adults with lower limb amputations and to enable her to develop a career as a clinical academic occupational therapist.

Pip Logan is a Professor of Rehabilitation Research at the University of Nottingham and holds an NIHR Senior Clinical Academic Award. She works clinically as an occupational therapist in the community with stroke and older people and provides clinical input to health care of the elderly wards in an Acute Hospital. Her main research interests are stroke, community rehabilitation, older people, falls, primary care and social care. She has completed numerous randomised controlled trials, presents her work internationally and reviews grants for major national funding bodies. She completed an MPhil PhD at the University of Nottingham and has been awarded a number of NIHR and charity fellowships to complete research training alongside her clinical career. She is the head of the Division of Rehabilitation and Ageing and the director of the Centre for Doctoral Training Rehabilitation and Health Care Research. At present she is a grant holder on a number of large research projects: £1.8 million to conduct an evaluation of a falls prevention intervention in care homes and £2.8 million to investigate activity and falls in people with early stage dementia.
Leadership from the ashes: influencing change and promoting occupational therapy

Fordham S, Glassman B: CNWL NHS Foundation Trust

In a time where there are greater demands on the NHS (NHS England 2014), occupational therapists can play a significant part in improving services, reducing hospital admissions and delayed discharges. It is clear that each of us has a role in leading on the promotion of occupational therapy and influencing change at all levels.

Leadership is multifaceted (NHS Leadership Academy 2013) and the profession needs leaders who can inform colleagues and those involved in shaping services on the value of occupational therapy – leaders who can support and encourage occupational therapy staff to be at the heart of improving services and ensure they are given the ‘time, capacity and skill mix to design and evaluate occupation-focused programmes’ (COT 2016, p24).

In the absence of an identified occupational therapy lead within the local area, where many individual therapists were working autonomously, often without clear clinical direction or professional support, the authors set about to unite the occupational therapy workforce, share practice and influence change from within. One year on, they have raised the profile of the profession, boosted staff morale and will soon have a professional lead in place to influence decision making. Their work has inspired a dynamic group of therapists to collectively lead, challenge and influence service provision. They would like to share their experience with others to strategies and equipment which may be beneficial during the latter stages of pregnancy and delivery.

References

Keywords
Managers, Occupational therapy, Students

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Samantha Fordham is a service manager for paediatric and community occupational therapy teams, and wheelchair services.
Becky Glassman is a senior occupational therapist within mental health services.

Getting over the bump: a collaborative project between maternal medicine midwives and occupational therapy, enabling increased independence in childcare roles for expectant mothers with physical and/or sensory impairments

Edwards C, Lyle E: St George's University Hospitals NHS Foundation Trust

Approximately 9.4% of women giving birth in the UK have a pre-existing disability (Redshaw et al., 2013). Research highlights a gap in current service provision for pregnant women with disabilities (Schiller, 2016). A need for services proactively focused on the individual needs of pregnant women with disabilities has been recommended (Royal College of Nursing 2007). Allied health professionals have been identified as integral to lead on innovative change and skill development to address health inequalities (NHS England, 2017).

St George's Hospital Maternity Unit assists nearly 5,000 women to give birth every year. An innovative and collaborative service between occupational therapy and maternal medicine midwives is currently being piloted. Through early screening, women coming into pregnancy with a pre-existing physical and/or sensory disability will be offered a link into a collaborative antenatal assessment by an occupational therapist and a midwife.

Occupational therapy core skills in maximising independence are utilised in an innovative way to anticipate and address potential issues early in the pathway, thus reducing later complications in physical, psychological, antenatal and postnatal care.

Assessment explores enabling the expectant mother to care more independently for their child after birth, including transferring and carrying the baby (indoors and outdoors), feeding, changing, bathing and dressing the baby, as well as strategies and equipment which may be beneficial during the latter stages of pregnancy and delivery.

Evaluation of the pilot will be through feedback of the expectant mothers' experiences and their perception of the usefulness of the equipment/services/advice provided.

References
Royal College of Nursing. 2007. Royal Pregnancy and Disability: Royal College of Nursing guidance for midwives and nurses London. Royal College of Nursing. www.rcn.org.uk (20/01/2017)

Keywords
Long-term conditions, Occupational therapy

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Principal Occupational Therapist for Acute Neurosciences and Neurorehabilitation and Lead OT for Maternity Medicine
Poster P35
Exploring what enables participation for individuals with physical disabilities in tourism as a leisure occupation

Barten S: London South Bank University

Tourism is a leisure occupation that for many is an important and integral part of modern society. It creates opportunities for people to have new adventures, experience different cultures, rest and recuperate as well as build relationships (Coppola et al., 2012). However, tourism is a particularly challenging occupation for individuals with physical disabilities and as such few fully participate in mainstream tourism compared to the rest of the population (Buhalis and Darcy, 2011).

Occupational therapy offers unique skills in activity and environmental analysis as well as in understanding the capacities of individuals with disabilities. Therefore occupational therapists are well placed to support the participation of disabled individuals in tourism. Consequently, the World Federation of Occupational Therapists (WFOT, 2014) has identified participation in tourism as a role emerging area and has championed initiatives to bring the knowledge of occupational therapists to promote inclusive tourism experiences.

A literature review was conducted of existing theory and research on the tourism experiences of individuals with physical disabilities and what factors impacted with occupational performance. Five themes emerged:

1. Accessibility of tourist accommodation.
2. Barriers to participation in tourism: intrapersonal, interpersonal and structural barriers.
3. Motivation for participation in tourism.
4. Perceived self-efficacy.
5. The process of becoming ‘travel active’.

This poster will focus on these themes and aim to illustrate the factors enabling and limiting participation in tourism for individuals with physical disabilities, thereby giving suggestion on how occupational therapists might address this area of occupational injustice and promote inclusion.

References

Keywords
Occupational therapy

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Poster P36
A life skills education group for men with complex needs within a locked rehabilitation unit

Ashley K: Turning Point

The Corner House is a locked rehabilitation hospital for men with a learning disability and/or mental health diagnosis. The Transforming Care Delivery Board (2015) highlighted the need to reduce the length of hospital stays for individuals with a learning disability and behaviour that challenges. This emphasises the need for occupational therapy in hospitals that provides timely and effective interventions, to enable patients to develop skills that support discharge into a community setting.

A life skills education group has been developed at the Corner House to run alongside practical group sessions. Six core modules are being delivered: increasing participation, self-care, relationships, safety in the community, managing finances, and staying healthy. The group aims to increase understanding of the importance of engaging in occupations, develop confidence when in the community, and empower participants to make practical decisions based on their own knowledge.

Prior to commencement of the group the patients completed an Occupational Self-Assessment (OSA) (Baron et al., 2006), to explore their own functioning in the key areas specified in the Model of Human Occupation (MOHO) (Kielhofner, 2008) and to support the patients to set goals. This will be repeated on a three-monthly basis to assess progress and highlight areas for further intervention. At present there is limited research detailing the effectiveness of education groups for individuals in hospital, and a need for evidence based manuals to support delivery. Research in this area would increase the quality of education based groups being delivered, and thus benefit those taking part.

References


Keywords
Learning disability, Mental health, Occupational therapy

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Poster P37
Challenging health inequalities: ‘community profiling’ as a valuable tool for occupational therapists, educators and students

Lambert N, Pollard N: Sheffield Hallam University

Occupational therapists, educators and students are called to address issues of occupational injustice (Aldrich et al. 2016), often resulting from complex health inequalities (Marmot 2010; Eckersley 2015). There is a professional responsibility to work collaboratively with marginalized individuals, communities and societies to overcome barriers to participation, empowering them to flourish, realising their potential and experience satisfaction in a way consistent with human rights and beliefs (WFOT 2006).

An education module challenged third year BSc students to explore their attitudes and perceptions of culture and society.
Posters

Poster P38

The Falls and Frailty Response (FFR) – new ways of working with older people

Carill G, Puddy A: Royal Berkshire Hospital NHS Foundation Trust

In the current climate of increasing pressures on emergency departments (ED), advanced occupational therapists worked in a pilot project with a specialist paramedic for urgent care providing a frontline response to 999 and 111 calls to those aged over 65 who have fallen. This is in line with NICE Quality Standard Q586 (NICE, 2015) discussing home and multifactorial assessment to reduce falls.

They had a dedicated blue light vehicle to carry equipment. The specialist paramedic undertook wound care and suturing, prescription on a PGD and assessment of minor injuries. The occupational therapist assessed the older person in their usual environment at the time of ambulance attendance, supplied and fitted equipment (including pendant alarm and temporary keysafe), advised and signposted, and referred to rapid response intermediate care for further same day admission avoidance services, including community hospital beds. Evaluation was quantitative (recording daily workload statistics) and qualitative (questionnaires). Funding is currently being sought to continue and extend the service.

Benefits of service and value to the profession:

• Reduced rate of conveyance to hospital (in excess of original target), reducing pressure on a busy emergency department
• Positive experience of multi-disciplinary working
• Reduced risk of further falls
• Optimised safety of older patients in their home environment
• Extended hours service outside traditional working week
• Adds to the evidence for this relatively new area of occupational therapy practice.

Impact on service users:

• Improved patient experience with reduced waits for ambulance response and immediate occupational therapy assessment
• Post visit questionnaires provided very positive feedback about patient experience.

References

NICE Quality Standard QS86. NICE. www.nice.org.uk/guidance/q586 21.0, 17

Keywords

Adult physical health, Long-term conditions, Older people

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Gill Carill is an advanced specialist occupational therapist with 18 years’ experience working in emergency medicine, with the principal aim of avoiding inappropriate hospital admission. She has been involved in many service changes and expansions, the latest of which was this collaborative project with SCAS (South Central Ambulance Service) to provide a frontline response to elderly fallers.

Anna Puddy is an advanced specialist occupational therapist with nine years’ experience in various areas of physical medicine, including elderly care and surgery. She has worked in emergency medicine for the last four years, and was instrumental in the setting up of the Falls and Frailty Response service. She joined the Acute Frailty Network in its launch year and has been involved in service development projects across different areas of clinical practice.
treatment for people who have complex characteristics’ (DoH, 2008).

The occupational therapy department within secure services at Birmingham and Solihull Mental Health Foundation Trust completed an audit of the CPAs across four sites. The aim of the audit was to develop an evaluation using a selection of existing CPA reports to identify if the outcome option has been completed and to identify a percentage of achieved, partially achieved and not achieved within forensic practice.

A table was created for each site with the aim of identifying if the outcome was completed and if they were achieved/partially achieved/not achieved. The information was collected from a sample of three CPAs from each occupational therapist across four sites and sample bias was reduced through the CPAs being randomly selected.

Overall 65 samples of CPA reports were obtained. One of the main findings was that the outcome was not always completed on the CPA report. In addition, most goals were partially achieved by service users; however, not all CPA reports were uploaded to clinical documentation.

The recommendations found from the evaluation are to create a standardised CPA template to provide consistency and to increase awareness around the use of outcome measures. It is recommended that another audit is completed which will explore the goals that were set, the quality of the interventions and whether this impacted on the service user achieving the goal.

References

Keywords
Forensic practice, Mental health, Occupational therapy

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Poster P40
Integrating health promotion within an occupational therapy service in a specialist learning disability division

Jolley C, Bannister H: Mersey Care NHS Foundation Trust

Health promotion is a preventative strategy with an aim of allowing people to manage their health and prolong quality of life which otherwise could be affected by disease or illness. Evidence suggests that individuals with learning disabilities are physically less active than the rest of the population and more prone to obesity and associated health conditions (Hallawell et al. 2012). The Department of Health (2016) has set priorities for 2016/17 to include ‘preventing ill health and supporting people to live healthy lives’. With this in mind, the occupational therapy service within a specialist learning disability division identified a necessity to ensure health promotion is integrated effectively into sessions for their client group while remaining occupation-focused.

The interventions integrated are facilitated in small groups to enable support and the benefits of group dynamics as well as utilising an occupational therapy core skill of group work. The groups are entitled ‘Breakfast Club’, ‘The Pedometer Challenge’, ‘Healthy Cooking’ and the ‘Lifestyle Group’. As well as opportunity for skill development such as independent living skills, cognitive skills and others necessary for community living, the groups cover and promote lifestyle changes around eating, exercise, self-care and smoking cessation.

Evaluations for the groups are primarily in the form of feedback from service users, but also include data around engagement and attendance, data on weight loss and miles walked with the pedometer challenge. Feedback has been very positive. Service users have reported increased exercise, activity, knowledge around choosing healthier options and enhanced wellbeing compared to before commencing the groups.

References

Keywords
Learning disability, Occupational therapy

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Claire Jolley is a band 5 occupational therapist working into a low secure unit for men with learning disabilities. She is employed by Mersey Care NHS Foundation Trust.

Hayley Bannister is a band 7 lead occupational therapist working within a forensic setting across the Mersey Care Whalley site and employed by Mersey Care NHS Foundation Trust.

Poster P41
Effectiveness of sensory integration therapy for challenging behaviour in individuals with a learning disability: a systematic review

Podris C: Belfast Health and Social Care Trust, Stinson M: University of Ulster

Occupational therapists routinely work with individuals with a learning disability to support occupation in education, employment and independent living (College of Occupational Therapy 2007). However, one of the challenges for health care professionals when working with this client group is the existence of challenging behaviours (NICE 2013). Sensory integration is one of the approaches used by occupational therapists as an intervention strategy (Barton et al. 2015). A systematic review of published research was completed to determine the evidence base for the use of sensory integration as a treatment for challenging behaviour for individuals with a learning disability.

A comprehensive search of eight electronic databases (AMED, EMBASE, Medline, British Nursing Index, PsycINFO, CINAHL, Cochrane library and OTDbase) conducted between January 2000 and December 2015 identified 15 relevant studies for critical appraisal. This review has highlighted the following clinical and research findings:

- Studies that used gym based SI interventions reported sensory integration to be effective in the treatment of challenging behaviour
- A possible latent effect of sensory integration was found at home following therapy interventions
*Weighted vests/blankets are effective only when used as part of a full sensory integration intervention programme*

*The use of client centred tools, e.g. Goal Attainment Scale, provided sensitive outcome measures (Schaaf et al. 2014)*

*The ongoing application of the Parham et al. (2011) fidelity measure is critical for future research in this area.*

Ethical approval was not sought for the completion of this systematic review. However, this project was completed as part of the University of Ulster Masters in Occupational Therapy programme and has been reviewed accordingly.

**References**


**Keywords**

Learning disability, Occupational therapy

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**Poster P42**

**Key areas of occupational therapy intervention and their effectiveness on a female acute mental health treatment ward**

Akers L: Dorset HealthCare University Foundation Trust, Stickland R: Bournemouth University

In a time when pressures on the health services are continuing to increase, occupational therapists (OTs) need to evidence their clinical and cost effectiveness (Wimpenny et al. 2014).

Working on a female acute mental health treatment ward, prioritisation of patient need is essential to delivering a highly regarded service. Occupational therapy care plans were audited to identify the main areas of occupational therapy intervention provided to patients during their admission. Effectiveness of the interventions was also assessed by auditing whether the goals made with patients were met during their admission.

Four key areas of occupational therapy intervention were identified: engagement in meaningful occupation, vocational support, functional assessment and anxiety management. These areas of intervention bear some similarities with previous research (Taylor et al., 2010; Kennedy and Fortune, 2014) and provide insight into the key occupational needs of females admitted to a mental health ward.

Auditing the outcomes of occupational therapy interventions identified that a significant percentage of goals were not achieved or only partially achieved due to patients being discharged before interventions were completed. This lends itself to considering how the occupational therapy service is delivered and whether further extending the support provided to patients in their initial period of transition into the community would be a more effective way of meeting patient needs.

Identification of these key areas of occupational therapy intervention provides some evidence for the main areas of occupational therapy intervention in female acute mental health inpatient services. Reviewing occupational therapy outcomes supports changing the service to one that is more effective and responsive to patient needs.

**References**


**Keywords**

Mental health, Occupational therapy

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Graduating in 1997, Laura Akers has spent her career working mainly in mental health services, with experience in rehabilitation, forensics, community services, learning disabilities and most recently acute mental health. Completing an MSc in Advanced Occupational Therapy in 2008, Laura spent a period of her career working as a lecturer practitioner with Dorset HealthCare University Foundation Trust at Bournemouth University. She is currently employed by Dorset HealthCare University Foundation Trust as an occupational therapist on a female acute mental health treatment ward.

Rosie Stickland is completing the final year of a BSc (Hons) Occupational Therapy degree at Bournemouth University. She has a variety of experience from work and placements in the clinical areas of physical health, learning disabilities and mental health. During a 12 week placement in acute mental health Rosie completed the audit referred to in this abstract.

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**Poster P43**

**The impact of sensory integration groups on the occupational participation of children and young people with learning disabilities**

Haines D, Harland A, Swarbrick C: University of Brighton

Research aim: Sensory integration techniques which follow the theory outlined by Ayres (1972) are widely used by occupational therapists as an intervention for children and young adults with learning disabilities, but their efficacy is unclear. The study aimed to better understand why learners are referred to these groups and the impact on their occupational participation.

Design: A qualitative study in which therapy and teaching staff of children and young adults with learning disabilities aged between 5 and 22, at a school and a college in England, were...
interviewed to gain understanding of their perceptions of the impact of these groups.

Method: This research explored teaching and therapy staff perceptions of the efficacy of the sensory integration groups, providing insight into some of the complexities of participation for young people experiencing altered sensory needs.

Findings: Groups involving sensory integration techniques were perceived to have a positive effect on the abilities of children and young adults with learning disabilities and other complex needs and on their participation in both the group itself and subsequent learning and other activities.

Conclusion: The findings are of relevance to occupational therapists and others working with young people with learning disabilities in special educational and other settings. In particular, they suggest variables that may have the potential to be measured in future research evaluating such sensory integration groups.

Ethical approval was granted by the University of Brighton School of Health Sciences Research and Governance Panel.

References

Keywords
Children and families, Learning disability, Occupational therapy

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Poster P44
The development of an occupational therapy component of a complex intervention for people with mild cognitive impairment (MCI) and dementia

Bramley T: Nottingham University and Nottinghamshire Healthcare

Background: A new complex intervention aimed at increasing activity and independence for people with MCI and early dementia was developed ready for evaluation in a randomised controlled trial.

Aim: To develop the occupational therapy component of the intervention.

Method: The Medical Research Council guidelines for Complex Interventions (2008) was used to guide the intervention development. Expert meetings with three occupational therapists working with older people were completed. Four focus groups were held, three with people with dementia and one with four clinicians. Two patient and public members piloted the intervention. Data was collected via field notes and transcribed digital recordings and analysed using content analysis. Ethical permission was given by the NHS Health Research Authority.

Results: The final intervention includes the Assessment of Motor and Process Skills (AMPS). Following assessment, therapists and patients choose from a variety of activities such as domestic and leisure tasks based on the Occupational Therapy Intervention Process Model (1998). They practise the activities over at least 11 sessions. The stated facilitators to successful implementation were patient centred assessment, multidisciplinary working, substantial patient time and the main barrier was substantial patient time. An intervention manual was produced with physiotherapy and psychological components.

Conclusion: Occupational therapy has been included in a complex intervention manual. The intervention is currently being trialled as part of a one year feasibility study. The intervention will help occupational therapists to focus more on models of rehabilitation for people with dementia.

Ethical approval was granted by the NHS Health Research Authority.

References


Keywords
Dementia, Occupational therapy, Older people

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Poster P46
The value of mental health occupational therapy delivered across rural Lincolnshire acute hospitals


Context: The Joint Commissioning Panel for Mental Health (2013) reports that mental health accounts for 30% of acute inpatient bed occupancy. Liaison psychiatry provides a crucial link between physical and mental healthcare providers and promotes a multi-disciplinary way of working (Mental Health Partnerships 2014). Lincolnshire, the second largest county in England, a predominantly rural area (Lincolnshire Research Observatory 2016), presents a unique opportunity for reducing health inequalities and providing parity of esteem to people in general hospitals (The King’s Fund 2016).

Value of profession: Mental health liaison helps people to return home more safely and sustainably, with all their needs met. Outcomes include a 25% reduction in readmissions of people with dementia and mental illness (in the first six months) (College of Occupational Therapists 2016). As occupational therapists, dual trained professionals we work with a proximal and distal focus on occupation, working alongside ward therapists to promote engagement in therapy, where mental health is impacting on a person’s ability to fulfil their rehabilitation potential.

Practice and evaluation: Our pathway, applied across five sites, delivers evidence based practice and models, incorporating the use of assessments and therapeutic interventions. Liaison psychiatry outcomes include improvements in patient health and wellbeing, reductions in length of stay and readmission rates among patients with a mental health diagnosis, and improvements in patient, family and carer satisfaction (Mental Health Partnerships 2014).

Impact for service users: ‘I want to congratulate this service for their wonderful support, empathy and understanding. This service is so valuable to patients and their carers.’

References
which could lead to a sense of ‘belonging’ and raise the social engagement and making links with the local community, physical and cognitive tasks, it affords many opportunities for focus on humour, as well as providing a range of competitive Festival was selected for analysis. A large festival with a strong involvement of the ‘neural circuitry’. This consequently has the potential to ‘motivate action’ (Elliot 2013). Southam (2003) also saw the humorous aspect must also be considered as valuable. Elliot (2013) examines the use of humour within occupational therapy and discusses how, from a biological standpoint, humour involves the ‘neural circuitry’. This consequently has the potential to ‘motivate action’ (Elliot 2013). Southam (2003) also saw the value and use of humour within physical health settings. As an initial exploration of this idea the Dorset Knob Throwing Festival was selected for analysis. A large festival with a strong focus on humour, as well as providing a range of competitive physical and cognitive tasks, it affords many opportunities for social engagement and making links with the local community, which could lead to a sense of ‘belonging’ and raise the occupational therapy profile.

By having such festivals as a goal, therapeutic activities could be based on working towards aspects of the day. This may seem a frivolous idea, but at a time when services are strained and engaging with local communities is an ever growing necessity, perhaps this could be a way to bring many different occupational aspects together while raising a smile at the same time!

References

Keywords
Adult physical health, Mental health, Occupational therapy

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Author Biographies
Sophie Smith is an occupational therapy lecturer and PhD candidate at Bournemouth University. Current research interests centre on older people and experiences of food, with a particular focus on Dorset. Humour is also a valuable part of Sophie’s approach, both in teaching and in research. Beth Cooke is a lecturer practitioner seconded from Dorset County Hospital to Bournemouth University in a split role of occupational therapy stroke team lead and lecturer. She specialises in stroke rehabilitation, currently working acutely, and is particularly passionate about raising the profile of occupational therapy, and helping her students to explore the link between theory and practice. She enjoys encouraging students to explore innovation and meaningful occupation, while balancing the challenges that face us currently in the NHS. The opportunity the secondment brings for clinical practice, Beth personally and the students is proving invaluable, and above all fun!

Poster P47

Custom made rehab: considering whether engaging with regional festivals could provide occupational therapy opportunities. Dorset Knob Throwing – therapeutic potential or one hurl too far?

Smith S: Bournemouth University, Cooke B: Dorset County Hospital and Bournemouth University

This work proposes to use an innovative approach to explore potential opportunities for occupational therapy (OT) practice. Using activity analysis, the authors attempt to demonstrate that local customs and festivals could provide opportunities to improve physical and cognitive skill acquisition while encouraging motivation and engagement. In addition, it could be an excellent arena in which to promote the profile of occupational therapy and also ‘tap into’ existing resources.

The humorous aspect must also be considered as valuable. Elliot (2013) examines the use of humour within occupational therapy and discusses how, from a biological standpoint, humour involves the ‘neural circuitry’. This consequently has the potential to ‘motivate action’ (Elliot 2013). Southam (2003) also saw the value and use of humour within physical health settings.

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By having such festivals as a goal, therapeutic activities could be based on working towards aspects of the day. This may seem a frivolous idea, but at a time when services are strained and engaging with local communities is an ever growing necessity, perhaps this could be a way to bring many different occupational aspects together while raising a smile at the same time!

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Author Biographies
Sophie Smith is an occupational therapy lecturer and PhD candidate at Bournemouth University. Current research interests centre on older people and experiences of food, with a particular focus on Dorset. Humour is also a valuable part of Sophie’s approach, both in teaching and in research. Beth Cooke is a lecturer practitioner seconded from Dorset County Hospital to Bournemouth University in a split role of occupational therapy stroke team lead and lecturer. She specialises in stroke rehabilitation, currently working acutely, and is particularly passionate about raising the profile of occupational therapy, and helping her students to explore the link between theory and practice. She enjoys encouraging students to explore innovation and meaningful occupation, while balancing the challenges that face us currently in the NHS. The opportunity the secondment brings for clinical practice, Beth personally and the students is proving invaluable, and above all fun!

Poster P48

The concurrent validity of the UK Functional Independence Measure and Functional Assessment Measure (FIM+FAM) for children and young people with acquired brain injury


Introduction: Currently in the UK there is a lack of standardised activity and participation outcome measures to be used with children and young people over eight years old with acquired brain injury (ABI). These are particularly important to justify effectiveness of the rehabilitation process. Therefore, the UK FIM+FAM (Turner-Stokes et al., 1999), which was originally developed for adults, is often used for this purpose. This tool is used by tertiary level children’s neurorehabilitation services and is one of the principal outcome measures for UK Rehabilitation Outcomes Collaborative (UKROC). The current study aimed to investigate the concurrent validity of this assessment tool when used with this young population.

Method: Secondary analysis of existing data gathered through one children’s residential rehabilitation centre were used (N=38, age range = 8–18 years). The concurrent validity of the UK FIM+FAM was established with the use of Spearman’s (r) correlation analysis against the School Functioning Assessment
Abstracts

Poster P49

To explore how the recovery model can be used to engage service users in meaningful occupation: an occupational therapy perspective

Tranter C: Independent/Newly Qualified Student

Abstract

Introduction: Occupational therapy literature focuses on the perceived value of the recovery approach within mental health practice. The approach is linked with the fundamental belief that engagement in occupation can improve and sustain positive mental health and well-being. However, there is a paucity of literature that explores how the model is used to engage in meaningful occupation. There is an abundance of rhetoric within mental health services surrounding the term recovery. This study aims to offer occupational therapists the opportunity to express their opinions for the purposes of research and development.

Method: A qualitative paradigm was adopted to reflect the exploratory nature of the research. Content analysis and thematic analysis methods were used to approach and analyse the data.

Results: Challenges include confusion around how to utilise the model alongside a medical model paradigm, the perception and influence of other professionals and the challenges of the environment in some areas of practice.

Conclusion: The findings of the study emphasise the integral role of occupational therapy in mental health recovery. In addition, areas in need of further development are discussed and ideas for service development are also given consideration.

Key words: Meaningful, mental health recovery, occupation, well being.

Once ethical approval had been granted to pursue the research, as per the national research guidelines standards (DH 2005), from the University research ethics sub-committee and guided by the University code of practice on ethical standards for research (2014), an information sheet was sent electronically to a senior member of staff to disseminate alongside an electronic version of the questionnaire. This ensured potential participants were aware of ethical protocol and their rights to anonymity and confidentiality. Ethical approval was also sought and approved from the relevant health board.

References


Poster P50

The voice: are occupational therapists using their voice to influence?

Crossley H: University Hospitals of Leicester NHS Trust

This poster presents the findings from an MSc dissertation in Leadership in Health and Social care. The research question being asked is as follows:

‘Are occupational therapists using their voice to influence and promote the value of the profession, and what does this mean for the profession as a whole?’

A literature review was conducted to establish whether occupational therapists have the skills and capability to be the ‘voice of the profession,’ as requested by the College of Occupational Therapy in its annual review 2015 (COT 2015).

Voice behaviour is defined as a transmission of information from one person to another (VanDyne et al. 2003), being seen as beneficial to leadership (Detert et al. 2013) and as a vehicle to exchange ideas and suggestions.

In total, 15 research articles were reviewed, resulting in the following themes which are critically discussed:
• professional identity
• leadership
• power.

The findings indicate that while the profession originates from a relatively subordinate position, issues relating to the aforementioned themes continue to influence the ability of the profession to seize potential opportunities, against a backdrop of health and socio-economic challenges (Five Year Forward View, DH, 2014). It is suggested that this work complements the profession's campaign, ‘Improving Lives, Saving Money.’ (COT 2015).

Recommendations for current and future occupational therapists are made, including the introduction of a conceptual model suggesting that the use of ‘voice’ is fundamental, alongside ten top tips for developing confidence, promoting the profession and maximising mentor opportunities.

References


Detert. JR, Burris ER, Harrison DA, Martin SR. 2013. Voice flows to and around leaders: understanding when units are helped or hurt by employee voice. Administrative Science Quarterly. 58 (4) 624–668. Administrative Science Quarterly.


Keywords
Occupational therapy

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I qualified as an occupational therapist in 1990 and have held a variety of clinical and managerial positions prior to moving in a new direction in 2015. I now work as a transformation lead at University Hospitals of Leicester NHS Trust, working with multi-disciplinary teams to improve services, primarily focusing on schemes and projects to reduce length of stay in hospital and developing ambulatory pathways. Although not working directly as an occupational therapist now, my passion remains to promote the profession’s value, which is why I chose this subject as my dissertation subject when completing an MSc in Leadership in Health and Social Care last year. In my current role I take every opportunity to involve occupational therapy in transformation opportunities.

Poster P51
Meeting learning and development needs through creation of a Massive Open Online Course (MOOC)


This innovation stemmed from a clinical need within Northamptonshire Healthcare NHS Trust (NHFT) mental health in-patient occupational therapy services. Following a service redesign in 2010 to use the Vona du Toit Model of Creative Ability (VdTMoCA) to underpin treatment, the service found it difficult to access timely and cost effective training for new staff on this practice model.

A collaborative process ensued between the university and the service to identify staff’s learning needs and develop a training package. After initial scoping discussions, online training was deemed to be an appropriate means to deliver introductory training, enabling staff to access it as and when required. Funding was agreed from NHFT and a formal collaborative agreement between the university and NHFT signed off.

A CALERo (Creating Aligned Interactive educational Resource Opportunities) process was used to bring university and clinical stakeholders together to design the course, which was created as a 20 credit level 4 module. Third year occupational therapy students on placement at the service site contributed to course content by filming illustrative videos of treatment sessions as part of their service improvement projects.

The module was piloted, evaluated and modified with participants from NHFT, Finland and South Africa. This first ever MOOC for occupational therapists now enables a unique, free learning opportunity for students, occupational therapists and other healthcare professionals nationally and internationally, benefiting the professional community on a far wider scale than initially intended.

Keywords
Occupational therapy

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Roshni Khatri is a full time senior lecturer at the University of Northampton, specialising in the field of neuro-rehabilitation and the Model of Creative Ability. Clinical research related to the use of the Model of Creative Ability is linked to building an evidence base for the use of the model in an international environment. Roshni is working with partners in clinical practice to establish and embed research related to the use and application of the model. Educational research interests include the use of technology to enhance teaching, learning and assessment curriculums in higher education.

Beth White is a clinical lead occupational therapist who has worked in mental health services since qualifying in 2001. Beth currently leads the therapy mental health inpatient service at Berrywood Hospital in Northampton where, in 2010, she led a full occupational therapy service redesign underpinned by the Vona du Toit Model of Creative Ability, for which she received an innovation practice award. Beth is one of the founding directors of the VdTMoCA Foundation UK and has strong links with experts in the model in South Africa. She is committed to developing the use of the model in the UK.
Poster P52
Occupational therapy practitioners’ views and perspectives of occupational therapy employees with seen and unseen disabilities

McKay E, McLean L, Quille A: Brunel University London

Introduction: Workplace discrimination and negative or unsupportive attitudes of colleagues continue to be barriers encountered by occupational therapists with disabilities. Nonetheless, the views and perceptions of employers and employees towards colleagues with disabilities has received little research attention (Bevan, 2014). Consequently, this study aimed to explore this gap in the literature.

Method: An online survey was sent to 106 occupational therapists via a university’s placement database in April–May 2016. The survey collected information on participants’ demographics, involvement in recruitment, opinions on disability disclosure in the workplace, awareness of disability legislation, provision of reasonable accommodations and perspectives on employees with disabilities. Additionally, the survey included several vignettes and open questions. Data was analysed using SPSS and thematic analysis.

Results: The response rate was 41.5% (44/106), with 41 women and 3 men, of which 31.8% (14) participants reported a disability (‘seen’ and ‘unseen’). The majority, 68.2% (30), were involved in some aspect of recruitment. The findings indicated that there are many benefits to employing someone with a disability. Many reported supportive attitudes towards employees with disabilities, although some reported unsupportive and negative attitudes, or identified issues with employing someone with a disability. Surprisingly, a high number of participants lacked awareness of disability support services, and inclusive and diversity policies in their workplace.

Conclusion: As expected, occupational therapists are mostly supportive of their colleagues with seen and unseen disabilities. However, disability awareness training and recruitment drives for people with a disability are recommended to tackle negative attitudes and unsupportive workplaces.

Ethical approval given by Department of Clinical Sciences, Research Ethics Committee, Brunel University London.


References

Keywords
Disadvantaged people, Managers, Occupational therapy

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Elizabeth McKay is a Reader in Occupational Therapy at Brunel University London. In January 2015 she was awarded a Fellowship of the College of Occupational Therapists. Her career has included clinical, research and management experience in mental health, palliative care and occupational therapy education. Elizabeth has extensive experience of curriculum design and is one of Brunel University’s recognised programme developers. She is an active member of COT/BAOT and the World Federation of Occupational Therapists. In 2009, she was the Barbara Sexton Lecturer at the University of Western Ontario, Canada and in 2011 was visiting professor at the University of Newcastle, Australia.

Poster P53
How occupational therapy core skills can achieve real savings for local authorities

Danks M, Toland H: Middlesbrough Council

Introduction: Adult social care faces a predicted funding gap of £13bn by 2020 (2016, LGA). An occupational therapy (OT) project was set up in Middlesbrough as part of initiatives to improve efficiencies and deliver cost savings. The aim was to reduce double handed packages of care (POC) using moving and handling (M&H) plans/risk assessments and effective use of equipment. Core occupational therapy skills of activity analysis and positive risk taking were used to reinforce that two carers are not always required for hoisting (2001, DoH).

Methods: 140 cases were initially analysed. Criteria were applied with 81 eligible for potential reductions. Majority of cases were frail older people due to the ageing population (2015, Office for National Statistics).

Cases were methodically assessed using activity analysis, which identified:

- scope to maximise independence whenever possible (2014, Care Act)
- alternative M&H methods required – reinforced by written M&H plan
- ineffective use of existing equipment, e.g. profiling beds/ceiling track hoists
- need to update specialist equipment
- outdated/insufficient agency carers’ knowledge of specialist equipment
- agency carers’ reluctance to support positive risk taking
- appropriate reduction of call lengths (2015, NICE)
- tasks which necessitated two handed care.

Findings and outcomes:

- 32 (40%) POC reduced
- cost saving of £153,436.35 over a 12 month period
- identified need for new services with potential to achieve further savings
- role of occupational therapy promoted throughout the wider local authority
- support of social care managers gained
- single handed carer ethos to be embedded into social workers’ practice
- agency carers freed to attend to other calls
- commitment for continuation of occupational therapy projects, including reviewing direct payments cases
- temporary occupational therapy posts made permanent.
Abstracts


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Keywords
Occupational therapy, Older people, Social care

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Author Biographies
I have worked solely in the realm of social care since graduating in 2008, including a year as a housing occupational therapist. I am committed to the ethos of keeping people as safe and independent as possible in their own homes and promoting the role of occupational therapy in social care. I have a special interest in new and innovative equipment and enjoy resolving moving and handling issues. I particularly like enabling positive risk taking, especially for people with neurological conditions. I am often involved in product evaluations for the local community equipment store and have been key in introducing/promoting new equipment. For the past year I have been working on a double handed care project and am about to embark on an even more challenging second phase of the project – reviewing direct payment packages.

In 2016, I provided occupational therapy advice to the Migration of Asylum Seekers to North East England project regarding refugees seeking asylum from war torn countries such as Syria. Alongside Helena Toland, I reviewed the cases and provided advice on what equipment/adaptations were likely to be required to meet the person’s needs. The refugee project further promoted the role and scope of occupational therapy within a council department that had no previous knowledge of the discipline.

I am a senior occupational therapist working at Middlesbrough Social Care for the past 16 years. Previous employment has included working as community occupational therapist in the Republic of Ireland and mental health employments in Birmingham and Middlesbrough. In my present role I have worked in adult services, mainly with older people, and have carried out assessments for equipment provision and adaptations to enable adults to remain in their own homes. This has involved in depth knowledge of moving and handling techniques, postural seating and the processes of funding adaptations with disabled facilities grants. My special interest is person centred care with adults with dementia. I have also been on a focus group involved with the implementation of changing place disabled toilets in the Middlesbrough area. I also participated in a project regarding the migration of asylum seekers to North East England and recommending appropriate adaptations for existing properties to meet their housing needs.

For the past year I have worked in the role of review occupational therapist to reduce packages of care form double to single handed care, using moving and handling risk assessments to analyse activities carried out daily by agency carers. This project is now to continue with those adults who organise their own care using direct payments.

Poster P54

Bridging the gap between inpatient and community within a forensic learning disability service

Smalley L: Southern Health NHS Foundation Trust

The Forensic Learning Disability Team (FLDT) has been established for several years offering psychology, nursing and psychiatry input. Recently the role of occupational therapist has been developed to bridge the gap between inpatient and community settings.

Developing the role of occupational therapy within the service was challenging, as few standards were available regarding forensic learning disability practice (Lillywhite and Haines, 2010). This poster will provide a summary of the assessment, intervention and outcomes we have implemented across the occupational therapy provision, which covers both inpatient and community settings. When investigating the provision of other forensic learning disability services, the occupational therapy input and specialist skills varied greatly.

Having occupational therapy input within the FLDT has supported our goal of ‘bridging the gap’ through the use of meaningful occupation, with our service users attending community groups while in hospital and post-discharge. In time, keeping service users out of hospital will save money, but most importantly increase their quality of living. Providing more support allows service users to remain living within the community, while keeping themselves and others safe, and preventing placement breakdown.

This poster is valuable to our profession to see the benefits of having occupational therapy input within ‘bridging’ services. This highlights the value of meaningful occupation to reduce risk and increase skills, as well as emphasising the need for standards relating to forensic learning disability services.

References

Keywords
Forensic practice, Learning disability, Occupational therapy

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Laura Smalley has worked within forensic settings since qualifying. She has worked in a range of forensic services, including adult, child and adolescent mental health, and learning disability. Laura has interests in the VdT Model of Creative Ability and sensory integration.

Poster P55
Does my patient need to be here? An evaluation of an occupational therapy led ‘home to assess’ service
Kick J, Hussey E: Great Western Hospital Foundation Trust
With demands on the acute hospital setting on the rise, and for older people in particular, longer stays in hospitals can lead to worse health outcomes, leading to an increase in their long-term needs. One study found that 12% of patients aged 70 and over saw a decline in their ability to undertake key daily activities between admission and discharge from hospital (Covinsky et al., 2003). Which leads us to ask the question as therapists: ‘Does my patient need to be here for their occupational therapy assessments?’

Historically the role of the acute occupational therapist relies heavily on patients’ self-reporting and functional assessments within a stimulated unfamiliar environment. At times this leads to overestimation of barriers and safety risks in their home using hospital based assessments (Edwards, 1990). This can also result in a built in delay internally of identified support needs to facilitate discharge from the acute setting.

Discharge to assess models are widely known to be the solution to ease the pressure on the acute setting; however, these are mainly bed based. So how do we expedite discharge with minimal need for hospital based assessment to the patient’s home?

The occupational therapy led ‘home to assess’ pilot introduced in November 2016 has demonstrated over a four month period improved patient experience, increased patient flow within the acute hospital and reduced funded packages of care, thus placing occupational therapy in the driving seat for change and delivering cost savings across the health and social care economy.

References


Keywords
Occupational therapy, Older people, Social care

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Poster P56
Creating community connections: using photography, green spaces and a hot cup of tea to improve volition and bridge the gap between the low-secure unit and the community
Coates R: Central and North West London NHS Trust

A priority for therapists in low-secure rehabilitation is supporting residents to identify and engage in meaningful activities where they have significant volitional challenges and high levels of occupational deprivation (COT, 2012). Linking residents with community-based activities to reduce isolation, social exclusion and support discharge is a major priority (COT, 2012; Cook et al., 2016).

At Bluebell Lodge, a low-secure rehabilitation unit for adult men, a weekly occupational therapy/arts psychotherapy collaboration was developed which aimed to:
1. support residents to identify interests and goals
2. improve personal causation
3. enhance opportunities for social interaction
4. connect with nature/the local community.

The group sessions included a walk to a local community garden, taking photos and collecting natural items which would then form the focus of the unit-based art group. The outing also included a visit to a local café where discussion about the photographs/items was facilitated by the therapists.

Residents without adequate leave could attend the unit-based sessions and explore the photographs/items as part of the group. This sparked curiosity for some residents who wished to work towards the community-based sessions.

This poster will explore the evidence base for the project (for example, Frances, 2006), detail the process of establishing the group and report on a number of outcomes. These include:
1. marked improvements in volition across time as captured by the Volitional Questionnaire (de las Hera et al., 2003)
2. linking residents with community activities which continued after the group
3. increased interaction between residents.

Resident feedback was also used to inform the group’s evolution/development.

References


Model of Human Occupation Clearinghouse, Department of Occupational Therapy, College of Applied Health Sciences

Keywords
Forensic practice, Mental health, Occupational therapy

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Poster P57
From practice to parenthood: supporting occupational therapists with continuous professional development whilst on maternity leave or career break
Rolfe G: Tees, Esk and Wear Valley NHS Trust

UK economic and quality drivers mean that occupational therapy (OT) managers may seek to optimise the workforce (Ham et al. 2016), yet when women return to work after maternity leave or career break, ‘skills fade’ can reduce capability (General Medical Council 2014).

Additionally, although the occupation of parenting can bring great fulfillment, mothers increasingly report loneliness and reduced confidence (Co-operatives UK and British Red Cross 2016).

While the Health and Care Professions Council (2015) does not require continuous professional development (CPD) during career break, evidence suggests peer connections, maintaining professional identity and staying up to date with practice addresses skills fade and improves mental health (General Medical Council 2014, Co-operatives UK and British Red Cross 2016).

This work compiles the author’s experiences and helpful resources, to act as a practice guide for mums and managers.

- Practical tips on maintaining CPD:
  - Utilising the occupation of parenting to practice occupational therapy skills (Markham Harris 2015)
  - Resources that maintain links to the profession, such as professional body membership and interest groups
  - Utilising social media to connect with peers
  - Resources for staying up to date with practice development.
- Findings from a survey of occupational therapist mothers regarding maternity leave support
- Evaluating the impact of OTMum, a Facebook group supporting CPD and social connections.

This work is of value to:
- occupational therapy managers wishing to support employees on maternity leave and optimise performance
- occupational therapist mums wishing to stay connected to the profession and maintain positive mental health.

Wider implications are skills retention in the workforce and capable service delivery, thus benefiting service users.

References


Keywords
Managers, Mental health, Occupational therapy

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Working as a psychological wellbeing practitioner in the IAPT service since graduating from Sheffield Hallam University in 2014, Gill has used time away from the workplace on maternity leave to engage in continuous professional development in order to maintain core occupational therapy skills, HCPC registration and professional identity.

Poster P58
Sensory pathway for occupational therapists working in community learning disability services across Lincolnshire
Duff C: Lincolnshire Partnership Foundation Trust

Occupational therapists in Lincolnshire have developed an electronic pathway with the aim of ensuring consistency and equity across the county wide service. Imbedded in this are the tools required, such as assessment options. Using a pathway is efficient and can support clinical reasoning which improves quality and outcomes.

Sensory processing issues impact on people’s lives, their ability to cope with the world and carry out activities of daily living. We take sensory information in through all of our senses and use the sensations to integrate, modulate and interpret them for everyday functioning. Difficulties may result in physical problems and/or mental distress and/or difficulty interacting with physical and social environments. The impact may not only be on the person but also on others, such as peers and carers. There is also recognition that while some people may not have a sensory processing difficulty, they may be lacking meaningful activities which subsequently leads to behaviours which challenge which can be reduced by engagement in activity, some of which may be sensory type activities.

As occupational therapists we are trained to work holistically and are uniquely suited to this role (Lillywhite and Haines 2010). Outcomes of occupational therapist intervention using this pathway may include:

- Increase in activity engagement and functional performance. This could in turn reduce carer burden.
- Reduction in behaviours of concern and distress for the individual and others. This may reduce the amount of support required.

References


Keywords
Managers, Mental health, Occupational therapy

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Author Biography
Working as a psychological wellbeing practitioner in the IAPT service since graduating from Sheffield Hallam University in 2014, Gill has used time away from the workplace on maternity leave to engage in continuous professional development in order to maintain core occupational therapy skills, HCPC registration and professional identity.
Our previous model of individual appointments would have required 412.5 hours of therapy time. Results: Seven sessions have reached 55 families using a total et al. intervention by two therapists using purchasable materials. The programme is consistent with the person–environment–occupation model (Law et al. 1996) encouraged a review of our service delivery from an individual to a group model to improve efficiency and timely intervention. Method: We identified a sensory needs seminar published by the National Autistic Society that can be delivered by occupational therapists. This five hour seminar is delivered as a group intervention by two therapists using purchasable materials. The programme is consistent with the person–environment–occupation model (Law et al. 1996) used by our service. Results: Seven sessions have reached 55 families using a total therapy time of 70 hours.

- Our previous model of individual appointments would have required 412.5 hours of therapy time.
- This represents a reduction in service delivery time of 83%.
- 98% of parents report increased awareness of their child’s sensory needs and strategies to support their child.
- 98% felt more confident in their ability to meet their child’s sensory needs.

Impact: A more efficient use of the therapy team results in more families being seen more quickly. Feedback from parents is positive, with the benefit of meeting and sharing ideas with other families a key theme.

References

Keywords
Learning disability, Occupational therapy

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Carol Duff is a consultant occupational therapist working for Lincolnshire Parenership NHS Foundation Trust and also a senior lecturer at the University of Lincoln. Carol has worked in mental health services for over 24 years and has a special interest in sensory processing and sensory integration in mental health.

Poster PS9
Sensory needs course for parents of children with autism: a new model of service delivery
Payne S, Dunn F: Heart of England Foundation Trust
Background: Sensory needs are now included in the DSM-V diagnostic criteria for children with autism (American Psychiatric Association 2013). The impact of sensory needs on occupational participation is recognised by individuals, families and the media, leading to increased referrals to occupational therapy. The resulting pressure on services and a professional climate that advocates universal and targeted approaches to maximise access for children and families (Hutton et al. 2016) encouraged a review of our service delivery from an individual to a group model to improve efficiency and timely intervention.

Method: We identified a sensory needs seminar published by the National Autistic Society that can be delivered by occupational therapists. This five hour seminar is delivered as a group intervention by two therapists using purchasable materials. The programme is consistent with the person–environment–occupation model (Law et al. 1996) used by our service.

Results: Seven sessions have reached 55 families using a total therapy time of 70 hours.

- Our previous model of individual appointments would have required 412.5 hours of therapy time.
- This represents a reduction in service delivery time of 83%.
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- 98% felt more confident in their ability to meet their child’s sensory needs.

Impact: A more efficient use of the therapy team results in more families being seen more quickly. Feedback from parents is positive, with the benefit of meeting and sharing ideas with other families a key theme.

References

Keywords
Children and families, Occupational therapy

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Sally Payne is the Head Paediatric Occupational Therapist for the Heart of England Foundation NHS Trust. She completed a PhD at Coventry University in 2015 and is also a trustee of the Dyspraxia Foundation. Sally has a particular interest in occupation-focused practice and teenagers with DCD/dyspraxia, the focus of her postgraduate research. She has published and presented both in the UK and abroad.

Frances Dunn qualified as an occupational therapist from Coventry University in 2013, after initially studying psychology and undertaking training in psychological approaches. She worked within mental health services pre-training and for her first two years post qualification within Early Intervention Psychosis and CAMHS. Frances has been working for the Heart of England Foundation NHS Trust in community paediatrics for 18 months. Frances has a passion for early intervention models of service and working with children and families.

Poster P60
The changing face of Birmingham City Council’s adult occupational therapy service: innovatively rethinking fundamental designs to occupational therapy delivery to meet customers’ needs, promote well-being and improve overall efficiency
Sabouri A, Vincent C: Birmingham City Council
Amongst challenges of austerity and increasing expectations, radical improvements to how Birmingham citizens are supported by social care services were raised in the Kerslake report (2014). The Care Act (2014) brought a welcomed focus on client wellbeing and instructed services to deliver client and carer focused approaches.

Birmingham City Council’s adults occupational therapy service has sought to meet these challenges while ensuring high quality and cost effective service delivery. Review of the generic call handling referral system led to creation of an in-house occupational therapy led response service. This new service successfully triaged 12,246 referrals (April–December 2016), either resolving directly or progressing to a more comprehensive assessment for resolution, such as by providing preventative education, equipment or adaptations. Of these, 91% of hospital referrals were effectively assisted or closed within one day.

Statistical data and feedback from customers and stakeholders were reviewed by an occupational therapy panel which established that the new pathways met residents’ needs, promoted well-being and improved overall efficiency. The pioneering culture, strategic approaches and partnership working has created capacity for the occupational therapy service to continue expanding. It has attracted commissioning for specialist projects, including enhanced assessment beds, learning disabilities, reasonable adjustments for staff and single handed care services, in addition to improving capacity and quality with existing blue badge, enablement and health housing projects, while remaining cost effective within the occupational therapy marketplace.
This dynamic occupational therapy service continues to embrace challenges, leading the way and changing the face of social care.

References
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Keywords
Occupational therapy, Social care

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Afsaneh Sabouri started her career with Birmingham City Council in 1999 as an occupational therapist. Afsaneh has been consistently committed to providing excellence in care and support for service users as an occupational therapist in adult social services. She progressed to a senior practitioner, group manager and current position of Head of Enablement Services. Afsaneh is very experienced at developing and implementing strategic programmes, alongside being the dynamic driving force and pioneer for change within social care occupational therapy.

Carolyn Vincent is a vibrant, dedicated and professional social care senior practitioner who has several years' experience in occupational therapy.

Poster P61
Occupational marginalisation facing transgender adults post transition

Miller H: University of Derby

Aims: The purpose of this work is to critically analyse the occupational performance of transgender adults in the UK after their transition. It seeks to identify if transgender adults face occupational marginalisation across a wide variety of different occupations.

Background: It has been suggested that transgender adults may face occupational marginalisation after their transition (Beagan et al., 2012). A 2007 Department of Health briefing suggested that the societal and cultural views surrounding transgender people in Western society are based on gender binary. Zandvliet (2000), a therapist specialised in transgender therapy, suggests that this rigid concept excludes them from society, limiting their choices, stigmatising and marginalising them.

Method: A literature review of a wide body of psychological, sociological, occupational therapy and occupational science literature was employed.

Conclusion: There is a lack of quality research into transgender issues in the UK (Transgender Equality Report, 2015) and this work contributes to the limited evidence base surrounding transgender issues in occupational therapy and suggests the need for further research. It was found that the socially constructed nature of being transgender in Western society leads to occupational marginalisation and impacts on occupational performance across all aspects of life because of stigmatisation and a perceived lack of choice.

Relevance to occupational therapy: Occupational therapy services could have a positive impact on transgender people's lives in the UK, helping them to hold on to their meaningful occupations from before their transition and also helping them to engage in new occupations, living as their preferred gender.

References


Keywords
Disadvantaged people, Occupational therapy, Transgender

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Author Biography
Hayley Miller is a final year Occupational Therapy MSc (Pre-Reg) student, studying at the University of Derby. She received a BSc in Psychology in 2012 from Nottingham Trent University. She is currently working on her independent scholarship, focusing on youth homelessness and the impact that occupational therapy could have with this population in an established third sector service. She is interested in mental health, young people and marginalised communities.

Poster P62
Can occupational therapy (OT) input optimise independence, function and quality of life of home haemodialysis patients?

Hamilton J, Rhodes C, Willingham F, Taal M: Derby Teaching Hospitals NHS Foundation Trust

Renal replacement therapy (RRT) and its associated complications have substantial impact on patients’ physical function, quality of life and psychological wellbeing. NICE guidelines (2002) show that therapy can put significant consequences on the patient and their families as it introduces major long-term lifestyle changes. The renal occupational therapist was seconded to work with the home haemodialysis team. Baseline home visits were completed, including assessments, the SF 36 (kidney based quality of life), and hospital anxiety and depression scale (HADS). Following the visit all the patients’ needs were identified and treated. Three months later the patients repeated the previous outcome measures, to determine the impact of occupational therapy input upon their quality of life.

Thirteen patients were identified and seen with occupational therapy needs – 5 females, 8 males, mean age 65 years, mean dialysis vintage approx. 6 years/76.6 months. Occupational therapy sessions varied from 2–8 sessions each patient, depending on their needs. 90% of patients relied on their spouse/carer to be able to have dialysis at home. The outcome measures were completed by 54% of participants (7 returned, 5 not returned, 1 died). SF 36 – indicates 6 patients increased their quality of life and 1 patient no difference. HADS – indicates 3 patients reduced their depression, 3 no change and 1 increased slightly. HADS – indicates 3 patients reduced their anxiety, 3 patients no change and 1 patient increased.
Results from this initial small project are encouraging and demonstrate how occupational therapy is an integral part of the renal MDT.

**References**


**Keywords**

Long-term conditions, Occupational therapy

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**Author Biography**

Joanne Hamilton is an occupational therapist, qualifying in 2004. She has gained experience in a wide range of physical and social occupational therapy settings, which led her to her current role. Over the past seven years she has worked in specialist medicine as the clinical lead for nephrology. During this time she has presented two posters at the National Renal Conference and participated in a research project for renal patients, designing and delivering the occupational therapy elements and carrying out baseline assessments.

**Poster P63**

**New ways of working in palliative and end of life care: crossing traditional acute hospital occupational therapy boundaries**

Davies L, Aston S, Jones K: Heart of England Foundation Trust

In 2013, a successful funding bid to Macmillan enabled a new specialist palliative occupational therapy (OT) service to be created. In 2016, the team were recognised for innovative practice by winning an Abbvie Healthcare Award and through inclusion in a new occupational therapy report (College of Occupational Therapists 2016). We are sharing our experience of this new service to encourage other clinicians to innovate.

All palliative patients should have access to client-centred care coordinated between acute and community settings (NHS England 2015). With increased accident and emergency (A&E) presentations, pressure on acute hospital beds is growing (Murray 2016). Occupational therapists are uniquely trained to work across health and social care settings and can achieve reduced length of stay and avoidance of unnecessary admission to hospital by providing a quality, safe discharge (College of Occupational Therapists 2016). The introduction of the new palliative occupational therapy team, working across A&E, acute medical wards, base wards, outpatient clinics and community settings, is enabling these issues to be addressed.

By sharing our experiences of building key acute, community and voluntary sector relationships, we can demonstrate reduced duplication, increased efficiency and seamless patient care. We aim to demonstrate how to develop palliative specific skills, including self-management of symptoms, advance care planning, emotional support and rapid discharge planning. We aim to share strategies to collect qualitative and quantitative outcome data to evidence improved patient and carer outcomes and cost savings, essential in driving services forward in an ever-changing, pressured NHS.

**References**


**Keywords**

Adult physical health, End of life care, Occupational therapy

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**Author Biographies**

The authors are all experienced, senior occupational therapists, working in the palliative care team at Heart of England Foundation Trust, which comprises three separate hospital sites across the West Midlands. Lucy Davies, now the Macmillan Therapy Team Lead, has worked in this team since its establishment in autumn 2013, having previously worked in medical and surgical care senior occupational therapist roles.

**Poster P64**

**Exploring the use of social media by students on an occupational therapy programme**

Parks M, Sorby K, Davies B, Mcfarland J, Wallbank H, King R, Adams D: York St John University

This poster will disseminate the findings from a Student as Co-Researcher (SCoRe) project, which aimed to investigate knowledge, attitudes of professionalism, ethical practice and the use of social media by occupational therapy students.

A mixed methods design was used, comprising a survey, focus group and scoping review.

The scoping review captured and summarised literature concerning the use of social media by regulated health care professionals. The scope of the search was broadened due to the lack of literature on occupational therapists.

A cross-sectional, descriptive survey, using an online tool, with a convenience sample recruiting from occupational therapy students at York St John University, was used. Survey questions were adapted from a study with pharmacy students (Hall et al 2013). Also, a semi-structured group interview (focus group) using photo elicitation explored images shared on social media platforms and themes of professional behaviour.

Data is still being analysed but initial findings include:

- Twitter is not widely used and but the potential for its use for academic or professional use is growing
- Facebook, Instagram, Snapchat are the most popular social networking platforms
- Awareness of professionalism and use of social media had grown over the course of the degree and resulted in reviewing privacy settings on Facebook.

In conclusion, when analysis of all of the data has been completed, the authors aim to make recommendations to the...
Consideration of sexual activity as a meaningful occupation


Purpose and aims: Existing literature suggests the need for considerations of sexual activity as an occupation in occupational therapy theory and practice (Couldrick, 2005). However, it is important to establish what constitutes sexual activity. Literature surrounding the topic of sexual activity in occupational therapy is limited. This study aimed to further explore and contribute to the existing literature of sexual activity as a meaningful occupation for clients through exploring the views of occupational therapy students.

Method: Data collection involved individual, semi-structured interviews with six occupational therapy students. Interviews provided insight into participants’ perceptions of sexual activity as an occupation for clients, and whether these should be reflected in practice. Thematic analysis (Braun and Clarke, 2013) was used based on principles within the phenomenological approach. Thematic coding allowed for the formulation of themes and patterns to be identified (Vaismoradi et al., 2013).

Results: Preliminary themes indicate that all participants considered sexual activity as a meaningful occupation in regards to productivity, self-care and leisure, yet acknowledged the lack of literature and education available surrounding the topic of sexual activity as an occupation for clients.

Conclusion: This study highlights concern regarding how current education prepares future occupational therapists to confidently explore topics of sexual activity with clients. It supports the work of Hattjar (2012), emphasising the need for occupational therapists to view clients holistically and include sexual activity as an occupation in occupational therapy and practice.

Ethical approval was gained on the 27/10/16 by the School of Health Professions Bachelor’s Degree Ethics Subcommittee.

References


Keywords
Disadvantaged people, Occupational therapy, Students

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Poster P67

‘Right then, we’ve done them all. Time for a tea break!’ Person centred interaction: from rhetoric to reality using an occupational approach in dementia care

Reed M, Shute R, Ashton S: 2gether NHS Foundation Trust

Person centred care is a term which is commonplace in health and social care delivery. The notion of care which validates an individual and centres on a person and their unique perspective of the world underpins Gloucestershire’s Dementia Strategy and the locally developed ‘5 step approach’ to supporting those with dementia in care environments (NHS Gloucestershire 2012).

It would seem, however, that while there is much rhetoric about person centred interaction and care, there is little evaluation in practice to determine if this is the case and therefore the challenge is often how to recognise it in practice (McCance et al. 2011).

For occupational therapists, these concepts align with core principles of the profession and therefore it could be argued that an occupational approach can enhance meaningful interaction in dementia care. This poster therefore describes a service evaluation undertaken by occupational therapists in a mental health unit in Gloucestershire to observe and measure the level of meaningful interaction taking place on a specialist dementia unit.

The findings indicated that the majority of interactions were task focused and did not take into account a person as an occupational being and value their unique perspective of the world.

This poster will describe the findings in more detail, the occupation based strategies used to enhance meaningful interaction and the improvement methodologies utilised to translate new learning into practice.

References

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Keywords

Dementia, Occupational therapy, Older people

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Melissa Reed is a clinical specialist occupational therapist who leads a team of occupational therapy staff within an older adult mental health unit.

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Poster P68

International students and clinical placement

Jackson S: University of Bradford

International students (ISs) studying at higher education institutions (HEIs) in the United Kingdom (UK) have increased in number from 198,064 in 1997 (Verbik and Lasanowski 2007) to 437,000 in 2014/15 (UK Council for International Student Affairs (UKCISA) 2016). ISs account for 18% of students studying in UK HEIs (UKCISA 2016). The University of Bradford currently has 1,746 IS studying on campus, with representation from 139 countries. Thirty-nine students are studying in the Division of Allied Health Professions & Sport, eight of whom are engaged with the BSc (Hons) Occupational Therapy programme.

Anecdotal evidence gathered during practice placement educator refresher sessions has identified that IS struggle more with some elements of clinical placement compared to their home peers. This is substantiated in the literature, with language and cultural differences being cited as influencing engagement with placement learning (Wook et al. 2016).

The aim of this critical discourse is to identify the challenges faced by IS, particularly those from Hong Kong and China, when engaging in clinical placements and to begin to suggest support strategies for educators and students. Significant research has already been carried out on acclimatising students to the academic environment (Hawkes 2014) and it is essential that this work is replicated in a clinical setting to ensure parity of education. For the purposes of this discourse international students are defined as those students who ‘travel to a country different from their own for the purpose of higher education’ (Coles and Swami 2012).

References


Keywords

Occupational therapy, Students

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Co-occupation, inter-subjectivity and dance

Hanna J: University of Liverpool

Aims: This critical discourse focuses on co-occupations (Pierce 2009) where two people participate in mutually responsive and interconnected occupations (Pickens and Pizur-Barnekow 2009). The aim is to explore links to theory that may add to and expand the profession’s understanding of an area which would benefit from further attention and research.

Background: An interest in co-occupations, characterised by their highly interactive nature, has arisen from engaging in research at Masters and currently at Doctorate level. The research is positioned in the field of arts and health and specifically in contemporary and participative dance practice.

Method: This presentation seeks to link theory of occupation, and specifically co-occupations, with knowledge and understanding of inter-subjectivity. This is human experience which embraces an awareness of both the self and the other (Gallese 2003). This discourse is based on a review of relevant literature.

Key messages: Co-occupations have been described as having shared physicality, emotionality and intentionality (Pickens and Pizur-Barnekow 2009, Pierce 2009). The experience of participating in co-occupations and inter-subjectivity, which is both produced and maintained by continuous interconnections between the self and other (Pagis 2010, p. 314), are explored in this presentation as inter-related concepts.

Relevance to occupational therapy practice: It is proposed that the field of participative dance where social connections, inter-subjectivity and the experience of shared felt bodily movement have been identified and studied may offer insights and learning that can be transferred to the understanding of other co-occupations.

References

Keywords
Occupational therapy

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in the US and has been working as a school-based occupational therapist in California since she relocated to the US in 2014.

**Poster P71**

**Using Instagram as an Alzheimer Scotland occupational therapy intern to share knowledge of occupation in order to live well with dementia**

**Bew R: Alzheimer Scotland Queen Margaret University, Hunter E, McDermid-Thomas A: Alzheimer Scotland**

**Aim:** To use the @AHPdementia Instagram account to raise awareness of the importance of occupation during dementia, to share knowledge with other professions and the public, to give insight into being an Alzheimer Scotland occupational therapy intern and to increase the @AHPdementia Instagram following.

**Background:** Instagram is a social media website and mobile app that allows its 600 million users (Instagram 2016) to share images with accompanying text. Instagram can be used by groups and social movements to challenge attitudes and try to reduce stigma by giving an insight into certain conditions (Betton et al. 2015).

**Method:** Occupational therapy texts, wider publications and personal reflections on being an Alzheimer Scotland occupational therapy intern were used to aid the development of the Instagram posts. Photographs taken by the intern aimed to be bold or attractive, with associated hashtags, to generate interest and engagement. However, it is unknown whether users read accompanying text and therefore the impact that this has on people’s awareness. Consequently, combining the text and photos was a further development of this project.

**Implications:** The @AHPdementia Instagram account can be used by future interns and AHP students on placements within Alzheimer Scotland to share their different professional knowledge and perspectives on dementia.

**Conclusion:** The Instagram posts received many ‘likes’ and the number of followers to @AHPdementia greatly increased. The project was also featured on the ‘Let’s Talk About Dementia’ blog (2016). The use of Instagram as a tool for sharing information can continue to be developed and explored.

**References**


**Keywords**

Dementia, Occupational therapy, Students

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Rachel Bew is a Pre-reg MSc Occupational Therapy student at Queen Margaret University. She completed an occupational therapy internship with Alzheimer Scotland in 2016 which was supported by Queen Margaret University and Santander Universities.
Conclusion. The model supporting the CR underlying advocacy interventions involves eight iterative steps: (1) Determine the content to be shared; (2) Analyse and determine the type of context linked to the content; (3) Determine specific objectives; (4) Identify a process for assessing the effects of interventions; (5) Target partners; (6) Select and plan interventions according to context; (7) Plan data collection methods for evaluation; (8) Evaluate and adjust interventions.

Relevance. While awaiting the knowledge development about the CR underlying advocacy interventions, a model supporting this CR could optimise teaching. Such a model could help occupational therapy programmes to meet standards regarding the change agent role.

References


Keywords

Disadvantaged people, Occupational therapy, Students

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Poster P74

Managing expectations and vulnerabilities: critical reflections on the co-creation approach to develop resources within the profession

Tempest S, Dancza K: Royal College of Occupational Therapists

Aims: A meaningful, accessible career framework is essential for occupational therapy, to support the continued growth and success of the profession. The College of Occupational Therapists (COT), in producing the Career Development Framework, has worked in collaboration with occupational therapy personnel to co-create the new resource.

Background: Networked groups, rather than firm boundaries, are essential for the co-creation process (Nenonen and Storbacka 2010); to create and facilitate high-performing collaborative teams, attention must be paid to interpersonal skills and diversity (Cheruvelil et al. 2014).

Method: Methods adopted for this collaborative project include: a scoping workshop; the formation of: 1) a project team within COT; 2) a virtual advisory group (n=198); and 3) the use of snowballing techniques, to enable members of the advisory group to share draft work with their wider networks. All elements comprised a wide range of occupational therapy personnel from a range of sectors, countries and levels of experience.

Conclusion: The inclusivity of the group has benefitted the development of the framework. The project team has utilised skills in critical thinking and reflection to support each other in the development process and to manage expectations of what can be delivered. Due to limitations, including the technology available, an opportunity was missed to develop a broader and more interactive network. The learning continues as we move towards the implementation phase. Diversity, engagement and effective interpersonal skills are essential for the co-creation process.

References


Keywords

Managers, Occupational therapy, Support workers

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Dr Stephanie Tempest is the Education Manager for Professional Development at COT. She is the project lead for the Career Development Framework: Guiding Principles for Occupational Therapy. Her interests include collaborative research and approaches to support the knowledge translation process. At the heart of her practice is a commitment to work with and for people to facilitate meaningful change.

Dr Karina Dancza is the Professional Advisor: Children & Young People at COT and the author of the Career Development Framework: Guiding Principles for Occupational Therapy. Her PhD research involved adopting an action research approach to co-create knowledge of learning principles in occupational therapy education. She is passionate about promoting the profession and the diverse skill sets we possess.

Poster P75

Delivering digitisation – the role of clinical and professional leadership

Feger H: The Professional Record Standards Body, Sainty M: Royal College of Occupational Therapists

Aim: The Professional Records Standards Body (PRSB) Clinical and Professional Leadership project for local implementation sought to build a ‘case for change’, raise understanding and support for electronic health and care record standards amongst professionals, and identify approaches to facilitate effective adoption (PRSB 2016).

Background: The widespread adoption of standards is important for improving safety and quality of healthcare (Health and Social Care Information Centre and Academy of Medical Royal Colleges 2013). Their adoption, however, demands new ways of working and large system changes which are complex.

Method: The PRSB and NHS Digital piloted how to best promote the uptake of standards by focusing on implementation of the e-discharge summary. The project included health and care professionals, patient representatives, and the collaboration of four colleges representing nursing and medical staff. Site visits, meetings and the gathering of evidence from key stakeholders were conducted, findings reviewed and a report compiled documenting key interventions, challenges and next steps.

Conclusion: Toolkits were developed following the pilot to demonstrate how standards for information sharing will help solve the real problems clinical and professional staff experience daily in their work, not just add to their burden.

Relevance to occupational therapy: Generic messages about record standards need to be tailored to meet the specific needs and concerns of the profession. This presentation explores the
issues for occupational therapy, and the clinical and professional leadership required to support digitalisation to truly transform the way we work in health and care (Wachter 2016).

References
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Keywords
Managers, Occupational therapy

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Helene Feger is the director of strategy, communications and engagement for the PRSB and worked in the NHS for a decade in strategic roles and in mental health. Before that she was a national newspaper health correspondent. She joined the PRSB in 2016 to build the profile and reputation of the organisation. Helene has led the organisation’s programme to promote adoption of standards for electronic health and care records to improve patient care.

Mandy Sainty is an occupational therapist with a diverse career in health and social care. She joined the College of Occupational Therapists in 2010 and her role as Research and Development Manager includes lead research responsibilities for College research governance activities, the development and management of a range of evidence-informed strategies and resources to support the profession, and representing the College within relevant informatics agendas.

Poster P76
Models of Occupational Therapy Student Supervision

Rushton T: Coventry University, Jones C: Birmingham City Council, Akhtar A, McLaughlin K, Edwards A, Flynn A: Coventry University

Recent government initiatives to increase numbers of nurses and health professionals nationally (HM Treasury 2015) and the need to ensure that all health care students experience quality practice placements, which develop their skills and competence, has led academics and placement providers to reconsider models of supervision in practice learning.

While a range of models of supervision in practice education exists, locally in occupational therapy education a 1:1 or 2:1 educator:student model tends to be adopted.

One experienced practice educator approached a local university to explore having multiple occupational therapy students on placement. Four final year occupational therapy students were placed in a paediatric setting and were supervised by one practice educator, supported by her manager. Prior to completing the placement the students did not know each other.

The placement was evaluated from the student, educator, manager and service perspectives. The results identified benefits and challenges. The challenges from the educator perspective were:

1. The initial time invested to plan and prepare for the students and complete the assessment reports.

The challenges as highlighted by the students included having:

1. Less 1:1 time with the dedicated educator
2. Different learning styles which therefore led to a perceived difference in experience and opportunity.

However, the students highlighted many benefits, including:

1. Peer support and learning
2. Skill development and realistic preparation for practice.

From the service perspective, the benefits were:

1. Increased efficiency and effectiveness
2. Positive promotion of student education within the organisation.

References

Keywords
Occupational therapy, Students

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Teresa Rushton is the occupational therapy practice placement coordinator at Coventry University.

Colin Jones is the Paediatric Occupational Therapy Service Manager at Birmingham City Council.

Poster P77
Hello. My name is Kirsty, I’m your occupational therapist and your care coordinator

Oddy K: Leeds and York Partnership NHS Foundation Trust

It has long been cited that occupational therapists (OTs) working as care coordinators can face role erosion, role blurring and work related stress (Culverhouse and Bibby, 2008). I propose to challenge this and offer an alternative view to the debate that occupational therapists, working as care coordinators in mental health community teams, must work generically in order to fulfil this role. I achieved this by reflecting on my own journey and reclaimed my occupational identity.

I found when I commenced the role of a care coordinator that as I established my skills and role, I lost my identity as an occupational therapist. I found myself questioning if there was a way to develop my clinical practice in order to work more efficiently to meet the demands of the service and utilise my core skills.

By critically reflecting, both personally and in supervision, on my practice, skills and the aims and demands of our team, I have drawn upon my occupational therapy beliefs. In turn, regardless of my care coordinator title, I view service users as occupational beings and remain occupationally focused.

The direction of policies over recent years has encouraged the need for health care professionals to work flexibly to meet the needs of services (Reeves and Summerfield Mann, 2004). Looking through an occupational lens and remaining occupation focused, even during tasks described as generic, contributes to building a holistic picture of the individual. This enables
occupational therapists to identify the impact and potential barriers on engagement in occupations and functioning.

References


Keywords
Mental health, Occupational therapy

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Author Biography
I qualified from Bradford University in 2011. Since qualifying I have worked in a variety of roles within mental health, my area of interest and specialism. Initially, I worked in an acute mental health hospital supporting 18–65 year olds who were experiencing significant mental health difficulties. After just over a year I moved to work as an occupational therapist in the same hospital but on the older age adult (65+) ward, with both functional and organic diagnosis. I then moved to my current role in a community mental health team, where I have been for two years.

Poster P78
Can occupational therapists work in the nursing numbers on acute hospital wards?

Crichton L: North Cumbria University Hospitals NHS Trust

Aim: This poster presents a stakeholder evaluation of a project to put occupational therapists in the ward nursing numbers and shares the key learning points.

Background: Like much of the UK, nursing recruitment has been challenging within North Cumbria. This presented the opportunity to think creatively about the potential untapped workforce within the health economy. In 2016 North Cumbria University Hospitals NHS Trust commenced a pilot of the new role of the ‘allied health practitioner’ (AHP). The AHPs were occupational therapists who had undertaken additional training in basic nursing skills and were included in the nursing numbers in the specialities of elective orthopaedics and elderly care. The challenge for the post holders was to facilitate a rehabilitation culture and expedite safe and timely hospital discharge (Cross, 2016).

Method: The role was developed in conjunction between occupational therapy and nursing colleagues with input from the University of Cumbria. To evaluate the project, the AHPs completed weekly reflective evaluations and interviews were undertaken with other stakeholders.

Conclusion: The results from the pilot have been mixed. Non-traditional health care roles have been challenging for the AHPs and the ward staff. There is great potential to positively influence patient care; however, there needs to be better communication and engagement with ward staff at all levels.

Relevance to education and practice: Healthcare is changing and occupational therapists need to be able to adapt and embrace new opportunities. The pilot has demonstrated that knowledge of basic nursing skills could make occupational therapists more effective.

References

Keywords
Adult physical health, Occupational therapy, Older people

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Poster P79
Fight, flight or ‘f*** off!’ – challenging our understanding of behaviour in dementia

Pearce S: Independent

This presentation questions the view that ‘challenging behaviour’ is characteristic of certain stages of dementia and therefore best managed by intervention as it occurs.

Behavioural incidents upset everyone involved and can precipitate transfer to more restrictive and expensive care settings. Understanding their causes makes prevention more achievable.

In normal memory, the constant supply of recent factual information provides context for current experiences. Dementia increasingly disrupts this supply (Pearce 2016). Consequently, people living with dementia may misinterpret innocuous events as threatening. Kitwood (1997) observed that the actions of even well-intentioned caregivers can inadvertently undermine well-being.

Extreme reactions to perceived threats have long been recognised (Watson and Rayner 1920). Treating such responses merely as symptoms of dementia, while ignoring the causative distress, is ineffective and potentially harmful.

In dementia, well-being does not depend on well-managed behaviour. On the contrary, restoring well-being can help re-establish normal behaviour. Kate Swaffer MSc (Dementia Care) lives with dementia and highlights the preventive aspect of good care (2015). This makes restored well-being not only the desired outcome but also the first step in intervention.

Paradoxically, the pre-eminence of feelings over facts in dementia facilitates this. With consent of the families concerned, I discuss case studies where dementia has unexpectedly provided the means to defuse distress and its manifestations.

This approach fits well with the holistic nature of occupational therapy. Its use could reduce the pressure on hospitals and social care while promoting quality of life for people affected by dementia, thus improving lives, saving money (COT 2016).

References


Keywords
Dementia, Older people, Social care

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Shirley Pearce is an occupational therapist with experience of working with older people with dementia in residential and day care, memory clinics and the community. She has trained in the SPECAL method with the Contented Dementia Trust and now works as an independent dementia coach and troubleshooter.

Poster P80
Understanding the philosophy underpinning occupational therapy practice from a critical creativity perspective
Kinsella N: Alzheimer Scotland and Queen Margaret University

This work aims to encourage the audience to consider a novel theoretical perspective through which occupational therapy may be explored and researched.

A context study of the implementation of the Tailored Activity Programme for people living with dementia and caregivers (Gitlin et al. 2008) in Scotland revealed that the programme is adapted by occupational therapists in consideration of the needs, values and beliefs of the therapist and their clients – this is considered a person-centred process (McCormack and McCanne 2017). However, the principles and values underpinning the implementation of the Tailored Activity Programme – a prerequisite to understanding person-centred processes and outcomes – remain unclear. Thus, a continuing study is exploring the values, beliefs and philosophy of occupational therapists.

A critical creativity perspective (McCormack and Titchen 2006) holds human flourishing and human becoming as theoretical assumptions and regards them as means and ends of person-centred research and practice for the researcher, healthcare practitioner and client. The notion of well-being and becoming through doing has recently been conceptualised in occupation focused literature (Wilcock and Hocking 2015) and places occupation within a critical creativity theoretical framework. The critical creativity assumption of ‘connecting worldviews’ facilitates positioning of occupation within this framework, in this case connecting the person-centred practice framework, human flourishing and human becoming through occupation.

This poster will demonstrate the assumptions of critical creativity worldview. It will outline key aspects of the theoretical perspective through which occupational therapy practice is being explored, focusing on opportunities that the occupational perspective in this framework affords researchers and practitioners.

References

Keywords
Dementia, Occupational therapy

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Author Biography
Niamh Kinsella was awarded a studentship with Alzheimer Scotland in affiliation with Queen Margaret University in 2015. Her PhD is related to the implementation of the Tailored Activity Programme for people living with dementia and their caregivers. She is currently exploring the values and beliefs or philosophy underpinning occupational therapy practice using the tailored activity programme. She is interested in person-centred practice research and practice development for occupational therapy. Finally, Niamh is passionate about use of self and creativity in occupational therapy research and practice as a means of achieving human flourishing.

Poster P81
Participation in advanced age: enacting values, an adaptive process
Sugarhood P: London South Bank University

The concept of participation, introduced through models such as the International Classification of Functioning, Disability and Health (World Health Organization 2001), has become increasingly important in health and social care. It has been argued that participation should be the ultimate goal of occupational therapy and rehabilitation (Cardol et al. 2002). However, participation has not been consistently defined or operationalised, and there is very limited research into the concept in the context of advanced age and disability.

This poster is based on a study which explored participation from the perspectives of community-living people aged over 80 years with physical rehabilitation needs (Sugarhood et al. 2016). Using a grounded theory methodology, 11 participants aged 81–96 years were recruited from an outer London NHS Trust in the UK.

The main finding was that participation was experienced as the enacting of values. Values provided the motivation for specific ways of participating in life, guided actions and behaviours, and were the means through which participation was interpreted. Commonly enacted values were: connecting with others; maintaining autonomy; affirming abilities; doing the best you can; being useful; maintaining self-identity, and pursuing interests. A process was evident whereby participation was challenged by deteriorating health and losses and the participants adapted (or not) to overcome these challenges.

To promote participation in advanced age, policy and practice must consider the values important to older people. Interventions should be congruent with these values and promote strategies through which they can be enacted.

NHS ethical approval was granted by the National Research Ethics Committee London – Fulham on 27 April 2011 (reference 11/LO/0371). Local NHS research and development approval was gained from the host NHS Trust on 26 May 2011. University ethical approval from gained from the University Research Ethics Committee, London South Bank University, on 21 June 2011 (reference UREC 1126).

References
Age UK. (2013). Improving later life: understanding the oldest old. London: Age UK.
Poster P82
Wheelchair skills programme for children
McCann A, Hannon-Fletcher M, Kerr D: Ulster University

Research purpose: Proposals for the reform of the Northern Ireland Wheelchair Service (2008) recommended manual wheelchair skills training for children as a priority area. As wheelchair users conduct the majority of their daily activities while in their wheelchair, it is critical for them to learn to use their wheelchair to the best of their ability.

Aim: To explore the efficacy of a wheelchair skills training programme on skill development and independence of young wheelchair users.

Research design: Following ethical approval and informed consent, 11 participants were recruited, mean age 10.5 years. The wheelchair skills programme consisted of six monthly training sessions and two testing days (pre/post) over an eight-month period. Participants were tested on basic and intermediate levels of the NI Regional Manual Wheelchair Skills Assessment Test. The Activity Scale for Kids (ASK) (Young et al., 2011), a demographic questionnaire and impact questionnaire were also administered.

Results: Of the 11 participants recruited, 8 completed the full programme. All participants showed an increase in the wheelchair skills assessment: basic skills increased by 9%; intermediate skills by 31%, although not significant. The ASK questionnaire was completed by participants/parent/carer and showed little to no increase in perceived performance, post skills training. Results from the impact questionnaire indicated that participants found the training positive, reporting improved confidence and independence.

Conclusion: Overall we observed an improvement in basic and intermediate wheelchair skills in this cohort. In addition, participants reported improvement in confidence and independence. We would recommend monthly wheelchair skills training to all children aged 5–15 years.

Ethical approval was obtained via application to the University Research Governance Filter Committee, Office of Research Ethics, NI (ORECNI) and governance through the Northern Health and Social Care Trust (NHSCT).

References

Keywords
Children and families, Long-term conditions, Occupational therapy

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Adrienne McCann is an occupational therapist in her third year of her doctoral studies. She is a member of the Centre for Health and Rehabilitation Technologies (CHaRT) within the Institute of Nursing and Health Research at Ulster University.

Dr Mary Hannon-Fletcher returned to education in 1993 having spent 20 years working as a biomedical scientist in the UK and Switzerland. She graduated with BSc (Hons) First Class Biomedical Science at Ulster University in 1995 and was awarded a PhD in September 1999. Dr Hannon-Fletcher took up a post as Research Officer in September 1999 until 2003 when she was appointed a lecturer in Cellular Pathology in the School of Biomedical Science and senior lecturer in 2010. Previous posts include Course Director and Placement Coordinator of the undergraduate Biomedical Science programmes in Ulster University. She is currently Head of School of Health Sciences, Ulster University.

Poster P83
The experience of play: an Interpretative Phenomenological Analysis
Graham N: University of Brighton

Research purpose and aims: Every child has the right to participate in play – a primary occupation for all children (Chiarello et al. 2006). Despite this, children with cerebral palsy are often described as playing less than their typically developing peers (Okimoto et al. 2000). At present no research has asked children with high levels of physical disability about their play experience. This PhD project aims to explore the experience of play for 6–12 year olds with significant physical disabilities due to cerebral palsy.

Research methods: Six children participated within three interviews discussing their experience of play. Within the interviews children referred to a video of themselves playing taken by the researcher. The use of visual methods such as video, showing of toys and drawing allowed a greater depth of discussion. Interpretative Phenomenological Analysis informed the design of this study.

Results: Interpretative themes were explored following the children’s interviews. Children experience play in several ways that differ from their typically developing peers. Children experienced autonomy and could play independently when they had the support of adaptive equipment and carers. Children described participating in play as a chance to experience freedom and control through suspension of reality; this was sometimes through playing characters who did not have disabilities or were superheroes.

Conclusions: The findings of this study provide an insight into the experience of play for children with severe cerebral palsy. This is important for occupational therapists working with this population in order that their ability to participate within play is recognised and promoted.

Ethical approval from the University of Brighton.

Keywords
Children and families, Long-term conditions, Occupational therapy

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Dr Mary Hannon-Fletcher returned to education in 1993 having spent 20 years working as a biomedical scientist in the UK and Switzerland. She graduated with BSc (Hons) First Class Biomedical Science at Ulster University in 1995 and was awarded a PhD in September 1999. Dr Hannon-Fletcher took up a post as Research Officer in September 1999 until 2003 when she was appointed a lecturer in Cellular Pathology in the School of Biomedical Science and senior lecturer in 2010. Previous posts include Course Director and Placement Coordinator of the undergraduate Biomedical Science programmes in Ulster University. She is currently Head of School of Health Sciences, Ulster University.
Poster P84

Occupational therapy and dementia care: are we working in the right place at the right time?

Edwards B: Cwm Taf University Health Board

In accordance with the National Dementia Vision for Wales (2011), services for people with a diagnosis of dementia and their families should be delivered at the ‘right time and in the right place’ (p. 4). Despite this, there is a scarcity of research on what this means in practice and specifically in relation to occupational therapy.

This study aimed to explore what occupational therapy at the ‘right time’ and in the ‘right place’ means to occupational therapists, older people with a diagnosis of dementia and their families. A mixed methods design was utilised. 106 occupational therapists participated in a national cross-sectional survey. 12 family carers, 4 participants with a diagnosis of dementia and 8 occupational therapists participated in semi-structured interviews. Qualitative data was analysed using Formal Thematic Analysis (Spencer et al. 2013), with quantitative data analysed descriptively.

Key themes emerging from qualitative data upon the right time include: a window of opportunity: early intervention and prevention; an ongoing process: pre-diagnosis to end of life care; and rapid response. Emerging themes regarding the right place include: home: enabling continuity of residence in a familiar environment; hospital: preventing admission and facilitating discharge; and the dynamic place: meeting individual needs and preferences.

Occupational therapists have a significant role to play in enabling a person with a diagnosis of dementia’s continuity of residence at home, in a familiar environment. As a progressive condition, there are multiple ‘right time[s]’ when a person with dementia will require occupational therapy from the early stages to end of life care.

REC 1 Wales (Reference: 15/WA/0083), evidence available at: http://www.hra.nhs.uk/news/research-summaries/occupational-therapy-right-way-right-place-right-time/

References

Keywords
Children and families, Long-term conditions, Neurological practice

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Naomi Graham is in the final year of her PhD at the University of Brighton, with a focus on play. Naomi has worked within a paediatric occupational therapy setting since graduating in 2011. She completed a Masters in Health and Rehabilitation, for which her focus was on parents.

Poster P85

How do students perceive compassion in healthcare practice?

Armstrong M, Reid G, Angove J, Rockey C, Warren A: Plymouth University

Purpose and aims: Exploring experiences of compassion in healthcare practice is important, as this is an area that links with improved patient outcomes and is a key National Health Service value (Department of Health, 2012). Placements influence healthcare students’ professional and moral development (King et al., 2009). By utilising recent placement experiences, this study explores allied health profession (AHP) students’ perception of compassion in practice.

Design and methods: AHP students were recruited via convenience sampling whereby qualitative methodology, orientated by descriptive phenomenology (Finlay, 2011), enabled collection of rich data. Thematic analysis of two focus groups identified key themes (Braun and Clarke, 2013).

Results: Preliminary findings indicated compassionate care aligned with students’ personal values and although influenced by organisational factors could be shown in simple or complex ways. Students’ level of compassion was affected by their confidence, as well as educator influence. Discussing challenging situations supported students’ understanding, especially where seemingly uncompassionate practice was witnessed.

Conclusions: Educators have an influential role on whether students feel able to act compassionately during placement. Furthermore, positive role modelling of compassion may influence students’ future practice. However, students suggested contextual factors would dilute the amount of compassion they could offer once qualified.

Impact for occupational therapy practice: Universities and occupational therapy placement providers must examine the challenges and influencers of compassion within settings and reflect upon how it is role modelled to students. It is recommended that educators proactively seek opportunities to discuss values including compassion with students, enabling challenges to be addressed.

Ethical approval from School of Health Professions Bachelor’s Degree Ethics Subcommittee, Plymouth University.

References
Would earlier powered chair issue improve QOL/independence in adults diagnosed with MND?

Meyrick A: Millbrook Healthcare

Motor neurone disease (MND) is a debilitating, life-limiting condition characterised by the loss of motor neurons in areas including the cerebral cortex, brainstem and spinal cord, manifested by upper and lower motor neurone symptoms (Shook and Pioro 2009; Ward et al. 2010). A literature search was conducted to ascertain whether provision of powered wheelchairs can improve quality of life or independence in adults diagnosed with MND.

 Provision of a powered wheelchair to someone with MND in a timely manner is essential and early provision can increase independence before the deteriorating nature of the disease takes control. It was found that provision of a powered wheelchair to patients diagnosed with MND can have a positive effect on their quality of life and well-being. Provision of a powered wheelchair earlier in the disease process can facilitate an increase in short term independence and longer term quality of life. Additionally, powered wheelchair use in patients with MND allows for functions to be utilised that are only available on powered wheelchairs (Rolfe, 2012).

 With current practice tending to lean towards the provision of a manual wheelchair in the initial stages of the disease, as demonstrated by Rolfe (2012), this author would like to propose that a change in approach is adopted whereby even at the earlier stages of the condition (when patients are still ambulant), they are offered provision of a powered wheelchair which would maximise independence and quality of life and allow for easier progression of controls in the future.

References

Keywords
Occupational therapy, Students

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Poster P87
Evaluating occupational recovery within Early Intervention in Psychosis

Hawley R: University of Derby

Occupational outcomes are argued to be a key performance indicator for Early Intervention in Psychosis (EIP) teams (Dudley et al., 2014) and this area is identified as a current implementation priority (NICE, 2014). However, there is no standardised configuration for EIP teams and multiple service delivery models exist as to how occupational recovery is supported.

This project adopted a qualitative design to carry out a descriptive developmental service evaluation with three aims: defining current practice within the team regarding how occupational recovery was supported, exploring more about occupational recovery, and identifying good practice that could be strengthened and areas of practice that needed to improve. Data was collected from ten participants (service users, carers and staff members) using audio-recorded semi-structured interviews which were transcribed verbatim.

Thematic analysis identified three themes: EIP service provision, occupational recovery and influencing factors. Occupational participation was shown to be a central factor that fostered ongoing recovery while also acting as evidential milestones along the journey.

Occupational recovery was shown to be influenced by multiple factors, both individual and environmental. Current service provision within this EIP team was shown to focus more on addressing individual factors related to mental health and substance use and less on the environmental factors. However, environmental factors were having a significant restricting influence on occupational participation and subsequently occupational recovery. Alongside other recommendations, the study proposed that occupational justice could provide a useful framework to support future initiatives aimed at addressing environmental factors in order to support occupational recovery.

Ethical approval for this service evaluation as the dissertation project of my MSc Health and Social Care was sought and gained from the University of Nottingham and from Nottinghamshire Healthcare NHS Trust, which was where the project was carried out.

References

Keywords
Mental health, Occupational therapy

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Author Biography
Ruth Hawley worked for many years within mental health services in Nottinghamshire Healthcare NHS Trust. This service
evaluation was completed as the dissertation project within her MSc Health and Social Care at University of Nottingham, from which she graduated in December 2016. Ruth now works as a lecturer in Occupational Therapy at the University of Derby.

**Poster P88**

**Mothers’ perspectives of the influence of play on their children with Attention Deficit Hyperactivity Disorder**

**Jasem Z, Delport S: Cardiff University**

Aim: Play, which is fundamental to children’s occupations, can be utilised to enrich daily experience. However, available knowledge regarding the impact of play on children with Attention Deficit Hyperactivity Disorder (ADHD) is limited. Therefore, this study aimed to investigate mothers’ perspectives on their children with ADHD in Kuwait regarding their play preferences, the impact of play on their ADHD behaviours, and strategies used to regulate their children’s ADHD symptoms and play.

Methodology: Eight mothers of children with ADHD aged five to ten years were recruited via purposive sampling. Their perspectives were qualitatively explored through the use of one-week diaries of their children’s routines, followed by semi-structured interviews. The data were analysed using thematic analysis.

Findings: Four themes that emerged were: (1) the play characteristics for children with ADHD; (2) play preferences; (3) play settings and their impact on ADHD symptoms; and (4) mothers’ values, understanding and influence on play. Children were found to spend most of their playtime in indoor settings, largely playing video games. The mothers acknowledged the positive influence on their children’s outdoor play and the deleterious effect of video games. However, they undervalued the contribution of play to their children’s development. Their strategies for regulating types of play that diminish their children’s ADHD behaviours were inadequate, the weather and mothers’ other responsibilities being the main barriers.

Conclusion: Opportunities for exposure to different types of play is required, with more focus to those which positively manage ADHD behaviours. These can be considered for intervention planning and home programmes.

Ethics approval was obtained from and granted by the Postgraduate Taught Students Research Review and the Ethics Committee at the School of Healthcare Sciences, Cardiff University, UK, and from the Standing Committee for the Coordination of Health and Medical Research at the Ministry of Health in Kuwait.

**References**


**Keywords**

Children and families; Long-term conditions; Occupational therapy

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Zainab A. Jasem, MSc qualified as an occupational therapist from Kuwait University. Zainab has experience working primarily with a paediatrics population with a wide range of diagnoses in Kuwait. Recently, she completed her MSc at Cardiff University and she is currently doing her PhD at the University of Southampton, UK. Her research interests include understanding children’s play and its positive impact for enhancing their occupational performance. She is passionate about raising community awareness about children’s needs to reach their fullest potential in an individualised, fun, functional and innovative way.

Sue Delport is a lecturer and programme manager for the BSc (OT) programme at Cardiff University. Prior to this she was manager of a community paediatric occupational therapy service and worked for many years in a range of paediatric settings within the UK and South Africa. She is a lifetime fellow of Sensory Integration Network (UK and Ireland), and has presented papers and posters at several conferences, has contributed to an edited book and published in professional journals. Her research interests are in the area of sensory processing and developmental coordination disorder. She currently has a £1.2 million research grant from NHHR-HTA.

**Poster P89**

**An exploratory study to investigate the experience of mentally disordered offenders working in a vocational rehabilitation programme**

**Ayles K: Kent and Medway NHS and Social Care Partnership Trust**

This study investigates the experience of patients working in a vocational rehabilitation café. It aims to develop a greater understanding of their experience, specifically in relation to social inclusion and the relationships with staff within the context of the café working environment.

The research collects qualitative data using participant observation and semi-structured interviews. It comes from an ethnographic and phenomenological perspective. The data was analysed using thematic analysis. The themes were participant checked, with positive results.

The findings conclude that the café provides a positive therapeutic environment, supporting social inclusion within the NHS community. It focuses on the environment, meaningful roles and hope for the future as overarching themes, and postulates that the impact of the environment is inherently linked to the development of the other themes. It also concludes that the environment has a positive impact on relationships with staff, promoting equality and a sense of citizenship. Further research is recommended in determining whether it promotes social inclusion in wider society.

Ethical approval was granted by NRES Committee South Central and Berkshire in May 2015. REC reference: 15/SC/0290.
References

Fitzgerald. M. 2011. An evaluation of the impact of a social inclusion programme on occupational functioning for forensic service users. 74. 10. UK. British Journal of Occupational Therapy


Keynotes
Forensic practice, Mental health, Occupational therapy

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Author Biography
I currently work as an Allied Health Professional lead for the forensic and specialist services in Kent and Medway. I have over 20 years’ experience as an occupational therapist in mental health. My clinical experience is predominantly within forensic mental health and I was involved in setting up the café, which is the focus of this research, in 2012. I am also passionate about recovery, vocational opportunities and carer involvement. I have recently completed an MSc in Advanced Practice (Occupational Therapy).

Poster P90
Dementia, mild cognitive impairment and employment

Robertson D: Plymouth University, McCulloch S: Formerly Occupational Therapy, Royal Cornhill Hospital, Aberdeen, Kirkpatrick P: Robert Gordon University

The World Health Organization (WHO, 2012) estimates that 10% of the 35.6 million people worldwide with dementia are aged under 65. A pre-dementia period may occur as part of the dementia syndrome, individuals identified as having mild cognitive impairment (MCI). The prevalence of dementia is predicted to triple worldwide in the next 50 years (WHO, 2012). Drivers that may impact on the number of people with dementia or MCI in employment are:

• Earlier diagnosis of dementia;
• Working life is being extended;
• Incidence of diabetes is increasing worldwide with reduced age onset. Diabetics have a significantly increased risk of developing Alzheimer’s disease (Ohara et al., 2011) and other dementias;
• Policies encourage people with disabilities to remain in employment wherever possible;
• Employment is good for people economically and has preventative physical and mental wellbeing benefits (Roach and Drummond, 2014).

There are implications for employers, employees, statutory and third sector services. Given the limited evidence available in the occupational therapy literature, the individual and societal importance of sustaining employment and the potential for occupational therapists to engage with this group, the authors conducted a comprehensive systematic literature review. Four themes emerged: disease progression and recognition; the emotional impact of change; the employer’s management of the worker; and changes to the worker role.

The literature review (McCulloch et al., 2016) highlighted a lack of understanding of reasonable adjustments and sheltered employment opportunities and the potential for occupational therapists to engage with and address the vocational aspirations of this important emerging population.

References


Keywords
Dementia, Long-term conditions, Occupational therapy

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Author Biography
Following an academic and clinical occupational therapy career in Scotland and the United States, David Robertson has been a member of the occupational therapy staff at Plymouth University since November 2016.

Poster P91
Recovery Through Activity: a feasibility study in the West of Ireland

Noonan M, Ireland, Harte C: Galway/Roscommon Mental Health Services

Background: The Recovery Approach emphasises the importance of empowering people to be active participants in their recovery and communities. ‘Recovery Through Activity’ was developed by Sue Parkinson and is grounded in the Model of Human Occupation. This study explores the experiences and potential benefits of attending a ‘Recovery Through Activity’ group in a rural setting.

Method: A mixed methods approach was employed for this study. Ethical approval was granted from Galway University Hospital. Convenience sampling was used to recruit participants. Pre and post group participants completed:

1. The Activity Checklist
2. Occupational Self-Assessment (OSA) Qualitative data was gathered via focus group.
Results: Six adults participated. Analysis of qualitative data yielded the following themes:

1. Extrinsic to intrinsic motivation
2. Experiential learning
3. Participation/Group experiences.

Conclusions and reflections: Less than half of session time was spent in goal practice, despite sessions being conducted under a goal-directed framework. Methods to maximise time spent in goal practice during occupational therapy sessions are discussed.

References

Keywords
Children and families, Neurological practice, Occupational therapy

Poster P93
Content of goal-directed occupational therapy sessions for children with unilateral cerebral palsy

Branjerdporn N: The University of Queensland

Research purpose and aims: Goal-directed occupational therapy results in significant improvements in individualised motor and self-care outcomes for children with unilateral cerebral palsy. This pilot study aimed to describe the collaborative goals set using the Canadian Occupational Performance Measure (COPM) in goal-directed occupational therapy sessions; develop categories to describe the content of therapy sessions; and determine the percentage of in-session time spent addressing goal practice for children with unilateral cerebral palsy (UCP).

Research design: Observational secondary analysis of videos of ten unique goal-directed occupational therapy sessions for children with UCP (5–16 years).

Research methods: Session content was categorised into structured goal practice (goal-directed therapy, meaningful goal supporting activity) and other activity (non-goal related activity, child engagement and behavioural support, parent engagement, transition). Descriptive statistics determined the percentage of therapy session time spent in structured goal practice.

Results: 43 goals were set (average four goals/child). 41 (95%) of goals were activity focused (relating to self-care (n=26; 60%), school (n=9; 21%) and leisure (n=6; 15%). The mean percentage of time spent in-session, on structured goal practice was 47.5% (SD 31.1%, range 0–88.1%).

Conclusions and reflections: Less than half of session time was spent in structured goal practice, despite sessions being conducted under a goal-directed framework. Methods to maximise time spent in goal practice during occupational therapy sessions are discussed.

Ethical approval for the COMBIT study was obtained from the review committees of the Royal Children's Hospital (HREC/11/QRCH/37) and the University of Queensland (2011000553) in 2011.

References
Sakzewski. L. Gordon A and Eliasson AC. 2015. Randomized comparison trial of density and context of upper limb intensive group versus individualized occupational therapy for children

Poster P92
Experiences of sleep as an occupation for parents of children with neurodevelopmental disabilities

Woolley H: Northamptonshire Healthcare Foundation Trust, Beaulieu K: University of Northampton


Design and method: A systematic literature review was conducted, critically appraising 24 peer reviewed primary research studies from 1996 to 2011, which met inclusion criteria for key terms: sleep, parents and children with disabilities. This included motor or pervasive neurodevelopmental disorders, outcome measures or descriptions of parents’ own and children’s sleep related activity.

Results: Three themes emerged. The first identified characteristics of parents’ own sleep and the second parents’ experiences of their child’s overnight function. The third established parents’ experiences of their child’s bedtime routine. Parents of children with motor-based conditions are vulnerable to losing occupational balance. Parents of children with pervasive conditions are at risk of disordered sleep quality.

Conclusions and the impact for occupational therapy practice: Parental experiences of sleep have emerged as a mosaic, not a monotone. Given indications in this population of valuing of both parental sleep-related and over-night caring roles as well as risks of extreme parental stress related to child sleep patterns, practitioners must be aware that parents experience conflict with the utility and relevance of traditional sleep hygiene advice. Results newly underline that routine assessment of sleep-related need is required within practice.

References

Keywords
Long-term conditions, Mental health, Occupational therapy

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Keywords
Children and families, Neurological practice, Occupational therapy

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Ongoing research

Poster P94
A scoping review protocol to map evidence to support the use of games, gamification and serious games in a non-gaming context, focusing on health and the gamification of treatment over the last fifteen years

Fitzgerald M: University of Bradford/Pennine Care NHS Foundation Trust, Kirk G: Pennine Care NHS Foundation Trust

Background: Game playing involves the learning and applying of a range of skills, including concentration, social interaction and planning. For these reasons games are increasingly being used in psychiatric settings to promote health and treatment (Bellotti et al. 2009). The potential health benefits and dis-benefits of participating in games are not known and there is little evidence to inform game development and use in psychiatric settings.

Aim: This scoping review will review the literature, including traditional and newer forms of gaming, to identify the breadth, key characteristics, innovations and gaps in research. Findings will inform the development and use of games for the promotion of health and treatment.

Method: The review will follow the five stages of Arksey and O’Malley’s (2005) scoping framework: (1) Identifying review questions, (2) Identifying relevant studies, (3) Study selection, (4) Charting data and (5) Reporting results. The review will not seek to synthesise the evidence but present a narrative of the literature and emergent themes.

Results: This is ongoing research. It will be finished in April 2017. This poster will present the background to the use of games for health, the findings of the scoping review and the next stage of research and how games can be used to promote health and treatment in psychiatric settings.

Conclusion: This is important because poor health is common amongst those who experience serious mental illness and gaming is an activity that occupational therapists can easily utilise in clinical settings to promote recovery and wellbeing.

References

Keywords
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Author Biographies
I am an occupational therapist with 20 years’ clinical experience in learning disabilities, acute psychiatry and long-term forensic care and rehabilitation. My current post is a shared academic and clinical role at the University of Bradford and Pennine Care NHS Foundation Trust. For the last five years I have been designing and developing, in collaboration with service users and staff, serious games for the promotion of health and engagement in treatment. Games and the playing of games is an activity that everybody can understand and enjoy. They offer a new way to engage service users in the promotion of health and engagement in treatment. As an activity based intervention the use of games with service users fits naturally with the core values and roles of occupational therapy and the occupational therapist.

Gemma is a band 6 occupational therapist with over 10 years’ clinical experience working in low secure services providing occupational therapy assessment treatment and review to male service users who experience serious mental illness and are detained under the Mental Health Act. For the last five years Gemma, in collaboration with service users, has been designing and developing serious games for the promotion of health and service user engagement in treatment.

Poster P96
A critical evaluation of the reasons for non-use of environmental control equipment

Thom K: Kent and Medway NHS and Social Care Partnership Trust

Environmental control (EC) equipment is a form of electronic assistive technology that enables people with long-term physical conditions to achieve increased independence in daily living (NHS England 2013). A critical evaluation was completed to examine why this equipment, when provided by occupational therapists in one specialist equipment service, is not always used by its clients. A case study method was used, examining EC equipment provision in a three year period. The case study method allows for the examination of a variety of information to understand the complexity of the case. In this study, qualitative data from a literature review has been analysed alongside quantitative data from the service, with a view to establishing new understanding.

A framework has been proposed that identifies factors to be considered in EC equipment provision, based on the Canadian Model of Occupational Performance and Engagement (Canadian Association of Occupational Therapists 2007). Five themes have emerged: the person, the environment, the activity, the equipment, and central to all of these, engagement. Use of a framework analysis of the data has identified potential reasons for non-use of equipment in three areas: assessment process, purpose for which the equipment is provided, and training and support. Actions are identified that could reduce the rate of non-use. It is concluded that non-use of EC equipment is not always a negative outcome and that the aim of the occupational therapists is to achieve engagement with the provision process and experience of use.

In order to use the service information, written consent was gained from the manager of the service. In addition, the hosting Trust’s audit and evaluation team were informed about the research proposal.

References

Occupational Vision of Health, Well-being and Justice through Occupation, p 23

Keywords
Long-term conditions, Occupational therapy

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Author Biography
Kathryn Thom, Dip COT, BA (Hons), MSc, has worked as an occupational therapist with people with long-term physical conditions for more than 25 years. For the last 15 years she has been involved in the provision of assistive technology, and currently leads the team that provides environmental control equipment in Kent, East Sussex and South East London.

Poster P97
Exploring the experience of learning art and craft activities on a pre-registration MSc occupational therapy course

Hunt C, Von Kurthy H: University of Brighton

Introduction: Occupational therapy’s history is embedded in the Arts and Crafts Movement, with understanding of their curative power as a principal means of intervention (Hocking, 2008). More recently, evidence-based research is encouraged to demonstrate the place of art and craft within occupational therapy practice (Turner, 2011).

The learning and development standards (COT, 2014) highlight that graduates should emerge with a strong sense of identity encapsulated within core skills and professional knowledge. Turner and Alsop (2015) propose these core skills lie within our romantic philosophy. However, the teaching of therapeutic media, such as arts/crafts, within occupational therapy curricula has become contemporary rather than normative. This research aims to describe the experience of students who learn art/craft skills as part of their training in order to establish how this might relate to their professional knowledge and identity.

Method: A qualitative study exploring the experience of 15 MSc pre-registration students learning art/craft activities. Data was collected using two focus groups and analysed using thematic analysis.

Findings: Students reported an increased awareness of the therapeutic potential of activities and increased confidence through participation that they believed would enable them to use skills in practice. Conversely, some students showed a general lack of appreciation of the purpose of art and craft in their training.

Conclusion: Implications suggest that pre-registration students are more likely to understand the therapeutic potential of art/craft activity with its inclusion within the curriculum. The importance of experiential ‘hands-on’ learning to enable graduates to develop practical skills to use in practice is strongly advocated.

Ethical approval: School of Health Professions, School Research Ethics and Governance Panel (SREGP).

References
COT. 2014. Learning and Development Standards for Pre-registration Education. 3rd Ed. London. College of Occupational Therapists

Hocking. C. 2008. The way we were: Romantic assumptions of pioneering occupational therapists in the United Kingdom. 71. (4). London. College of Occupational Therapy


Keywords
Occupational therapy, Students

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Claire Hunt completed her MSc (pre-registration) Occupational Therapy at Brighton University in August 2016. This research was completed as part of her MSc and was inspired through her interest in and experience of participating in art and craft activities during her training. Since qualifying she has worked as a paediatric occupational therapist with the Children’s Integrated Therapy Service (CITS).

Heidi von Kurthy is an occupational therapy tutor at the University of Brighton who is passionate about the resurgence of the therapeutic use of craft in contemporary occupational therapy education and practice. Her current doctoral study is focused on the fascinating and beautiful occupation we call embroidery. Heidi teaches craft skills as part of her tutor role on a MSc pre-registration programme.

Poster P98
Recovery and first episode psychosis: a critical literature review

Gittins L: Oxford Health NHS Foundation Trust

Introduction: First episode psychosis (FEP) commonly occurs in late adolescence or early adulthood, and can significantly impact upon educational, vocational, social and emotional development (IRIS 2012). Occupational therapy (OT) is one of the core professions delivering treatment within early intervention in psychosis (EIP) teams, and despite considerable growth in evidence-based interventions for FEP, less attention has been given to factors influencing recovery from individuals who have experienced FEP.

Aim: To understand what factors enhance or impede recovery following FEP, from the perspective of those with lived experience. Exploring individuals’ perspectives is fundamental for informing recovery orientated occupational therapy practice.

Methods: This study employed a critical literature review methodology. Four databases were searched from November 2015 until March 2016. Ten qualitative articles meeting the inclusion criteria were retrieved. Methodological quality of these studies was assessed by systematic critical appraisal. The findings of the included studies were thematically analysed.

Results: Thematic analysis identified a multi-faceted, dynamic relationship between factors enhancing and impeding recovery from FEP. Six key themes were identified: (1) meaningful occupation, (2) social support and (3) personal responsibility; the factors that impeded recovery included: (1) stigma, (2) psychological distress and (3) medication side effects.

Conclusions: The findings suggest that engagement in meaningful occupations is core to recovery from FEP. The study identified the need for occupational therapists to support a balance between enhancing and impeding factors. Occupational therapists should maintain an emphasis on enhancing factors,
Posters

Poster P99

“‘You look fine’ they’ll say’: a qualitative focus group study exploring the symptoms of fatigue, sleep disturbances and pain in primary Sjögren’s syndrome and their impact on everyday life

Hackett K: Newcastle University

Fatigue, sleep disturbances and pain are symptoms of primary Sjögren’s syndrome (PSS) and autoimmune disease. Current interventions predominantly focus on treating dryness symptoms (Hackett et al. 2015).

The aims were to explore the lived experience of fatigue, sleep disturbances and discomfort in people with PSS and to investigate their impact.

We used qualitative focus groups with open-ended questions to allow participants to explore ideas together and to focus on issues they perceived as being important (Kitzinger 1995). PSS patients (n=10) and spouses (n=3) participated in three focus groups facilitated by two clinician researchers using a topic guide. The meetings were audio-recorded, transcribed verbatim and analysed using thematic analysis (Braun and Clarke 2006).

Patient participants all experienced these symptoms. Symptom severity varied within individuals and flares occurred unpredictably. Fatigue, sleep disturbances and discomfort all affected patients’ lives and those around them, and sometimes felt overwhelming. Discomfort symptoms included oral and ocular dryness, tingling, numbness, nausea and difficulties tolerating light and noise. Due to the invisible nature of these features, patients often struggled to meet others’ expectations, affecting their mood and resulting in social withdrawal. Fatigue was a major barrier to engaging in work, productivity and leisure activities. Sleep disturbances further compounded the fatigue. Patients employed a range of strategies to self-manage their symptoms to varying degrees of success and participants expressed a need for individualised professional support.

Symptoms of fatigue, sleep disturbances and discomfort all impact on PSS patients’ daily lives and individualised interventions are needed to support self-management.

The application was submitted for proportionate review and was granted by the Office for Research Ethics Committees Northern Ireland (13/NI/0190, IRAS Ref: 125562). An amendment was made to the original ethics application to include qualitative focus groups. This amendment was granted on 30/07/2014.

References


References


Keywords
Adult physical health, Mental health

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Lianne Peters is one of the first cohort of occupational therapists to graduate from the University of Worcester. A passionate, inventive crafter as well as an animal lover, she is fascinated by the relationships we form with animals and how these affect occupational engagement.

Dr Yvonne Thomas is an experienced occupational therapy educator and researcher, having worked in universities in New Zealand and Australia, prior to moving to the University of Worcester. She is specifically interested in development of professional identity and practice education.

Poster P101
What is the future role of an occupational therapist working within oncology in an acute setting?

Eckford R: Western Sussex Hospitals NHS Foundation Trust

Purpose: In 2014, the College of Occupational Therapists’ specialist section for HIV, Oncology, Palliative Care (HOPC), research priorities were updated. ‘What is the role and remit of occupational therapy in cancer and palliative care in an acute hospital setting?’ (2014, HOPC) was one of the objectives which became the starting point for this research.

Aims of study:
1. To identify what aspects of the occupational therapist role are completed in an acute hospital, working specifically in cancer care.
2. To examine the challenges and barriers to executing other parts of the occupational therapist role.

Design and methods: A mixed methods study was conducted using an online survey and semi structured telephone interviews. The quantitative data was collated and percentages, frequencies and averages obtained. Audio-recorded interview data was transcribed verbatim and analysed using framework analysis.

Results: Twenty-four occupational therapists completed the survey and five occupational therapists were interviewed. The main challenges to the role were lack of time, lack of understanding of the occupational therapist role and inconsistencies within both internal and external services. Some of the findings are similar to a thematic review by Hammill et al. (2014).

Conclusions: The boundaries of the occupational therapist role need to be defined via a national benchmarking process to allow occupational therapists to set parameters to the role to decrease the impact of time and inconsistency of external services.

Ethical approval: 034122 obtained from University of Southampton Ethics and Research Governance Online (ERGO).

References


Keywords
Adult physical health, End of life care, Occupational therapy

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This research formed part of my MSC in Clinical Leadership in Oncology, Palliative and End of Life Care.

Poster P102
Occupational therapy: supporting a pre-school child-care setting to promote physical activity as a healthy occupation for life!

Bell F: University of Cumbria

Early childhood experiences, including physical activity (PA), are crucial in establishing the foundations for health and wellbeing throughout the lifespan (Macdonald et al., 2006; The Lancet, 2013). PA contributes to children’s physical, cognitive, social and emotional development, while physical inactivity (PIA) can have significant adverse effects on children’s health and development, with consequent impacts on occupational performance and participation (Tucker, 2008). Recent research concluded that PIA is one of the top ten risk factors to health for adults in England (Newton et al., 2015). There is evidence that time spent in childcare can have negative impacts on the amount of time spent doing PA (Bellows et al., 2013), reducing the likelihood of developing PA as an occupation through the lifespan.

This participatory action research project explores the impact and effectiveness of providing occupational therapy support to staff in a private child-care setting to facilitate the promotion of PA as an occupation to pre-school year children. A student occupational therapist will work with nursery management and staff to help them identify what support they would find useful in promoting PA as an occupation to the children in their care and implementing this over a period of 6 weeks. The impacts and effectiveness of the support provided will be measured by a specially developed reflective workbook and by analysis of focus groups held with the setting staff.

Ethical approval has been obtained through the University of Cumbria Research Ethics Process for University of Cumbria Taught Degree Students Ethics Application for Research involving Human Participants.

References


Poster P103
Occupational therapy service delivery in the UK for children and young people with Developmental Coordination Disorder (DCD)

Rihtman T, Gadsby N, Campion C: Coventry University

Introduction and aim: Increasing numbers of referrals of children and young people with Developmental Coordination Disorder (DCD) continue to increase pressure for occupational therapy services (Horton and Hall 2008). DCD service pathways are generally inconsistent across the UK (COT 2003) and developing knowledge, skills and confidence amongst clinicians/students regarding topics of relevance to DCD is key. This study aimed to investigate the current state of occupational therapy practice with young people with DCD within the UK, while considering means of further development of this field.

Methods: After obtaining ethical approval, a study day was offered to paediatric occupational therapists working with young people with DCD and a limited number of final year occupational therapy students. Delegates registered online and selected the teaching foci for the event. A mixed-methodological approach was adopted: a series of questionnaires was administered during and after the event to measure shifts in perspectives, enhanced by data collected via a series of focus groups.

Results: Similar challenges regarding DCD occupational therapy service provision were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008). DCD service pathways were reported by clinicians from various geographical areas; focused provision of information and training about issues relevant to DCD occupational therapy services (Horton and Hall 2008).

Conclusion: Occupational therapists have a role to play in DCD diagnosis, intervention and support (COT 2008). Clarification of profession-specific issues and challenges, with educational provision geared to address these, may provide opportunities to further occupational therapy service provision with this population.

The research study has received ethical approval from Coventry University Faculty Research Ethics Committee.

References

Poster P104
Using constructivist grounded theory to explore the experience of meaning in circle dance

Borges da Costa A: University of Cumbria, Department of Health, Psychology and Social Studies, Cox D: University of Cumbria, Director of Research and Head of the Graduate School; Professor of Occupational Therapy, Research Office and Graduate School

Circle dance, which derives from the tradition of folk dances, is a popular form of dance and is practised worldwide (Borges da Costa, 2012; Borges da Costa and Cox, 2016). This poster explores the process of applying constructivist grounded theory (Charmaz, 2006) to provide an understanding of the subjective occupational experience among people who engage in circle dance (central research question) and the potential contribution of this leisure occupation to well-being through the lens of occupational therapy and occupational science.

From a methodological perspective, grounded theory can be seen as a suitable methodology to study, in depth, various occupations (Stanley and Cheek, 2003) and understanding of how occupations are enacted within daily life and the meanings behind individuals’ actions, considering the environment in which occupations take place (Nayar, 2011). In this study, 39 in-depth interviews with participants, teachers and coordinators of teacher training programmes from the circle dance network in the United Kingdom were undertaken following ethical approval.

This poster will discuss the inherent analytical process of constructivist grounded theory which culminated in the development of major categories, representing the meanings and experiences of circle dance participants, teachers and training coordinators. From an occupational perspective, the findings of this study provide an in-depth exploration of how participants realise a sense of meaning, purpose and satisfaction through engagement in circle dance and the potential contribution of this occupation to well-being.

Ethical approval was granted by the University of Bolton Ethics Committee on 20/09/2010.

References
The study received ethical approval from the South East Coast-therapists to support this process.

The findings challenged the current understanding of recovery in secure settings. Additional recovery tasks for forensic service users were identified, which are either the result of having a history of offending or another aspect of the secure pathway such as length of stay. These have been called the ‘Getting Out and Staying Out recovery challenges’. They begin to describe the more complex challenges facing forensic service users in their recovery. Gaining a clearer understanding of the specialist recovery tasks of this client group will assist occupational therapists to support this process.

The study received ethical approval from the South East Coast-Surrey NRES Committee. Reference number 12/LO/1364.

References

Keywords
Forensic practice, Mental health, Occupational therapy

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Ana Borges da Costa is an occupational therapist with over 26 years’ experience working in the field of mental health in both Brazil and the United Kingdom. Currently, she works as a lecturer in occupational therapy at the University of Cumbria. She has been using and teaching circle dance for the past 22 years in a clinical setting as well as in non-institutional and community settings. Ana completed her PhD in 2014 at the University of Bolton.

Poster P106
Therapeutic landscapes in a specialist therapeutic community for women with self-defeating behaviours: a pilot service evaluation

Vaughan H, Cronin-Davis J: York St John University, Benyon-Pindar C: The Retreat Hospital, York

Occupational therapists are cognisant of the impact and use of the environment in relation to a person’s health and well-being. There is currently a paucity of evidence related to the therapeutic use of grounds within hospital settings. We will present the findings of a pilot service evaluation conducted as joint collaboration between a university and local specialist therapeutic community for women with self-defeating behaviours: the Acorn Unit. The service evaluation was part of a final year occupational therapy Student as Co-Researchers (SCoRe) initiative on an undergraduate occupational therapy programme.

The evaluation was conducted using semi-structured interviews to explore the Acorn Unit staff’s perceptions (n=4) of the impact of the hospital grounds on the women’s health and well-being. Staff members on the unit recognise the perceived benefits and potential qualities of the grounds. Underpinning the service evaluation is the concept of the therapeutic landscape from health geography (Wood et al., 2013).

The plan is to use the findings from this pilot for a further study which will explore the perceptions of service users on the Unit in relation to the hospital grounds and the potential influence on their own health and well-being.

Keywords
Mental health, Occupational therapy, Students

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Ana Borges da Costa is an occupational therapist with over 26 years’ experience working in the field of mental health in both Brazil and the United Kingdom. Currently, she works as a lecturer in occupational therapy at the University of Cumbria. She has been using and teaching circle dance for the past 22 years in a clinical setting as well as in non-institutional and community settings. Ana completed her PhD in 2014 at the University of Bolton.

Poster P105
Getting Out and Staying Out – the additional recovery tasks for forensic service users


This study aimed to explore the opportunities and challenges encountered by service users returning to the community following discharge from a secure psychiatric unit. Previous studies with people with a mental illness and an offending history have focused on reoffence or readmission rates for discharged patients (Coid et al. 2007). One study refers to ‘unknowable factors’ that may contribute to reoffending or readmission (Skipworth et al. 2006). This small-scale study aimed to shed light on these unknowable factors by exploring the service user perspective of life following discharge.

Service users who have been discharged from secure services and had been living in the community for over six months were interviewed about their preparation for discharge and their current experiences of living in the community. The study utilised a participatory methodology. Two service users were employed and trained in research skills. They supported the development of the study protocol, carried out the interviews and contributed to the data analysis.

The findings challenged the current understanding of recovery in secure settings. Additional recovery tasks for forensic service users were identified, which are either the result of having a history of offending or another aspect of the secure pathway such as length of stay. These have been called the ‘Getting Out and Staying Out recovery challenges’. They begin to describe the more complex challenges facing forensic service users in their recovery. Gaining a clearer understanding of the specialist recovery tasks of this client group will assist occupational therapists to support this process.

The study received ethical approval from the South East Coast-Surrey NRES Committee. Reference number 12/LO/1364.
Research ethics was granted by the Retreat Hospital in York and the Health Research Committee at York St John University.

**References**

**Keywords**
Mental health, Occupational therapy, Students

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**Poster P107**
An introduction to the functional information processing model and Allen

**Styles G, Austin K: South Staffordshire and Shropshire Healthcare NHS Foundation Trust**

The functional information processing model, or FIP, is a developmental model based on the work of Piaget that helps determine a level of functional cognition for the individual (Allen and Earhart 1992). It aims to determine the very best that an individual can do. It is often used in care of the elderly and dementia teams, but also has a growing use in adult mental health and learning disability.

The assessment tools and information gained from them can be useful for aiding diagnosis, treatment planning and discharge planning, and some can also be used as an outcome measure. Because the focus is on what a person can do it can help identify areas where carer levels need to be increased. It can also provide advice to the carer about how to maintain a person’s level of independence by adapting tasks so they can continue to do them.

This poster will describe the model and the assessment tools that go with it, including the large Allen’s cognitive level screen (Allen 2000) (otherwise known as the leather lacing tool), the routine task inventory (Katz 2006) and cognitive performance tasks. We will present how and when these can be used in practice and discuss the benefits and limitations of the assessment tools and model.

**References**

**Keywords**
Dementia, Occupational therapy, Older people

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Gemma Styles trained as an occupational therapist at St loyes in Exeter and currently works for community memory services in Telford, Shropshire. She is part of the team that delivers training on the functional information processing model and leather lacing tool.

Kate Austin qualified as an occupational therapist with Derby University in 1995 and is currently the lead occupational therapist for services for older people in Shropshire. Kate is part of the team that delivers training about the functional information processing model and the leather lacing tool.

**Poster P108**
Prevention and postural management of residents in care homes

**Daly G: Middlesbrough Council**

There is a need for occupational therapy services to be delivered in a more innovative way, providing evidence of how they are supporting care homes to address all the key components of quality of life, health and well-being (Tancock 2014). Residents in care homes are often coping with the effects of prolonged immobility, poor positioning and inadequate seating.

The response to the postural problems and associated health issues experienced is far too often left until the resident has developed significant problems, causing them harm. As a consequence, residents develop complex needs, requiring more specialist equipment and treatment plans. This results in increased costs to the long-term management of that person and there is a detrimental effect on their health and wellbeing. The right environment, equipment, training of staff and processes are essential to ensure residents can engage in meaningful occupations.

Middlesbrough Council has utilised additional funding via the Better Care Fund to enable two occupational therapists to be based within care homes in the local area to work proactively. In line with the Care Act 2014, this uses a positive and solution-focused approach fundamental to the successful implementation to the key principles of well-being and prevention which are intrinsic within the Act (COT 2016). The role of the therapist is to enable residents and staff to understand the importance of seating and positioning, how it can increase a resident’s awareness of their environment, adapt tasks and increase their ability to participate in activities, reducing barriers to meaningful occupations.

**References**

**Keywords**
Adult physical health, Occupational therapy, Social care

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Poster P109
The development of a Stroke in Childhood guideline using an evidence based collaborative approach

Wales L: On behalf of the Stroke Association and Royal College of Paediatrics Guideline Development Group

Introduction: Stroke in childhood is very different from adults and affects 13 out of every 100,000 children in the UK every year (Stroke Association, 2012). The results of a stroke can be wide reaching and can present young people with occupational performance limitations that persist as a lifelong condition. A joint venture between the Stroke Association and the Royal College of Paediatricians and Child Health (RCPCH) was formed with the aim of producing an update to the previous Stroke in Childhood guidelines (2004).

Methods: A Guideline Development Group (GDG) was established with stakeholders from all health professional groups and parent representatives. Subgroups were formed to concentrate on areas such as diagnosis, rehabilitation, information and support. RCPCH supported each subgroup with literature reviews, quality review, data extraction and synthesis. GDG facilitated two parent groups. There was consensus from GDG and the wider community using a Delphi study.

Results: A systematic literature review was carried out and research evidence summarised. Research evidence was combined with GDG expert consensus and parent feedback/experiences. GDG carried out a Delphi study for topics of controversy. GDG is producing a summary document with guideline statements from diagnosis through rehabilitation to long-term care and education.

Conclusion: The new Stroke in Childhood guideline will provide occupational therapists within health, education and social care settings with a robust document to inform integrated intervention for this group of children/young people. While the guideline will focus on young stroke survivors, many of the recommendations will be applicable to children and young people with other acquired brain injuries.

References

Keywords
Children and families

Author Biography
Lorna Wales qualified as an occupational therapist in 1986 and gained a PhD from the University of Warwick in 2016. The title of her PhD research was ‘Self-awareness after TBI in childhood – a developmental perspective’. She has worked in the fields of neurology and complex disabilities in the inpatient and community settings. She is currently working at the Children’s Trust as Research Professional Lead. Her research interests include the consequences, rehabilitation and outcomes of acquired brain injury in childhood. Lorna has represented the Royal College of Occupational Therapists on the Stroke Association and the Royal College of Paediatrics Guideline Development Group.

Poster P110
Embracing the Care Act and putting occupational therapists back on the frontline

Martin C: Integrated Occupational Therapy Service/ Middlesbrough Council

The introduction of the Care Act 2014 has been a catalyst for the Occupational Therapy (OT) Service in Middlesbrough Council. The core skills of occupational therapists have been utilised to maximum effect, achieving positive outcomes for both customers and the organisation. As a result, we have seen significant investment in the occupational therapy service.

The main principles of the Care Act 2014 have been implemented and changes made to occupational therapy practice, some of which are detailed below. In each element the OT process (Turner et al. 2007) was used as a guide in practice.

- To prevent the need for further care and support occupational therapists, assessments have been utilised at the first stage of assessment to maximise the individual’s potential and ensure all other services are considered first.
- A rehabilitation occupational therapist is now based within social care, as the main link between social work, reablement and rehabilitation services, achieving substantial savings.
- Prevention and posture management work is taking place in care homes, promoting wellbeing.
- Support plans have been reviewed by occupational therapists in line with the Care Act 2014. Functional assessments have been completed and reablement utilised, realising significant savings while ensuring customers have the support they require to meet their assessed need.

In conclusion, we have found that occupational therapists are best placed to assess and consider individuals’ needs and their circumstances to achieve the best outcomes within the current financial constraints.

References

Keywords
Adult physical health, Managers, Social care

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Carol Martin is a lead occupational therapist for the Integrated Occupational Therapy Service and manages a team of 28 occupational therapists in Middlesbrough Council. She has 20 years’ experience in occupational therapy, both as a clinician and then as a manager across both health and social care. Carol has forged new pathways and introduced innovative ways of working within the council, with health, other partners and external agencies. She is passionate about ensuring the quality of the service provided and achieving the best outcomes for the customers.
Poster P112
Meeting service user needs, measuring outcomes and making theory practical: A ‘Recovery Through Activity’ based pilot group programme
Nicol S: Hertfordshire Partnership Foundation Trust
Juggling service user identified needs, focus on using evidence based practice and demands of a community mental health service can be a difficult and sometimes testing balance. The Out and About group programme set out to achieve these three objectives in a realistic and practical way.

The programme, which took place in the summer of 2016, consisted of accessing low cost/free community activities chosen by the service users in six sessions, with two room based sessions for discussion and exploration of the theory, and was supported by community mental health occupational therapists and assistant therapy practitioners from Hertfordshire Partnership Foundation Trust. A survey of service users in the North West Hertfordshire area identified ‘socialising’ and ‘community activities’ as things they would like to be incorporated as part of a group programme. Use of the Recovery Through Activity framework (Parkinson 2014) and use of the East Kent Outcome System allowed the programme to have a strong evidence base and measure its impact.

The programme had a strong emphasis on moving away from ‘red’ mental health venues and expectations to more socially inclusive ‘green’ services within the community (Bates et al. 2008), challenging the ‘sick’ role and self stigma concepts. It provided a platform to explore the added value of occupational therapy with other professions by providing the evidence of the group’s impact, and gave service users the opportunities to link up with community resources, develop social networks, confidence, enjoyment and motivation, re-engage in meaningful activities – pure recovery through activity.

References

Keywords
Long-term conditions, Mental health, Occupational therapy

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Poster P113
Occupational therapists’ change agent role: a workshop to support practice development
Carrier A: University of Sherbrooke, Freeman A: University Laval, Anand H: Canadian Association of Occupational Therapists, Boniface G: Canadian Association of Occupational Therapists – British Colombia, Lariviøre N: University of Sherbrooke
To optimise access to healthcare and promote health, occupational therapists are expected to act as change agents (Pattison, 2015), an important yet challenging role (Finlayson, 2013). This challenge might be partly explained by insufficient knowledge, skills and tools. A workshop was therefore organised with a number of key stakeholders of the profession in Canada (representatives from university programmes and professional associations; Freeman et al., 2017).
The aims for participants were to: 1) enhance their knowledge about advocacy, lobbying and related concepts; 2) experiment with some tools; 3) recognise existing knowledge, skills and tools; and 4) determine a plan to advance advocacy and lobbying efforts. The workshop was divided into three broad sections: 1) presentation of a model to carry out advocacy and lobbying activities (Carrier and Contandriopoulos, 2016); 2) using the model, analysis of both successful and less successful examples of promotion derived from participants’ past experiences; and 3) development of an action plan.

The workshop was considered effective. Furthermore, considerable pockets of expertise in Canada were identified. Thus, a key recommendation that emerged was to join forces to use this expertise. As well, it was recognised that effective promotion is a competency that needs to be developed in both entry-level and continuing occupational therapy education. The content and structure of the workshop could be useful for advancing this goal.

References

Keywords
Disadvantaged people, Occupational therapy

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Poster P114
Occupational Therapy and Addiction
Jeffery D: CNWL

Alcohol and drug use and its associated psychological, physiological and societal harms remain a significant European and worldwide issue (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2016; United Nations Office on Drugs and Crime (UNODC), 2015; World Health Organization (WHO), 2007).

The effects of problematic substance use are linked to an increase in cancer, liver and heart disease, anxiety and depression as well as domestic violence, crime, accidents, death and suicide (EMCDDA, 2016; Strategy Unit, 2003; WHO; 2007).

Occupational therapists can encounter individuals with a substance use problem in almost any area they work, including accident and emergency, older adults, younger people, mental health, physical health and learning disability. It can therefore be argued that it is important that clinicians know how to recognise drug and alcohol issues, understand the effects they can have on individuals and their functioning, and be informed as to how to address these.

References


Keynotes
Disadvantaged people, Mental health, Occupational therapy

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Debra Jeffery was an occupational therapist at Addictions Community Recovery Hillingdon (ARCH). She trained at Brunel University, completing the MSc pre-reg occupational therapy in 2014. Prior to this she worked as a researcher in addictions for 10 years, first at Drugscope and then at the Institute of Psychiatry, King’s College London. She has co-authored a number of peer reviewed publications and is particularly interested in researching the impact of occupational therapy on substance misuse recovery.

Poster P115
‘We Enable Camp’ – a sensory-based and occupation-focused programme for children with Attention Deficit and Hyperactivity Disorder (ADHD) and/or autism and their parents in Singapore
Tang W, Jayapaul A, Chin C: Institute of Mental Health, Singapore

In Singapore, the opportunities to access play and leisure activities for children with autism and ADHD are limited. Throughout a typical week, time outside school is often filled with additional private tuition classes, other structured enrichment activities and therapy sessions. The stigma associated with persons with special needs makes it more challenging for parents to access community resources to pursue leisure activities. Therefore, the idea of We Enable Camp was born to meet the needs of these children and their parents.

Objectives:
1. Parents will gain knowledge in accessing community resources to increase their participation in play and leisure with their children.
2. Parents will understand and apply strategies to improve their child’s occupational performance.

Method: Participants are children receiving occupational therapy services from the hospital's Child and Adolescent Psychiatry Department. These children are from 7 years old to 12 years old in mainstream primary schools with diagnoses of autism.
and ADHD. The camp is held over 2 days, with workshops for both parents and their children. They will join each other in the leisure/physical activities in the afternoons. These activities are held in the community.

Evaluation: We conducted a survey 2 months post-camp to find out the impact of the programme. To date, we have run 4 camps since March 2015 in the school holidays. More than 80% of the parents surveyed shared that they have participated in more leisure activities with their child and surprisingly they felt that their child has become more independent in his daily routines.

References

Keywords
Children and families, Mental health, Occupational therapy

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Ashley, Wei Kiat and Cindy are occupational therapists from the Institute of Mental Health, Singapore. They work with children from age 6 to 18. Their work also involves working with adults with special needs from 19 to 65 years old. Ashley and Wei Kiat also provide training and consultancy to organisations that support adults with special needs to live in the community.

Poster P116
The care home is our client
Jeacock R, O’Gorman F, Jackowska L: Sussex Partnership Foundation Trust

The Dementia Care Home in Reach Team was commissioned in 2011 following the Banerjee Report (2009) and Living Well with Dementia Strategy (2009), with the overall aim of reviewing and reducing the use of anti-psychotic medication and promoting best practice dementia initiatives to reduce unnecessary admissions to hospital and ensure people continue to live well with their dementia. Our unique proactive team is supported by the Research and Development Group and underpinned by the Transtheoretical Model of Change, which is central to the philosophy of our engagement with a home.

As occupational therapists we work in partnership with the care home, our client. We aim to shift the home's locus by empowering staff via learner-centred education, case formulation and development of evidence based psycho-social interventions. We understand homes are complex systems with many layers and their own life stories. We support our client through the process of change, empowering them to develop their vision with a bespoke action plan. We promote managers and care staff to become reflective practitioners to embed best practice dementia initiatives.

As occupational therapists we work in partnership with our client to empower them to become the expert and develop best practice initiatives within their homes, including occupational therapy assessment tools, dementia friendly resources, their environment, and meaningful occupation, emphasising sensory moments to ensure their residents continue to live well with their dementia diagnosis. We are currently further underpinning our formulated model of service working closely with Brighton University professors to embed the model into grounded theory.

References

Keywords
Dementia, Managers, Occupational therapy

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Rachel Jeacock is a senior occupational therapist with over 31 years' experience of working in mental health within the NHS and in private practice in paediatrics in Hong Kong. Rachel is passionate about working in partnership with care homes to promote quality of life for residents with a dementia diagnosis. She and her colleague, Laura Jackowska, facilitate a well-established Activity Workers Forum focusing on best practice initiatives for activity workers and care staff working in Brighton and Hove care homes. Through her sensory integration work she promotes the sensory processing framework and sensory moments within homes.

Fran O’Gorman is a senior occupational therapist, qualified for 10 years, with wide experience within physical health and mental health settings. She specialised in older adults' mental health 7 years ago, working within the inpatient wards and day hospital settings. Fran has been part of the Care Home in Reach team since it was set up in 2011, helping to build and embed the ethos that the home is our client and guiding care homes to move from task based working to activity based working. Fran has a passion for and interest in doll therapy as an intervention within the care home setting. She has led the way in developing an educational workshop highlighting the benefits and ethical issues with implementing this intervention and delivers this educational workshop to homes across East Sussex and different settings within her NHS Trust. Fran is in her final year of her Dementia Studies MSc.

Poster P117
An Introduction to the Memory Activity Treatment Guide (MATG)
Page S: Royal College of Occupational Therapists Specialist Section – Mental Health

The guide was created based upon the College of Occupational Therapists’ (2013) 'Living well through activity in care homes;
the toolkit’. The need for this self help activity guide was created with and for people with dementia and their family/carers.

Being newly diagnosed in a memory assessment and treatment service required more than suggesting activities. There was nothing available that we could utilise in a comprehensive booklet or guide that was aimed at people with dementia in a memory assessment and treatment service. This was proved in a small scale scoping study that we completed with help from the University of Manchester. We wanted to create a guide with a range of evidence based activities, that encompasses occupational health and wellbeing. We wanted to also include our patients and their family/carers at the centre of this. So their suggestions and feedback were essential. The guide has written information and photographs in it to support the person with dementia so they can easily read and follow the information intended to help them.

We have evaluated the project by gaining feedback from people with dementia, their family/carers and staff. This is qualitative data that we really want to be able to share.

The project was funded from a Trust initiative and so project planning and managing small projects are also detailed in the poster.

References
College of Occupational Therapists. COT. 2013. Living well through activity in care homes: the toolkit. London. College of Occupational Therapists

Keywords
Dementia, Mental health, Occupational therapy

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Poster P118
Occupational therapist’s role to support patient goals with palliative rehabilitation
Bowker H, Woods J: The Christie NHS Foundation Trust

End of life care has been high on the government’s agenda, with the aim of enabling individuals to die with dignity (DH 2008), but also to live as well as possible (Cotterell 2008). It is important to recognise that patients with a short prognosis may have goals they wish to achieve while they are still able. Using a holistic approach to identify achievable goals can improve a patient’s quality of life, well-being and symptom control (Becker 2010), suggesting that occupational therapy and palliative care share similar philosophies which fit well (Pearson et al. 2007).

This reflective case study will discuss a patient’s journey in the last weeks of life and the transition from an acute inpatient unit to home with support from the community intermediate care team. It will evaluate how an occupational therapist (OT) within an intermediate care service used palliative rehabilitative approaches to achieve the patient’s goals. It will discuss the challenges that palliative patients experience when trying to access community services – particularly when they have a short prognosis and continuing health care funding – and the importance of being an advocate for our patients in the last weeks of life.

Occupational therapists have the skills and knowledge to support palliative patients to achieve a quality of life appropriate to their circumstances (Sekine et al. 2015). However, service acceptance criteria often exclude patients from being able to access vital occupational therapy input. Occupational therapists need to work with commissioners to demonstrate the value in delivering positive end of life care.

References

Keywords
End of life care, Occupational therapy

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Jennifer Woods qualified as an occupational therapist in 2010 and gained a vast amount of experience working within acute physical settings. She is currently a senior occupational therapist at the Christie NHS Foundation Trust, working with adults undergoing cancer treatment. She is also vice chair of the Royal College of Occupational Therapists’ specialist interest group HIV, Oncology and Palliative Care. Jennifer is passionate about palliative rehabilitation and dementia. She has recently collaborated with members of the Trust’s psycho-oncology team and complementary therapy team to set up a weekly memory and well-being drop-in session.

Poster P119
Beware the technodazzle: an eyegaze assessment framework for occupational therapists
Hayward C, Allsopp L: Access to Communication and Technology

The provision of assistive technology has long been a core modality for occupational therapists. Therapists are challenged to provide occupation enhancing or restoring solutions for clients through the judicious use of technology, working in a political climate of austerity and at sharp contrast to increased awareness and expectation of technology in society. At an international level, the World Health Organization’s Global Cooperation on Assistive Health Technology initiative highlights the crucial role assistive technology plays in meeting the needs of people with disabilities.

Eyegaze systems allow clients with complex physical disabilities an alternative to mouse control by using small eye movements to access computers, communication aids and environmental controls. This technology has moved from an extremely high

Abstracts

References
Hayward C, Allsopp L: Access to Communication and Technology

The provision of assistive technology has long been a core modality for occupational therapists. Therapists are challenged to provide occupation enhancing or restoring solutions for clients through the judicious use of technology, working in a political climate of austerity and at sharp contrast to increased awareness and expectation of technology in society. At an international level, the World Health Organization’s Global Cooperation on Assistive Health Technology initiative highlights the crucial role assistive technology plays in meeting the needs of people with disabilities.

Eyegaze systems allow clients with complex physical disabilities an alternative to mouse control by using small eye movements to access computers, communication aids and environmental controls. This technology has moved from an extremely high
cost, rarely prescribed item to routine provision. NHS England provided substantial funding in 2015 to offer equitable provision across the country. Working as lead therapists in Environmental Controls (EC) and Augmentative and Alternative Communication (AAC) for the West Midlands regional hub service we assess clients for eyegaze technology on a daily basis.

We explain the NHS England funding pathway and how to access this as a local therapist, and share our assessment framework which has developed through our own practice and that of our peers in other hub services.

Use of computer via eyegaze provides access to many meaningful occupations for our clients, spanning productivity, self care and leisure. For clients with the highest level of physical disabilities this can facilitate huge benefits in quality of life and functional ability.

References


Keywords
Children and families, End of life care, Neurological practice

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Claire Hayward is the clinical lead occupational therapist for Augmentative and Alternative Communication at Access to Communication and Technology, with 9 years’ experience in this speciality. She qualified in 2000. She has a passion for working with children with complex disabilities and communication needs and is also the parent of a child with complex health needs. Claire has a Postgraduate Diploma in Advanced Occupational Therapy.

Lynne Allsopp is clinical lead occupational therapist for environmental controls and computer access at Access to Communication and Technology, and represents the service at national level on the NHS England Environmental Control working group. Lynne specialises in working with clients with degenerative conditions and has worked to develop strong links with the Motor Neurone Disease Association. Lynne has a professional interest in workforce development, leadership and supervision.

Poster P120
Benchmarking occupational therapy staffing in inpatient mental health settings

Morley M: South West London and St George’s Mental Health NHS Trust, Miles H: South West London and St George’s Mental Health NHS Trust, Smith J: South West London and St George’s Mental Health NHS Trust

Expectation is that wards provide a range of therapeutic activities across a seven day week (College of Occupational Therapists 2013). There is no national benchmarking data for occupational therapy. To address this shortfall, a benchmarking exercise was undertaken in 2016, gathering information on staffing levels and work patterns from the English mental health trusts. Data was collected on an Excel spreadsheet from 16 trusts. The results showed a wide range of staffing ratios per ward and significant variation across care groups. Few of the trusts that took part in the survey were delivering weekend working and those that had achieved this had focused on using activity workers to provide some social and recreational activities.

Respondents also shared details on the design of occupational therapy services. This included occupational therapists working as part of the nursing team, both in profession-specific and in generic roles, often working shifts. Some services offered teams of therapists working flexibly across a number of sites.

The results of the survey were shared with the England Mental Health Occupational Therapy Leads Network. The poster will present a case study of how one mental health trust has used the findings to conduct an inpatient staffing review, with recommendations to improve the quality of the patient outcomes as well as optimising the career pathways for occupational therapists and for support workers. The evaluation of the implementation of the review will be shared, together with lessons learned.

References
College of Occupational Therapists. 2013. Seven day working and extended hours working: A guide for occupational therapists. London. College of Occupational Therapists

National Quality Board. 2016. National Quality Board (2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – safe sustainable and productive staffing. London. Department of Health

Keywords
Managers, Mental health, Occupational therapy

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Helen Miles is the Head of Therapies in a London mental health trust.

Poster P121
Specialist seating – a model to increase efficiencies in provision and meet a growing demand

Seabrook R: NRS Healthcare

Our commissioners identified a problem – a rising number of service users with complex postural needs and a subsequent increase in spend on specialist seating. Providing the correct seat can have significant economic and wellbeing benefits (Bennett et al. 2004).

Our customers had no standard catalogue for seating provision and many of their occupational therapists reported a lack of knowledge and confidence in prescribing postural seating. This led to them being over reliant on a wide range of suppliers carrying out the assessments on their behalf, often waiting up to 6 weeks for an assessment. Chairs were then ordered as a...
new special. It led to high costs, long waits and low recycling of postural seating.

NRS Occupational Therapists led a project to review seating provision. A clinically led evaluation of commenced in conjunction with prescribing therapists and 3 chairs were selected for inclusion on the standard equipment catalogue.

A programme of in depth training to all prescribers on each of the chosen chairs commenced and only those who’d had the training could order specialist seating.

The NRS occupational therapist supported the assessment and set up of the chairs and helped establish a team of seating champions to support their occupational therapists and reduce the reliance on NRS over time.

This change in practice has been evaluated and results show the cost of seating being reduced by over 80% and the wait for chairs by vulnerable or end of life service users reduced by an average of 27 days.

References

Keywords
Adult physical health, End of life care, Older people

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Rachel Seabrook is the Clinical Services Lead with NRS Healthcare and is a qualified occupational therapist with over 20 years’ experience across health, social care and the independent sector. Rachel leads a team of NRS occupational therapists, based in the service centres, who are adding value to the ICES contracts in a variety of innovative ways, including looking at how we can add efficiencies to the service and improve outcomes for service users.

Poster P122
Occupational therapists: improving outcomes in trauma rehabilitation
Davern R: St George’s University Hospitals NHS Foundation Trust, Gray C: St George’s University of London

Patients who sustain musculoskeletal trauma frequently report persistent difficulties with pain, mobility, activities of daily living (ADLs) and work activities (Mkandawire and Boot, 2002; Read et al., 2005; Trickett et al., 2012).

St George’s Hospital admits patients from throughout South West London and Surrey, many of whom require inpatient rehabilitation. However, timely access is frequently delayed. A partnership was established with a private rehabilitation centre to facilitate timely transfers to inpatient rehabilitation and improve acute bed capacity. However, when the project commenced in December 2014, the Centre did not employ an occupational therapist (OT). Patients frequently reported feeling ill-prepared for discharge, having only partially met their rehabilitation goals and needing assistance from others once home. Length of stay was also longer than expected.

To address this, a six-month trial with a full-time occupational therapist working collaboratively across both teams was introduced in February 2016. The aim of the project was to assist patients to achieve independence with ADLs, improve participation in valued activities and feel more prepared for discharge home.

At the conclusion of the project, Rehabilitation Complexity Scores (RCS) scores decreased (mean score admission = 8.33; mean score discharge = 5.43), indicating that patients required less support on discharge. Additionally, patients reported that with occupational therapist input they had met their rehabilitation goals and felt more prepared for discharge.

This service development project shows that the inclusion of an occupational therapist in inpatient rehabilitation teams assists trauma patients to achieve their goals, as well as decreases use of NHS resources.

References


Keywords
Adult physical health

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Rachel Davern is a highly specialised occupational therapist at St George’s University Hospitals NHS Foundation Trust.

Catherine Gray is a senior lecturer and occupational therapist. She has worked in a range of adult physical health services, most recently at St George’s University of London.

Poster P123
University of Worcester Occupational Therapy (OT) Student Led Clinic – Review of Student Learning
Ovans H, Lacey E, Bowes W, Winwood K: Worcester University

The benefits of university based student led clinics have long been established in medical schools (Simson and Long, 2007) and increasingly in other health professional educational programmes (Buckley et al., 2014; Kavanagh et al., 2014; Bostick et al., 2014). This presentation outlines the learning experience of 4 occupational therapy students who completed part-time practice education in a newly developed student led clinic, under the guidance of an occupational therapist practice educator (PE).

The clinic adopted a public health focus, and students identified an occupational therapy role to promote health and wellbeing within the local community based on a review of evidence and national frameworks on health and wellbeing. Working collaboratively and in partnership with local community agencies and charities, the students developed client centred programmes that addressed local needs.

Student learning was evidenced through the creation of comprehensive professional resources, including developing policies and procedures for the clinic. All students demonstrated significant progress in professional behaviour and ability
to articulate an expanded occupational therapy role. The autonomous learning environment supported student self-analysis and independent learning, challenging the PE and academic staff to facilitate the dynamic learning of the students within safe/ethical boundaries.

References


Keywords
Occupational therapy, Students

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Poster P124
Inspiring to innovate: the pragmatics of developing your ideas to improve practice

Johnson A: Bath Centre for Fatigue Services/University of the West of England, Bristol, Lebedis (nee Jackson) T: NHS Grampian, Westholme, Woodend Hospital, Aberdeen

Context: The need for effective leadership in the allied health professions (Jackson, 2015) and achieving ‘more for less’ are key national drivers across health and social care services in the UK. Consultant occupational therapists have played key roles in developing innovative services, such as the stroke pathway in Scotland and fatigue and lifestyle management services for people living with and beyond cancer in England.

Purpose: This poster has relevance to occupational therapy practice, management and leadership. The contents are based on the experiences of two consultant occupational therapists, both of whom have demonstrated strong leadership skills and developed clinical services in Scotland and England.

Practice analysis: Stroke services in Scotland have been developed to provide a person-centred rehabilitation approach, which has impacted positively on inpatient length of stay in two stroke units.

In England, services have been designed to provide management of fatigue experienced as a consequence of cancer. This uniquely includes work and vocational rehabilitation for patients where none previously existed.

References

Keywords
Long-term conditions, Managers, Occupational therapy

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Anne Johnson is a consultant occupational therapist and clinical lead for the Bath Centre for Fatigue Services in England. Anne holds several national roles, including advisor to the Council for Allied Health Professions Research (CAHPR) Strategy Committee. She is also a Macmillan professional, having worked closely with the charity to establish cancer survivorship services, and part of its AHP advisory group and steering group for work and vocational rehabilitation. Anne is also senior lecturer at the University of the West of England in Bristol and successfully completed her PhD studies, focusing on men’s experiences of living with chronic fatigue syndrome in 2016.

Thérèse Lebedis is a consultant occupational therapist and the clinical lead for the Stroke Rehabilitation Unit, Fraserburgh Hospital, Aberdeenshire, and at Woodend Hospital, Aberdeen. Thérèse holds several national roles, including occupational therapy advisor to the National Advisory Committee for Stroke at the Scottish government. She has an interest in building evidence into practice and teaches across the UK and internationally. She is an honorary lecturer at the Robert Gordon University (Aberdeen) and teaches at other universities in Scotland. In 2010 Thérèse was awarded the Stroke Association’s ‘Excellence in Stroke Care’ award and delivered the Casson Memorial Lecture to the conference in 2015.

Poster P125
Embedding the use of smart tablet technology in discharge planning

Wild A, Clifford J: Sheffield Health and Social Care NHS Foundation Trust

Smart tablets were introduced by occupational therapists in the Intermediate Care Beds Service in Sheffield to improve the effectiveness of discharge planning. Photographs taken on home visits were identified as a potential mechanism to improve communication between therapists, patients and family, improve patient engagement and impact on efficiency savings in the discharge planning process.

There is a notable lack of literature on the role of smart tablets in occupational therapy practice. There is a clear local and national directive to engage with technology in NHS services for patient benefit (Commissioning for Quality and Innovation 2013). Improved discharge arrangements, with person-centred care and patient consent, are imperative in meeting the national agenda to provide care in the community alongside local pressures to reduce in-patient length of stay demand (Harris 2012).

Occupational therapists have an instrumental role in discharge planning. However, the length and effectiveness of home visits have been questioned (Drummond et al. 2013). Evaluation of practices in this area is of benefit to the profession.

A service review of practice development (Brain et al. 2010) was carried out through the use of scoping exercises and focus group discussions. This identified a wide range of benefits to
occupational therapy working practice. Patients reported an improvement in mood and increased motivation to return home. Staff reported improved efficiency of service delivery while maintaining patient-centred practice. The use of smart tablets in discharge planning has become routine practice across the Intermediate Care Service in Sheffield.

References

Keywords
Occupational therapy, Older people

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Amber Wild is clinical lead occupational therapist for the Intermediate Care Beds Service in Sheffield.
Julia Clifford is a senior occupational therapist working in the Community Stroke Service in Sheffield.

Poster P126
Occupational Therapy and Autism in non-Learning Disabled Adults: How to Build a Service That Works – Bolton and Beyond

Bucke H: Greater Manchester Mental Health Trust

What do we know about occupational therapy interventions for adults (without a learning disability) with autism? How can our profession shape and deliver a service that enables adults with lifelong neurodiversity to lead a meaningful life, often in a society that struggles to understand difference?

The Autism Act (HMSO, 2009) led to a strategy providing guidance on provision of ASC services for adults (HMSO, 2015), as does NICE (NICE, 2016).

Development of ASC services has been patchy, with only a handful of UK services that provide a free diagnostic service; even less provide post-diagnostic support. Bolton Autism Spectrum Conditions Team has, since 2012, delivered an effective user-centred service, employing core occupational therapy philosophies.

This poster will illustrate how the team delivers comprehensive diagnostic assessments and innovative individual plans. Our unique Autism Course has outstanding results and enables individuals to move towards an independent and fulfilling future. We will outline positive impacts on health, housing and education, as well as the economic outcomes of increased employment opportunities.

Occupational therapists are ideally placed to identify and understand the symbiosis between the social environment and the self, to understand the impact of communication/sensory difficulties, and to predict ultimate consequences on personal relationships and well-being. Opening our minds to new ways of working strengthens the profession. We show that innovative models of working can deliver consistent, life-changing results for individuals with ASC.

References

Keywords
Long-term conditions, Occupational therapy

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Poster P127
‘D’ is for divorce: the occupational perspective

Barry V: University of Huddersfield

There were 111,169 divorces in England and Wales in 2014 (Office for National Statistics, 2016). Divorce is one of the most traumatic life events, with far reaching implications (Sbarra et al., 2015). It causes significant upheaval, often entailing a variety of challenges, including financial and emotional, renegotiation of parenting relationships, alterations in social networks and a host of psychological challenges (Sbarra et al., 2015). The divorce process continues beyond separation itself, as different subjects in dispute, such as custody rights, living arrangements of children and economic issues, all have to be determined (Levin, 2004).

Although it can be associated with loss, particularly when socially valued identities are disrupted (Crider et al., 2015), it should be recognised that occupational loss and adaptation are fundamentally linked to identity (Crider et al., 2015); subsequently, with limited prominence in literature, increased consideration is needed. Occupational science seeks to understand how individuals employ occupation as a means to navigate life challenges and transitions (Crider et al., 2015).

Therefore, as occupational therapists we need greater understanding of how divorce impacts upon occupational identity alongside occupational transition. Divorce is not a one-time legal event, it is an entire process from the decision to end a marriage through to moving home (Levin, 2004) and far beyond. Therefore this poster presentation applies an occupational perspective to consider how divorce shapes occupational identity, particularly as divorce is often a significant contributory factor for service users requiring occupational therapy.

References
Crider. C., Calder, R., Bunting., Forwell, S. 2015. An integrative review of occupational science and theoretical literature
Sexual health and occupational therapy: a missed opportunity?
Ralph P, Monro S, Stead J: University of Huddersfield

There has been debate regarding sexual expression as an occupation and whether it falls under the remit of occupational therapy. This poster aims to explore sexual health and expression as a potentially missed opportunity in occupational therapy practice.

Sexual health is often defined narrowly, couched in terms of dysfunction and pathology, whereas the WHO (2015) defines it as ‘a state of physical, emotional, mental and social wellbeing in relation to sexuality ... not merely the absence of disease, dysfunction or infirmity’. Defined in this way, sexual health can be said to include sexual expression, but due to a range of attitudinal and structural reasons, it is often omitted in practice (Coul drick, 2007).

Based on interviews with occupational therapists who broached sexual concerns as part of their practice, this research found occupational therapists applied their core skills, creativity and occupational thinking to this sensitive and marginalised subject. These occupational therapists acknowledged the difficulties and discomfort but also the importance and meaning of sexual health to their clients. This research used a mixed methods approach incorporating occupational science and critical realism to underpin the research design and methodology.

The profession of occupational therapy has been adept at widening the boundaries of practice and seeking out emerging roles. This research indicated that occupational therapists have developed a role as part of occupational therapy practice generally, and potentially in the speciality of sexual health, supporting patients with short- or long-term impairment or illness in gaining or maintaining their sexual health as a meaningful occupation and an ordinary part of their lives.

References


Keywords
Adult physical health, Occupational therapy

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Author Biographies

Surya Monro gained her PhD from the University of Sheffield in 2000 and joined the School of Human and Health Sciences at the University of Huddersfield in 2009. Her extensive research experience has been primarily focused around the areas of gender, sexuality, citizenship and democracy. She has conducted research in India and South Africa as well as the UK, and contributes many invited presentations at national and international workshops and conferences.

Professor Monro is the Director of the Centre for Research in the Social Sciences (CRiSS). She fosters the development of research in CRiSS, across the School of Human and Health Sciences and beyond, via a range of national and international collaborations. She provides a substantial contribution to reviewing academic outputs in her field, and is on the editorial boards of the journal Sexualities and the Palgrave Macmillan book series Critical and Applied Approaches to Gender, Sexuality and Identity. Professor Mon ro also has various roles supporting positive developments in policy and practice at national/ international levels.

Posters

The occupational therapy independence framework (OTIF): a new perspective on a core concept?
Collins B: University of Liverpool

Aims: The occupational therapy independence framework (OTIF) aims to synthesise the range of characterisations of independence found in the literature in a practically useful and occupation-centred way (Collins, 2017).

Background: Despite independence being central to occupational therapy, a number of different characterisations exist, from the professional view of doing alone (Reindal, 1999) to the independent living movement's view of exerting choice (Goble, 2004). As service commissioners increasingly seek independence as an outcome, a clear conceptualisation is required in occupational therapy practice.

Method: The OTIF was developed through clinical practice, engagement with occupational therapists and disabled activists, extensive review of the literature and doctoral research. An initial version of the OTIF has been published: this seminar will present OTIF and encourage debate about its use.
Conclusion: The OTIF suggests that independence and interdependence occur when an individual exerts choice over occupational performance and can engage in occupations in a manner acceptable to him/herself. Dependence typically results from inability to choose occupations or a mismatch between performance capacity and environmental factors. Underpinning the framework are core principles which include a focus on occupation and the description of independence as subjective and situation-specific.

Relevance to occupational therapy education and practice: The range of definitions of independence found in the literature suggests a conflict in underpinning philosophical assumptions. The OTIF aims to synthesise these, raising awareness of the different perspectives to enable therapists, educators and theorists to clarify language and assumptions around this essential concept.

References

Poster P130
Occupational therapy and seclusion: an anathema or opportunity?
Dickinson H, Love M: Lancashire Care NHS Trust

Aims: Share experience of utilising a practice checklist underpinned by the Model of Human Occupation (MOHO) (Kielhofner 2008) principles and accompanying practical tool kit to enable occupational therapists to overcome challenges within seclusion.

Promote the added value of occupational therapy in contributing to the care of individuals in seclusion.

Background: Seclusion can be understood to be the last resort in containing severely disturbed behaviour, which is likely to cause harm to others (MHA 1983, Code of Practice, 2015). For some, the prospect of maintaining therapeutic engagement with patients in a mental health seclusion environment could be fear provoking. However, critically, the value of developing positive therapeutic engagement within the seclusion has been identified to potentially mitigate the risk of social isolation, increased agitation and loss of functional skills for patients (Konito et al. 2012).

Therefore, in response to the challenge of maintaining the quality and continuity of care for patients, as well as ensuring they remain in seclusion for the shortest amount of time, we have developed a practice guidance checklist together with a quick access activity tool kit with resources to enable adaptation. Primarily, this has been utilised by occupational therapy staff to provide patients with the choice to participate in meaningful activity while on supportive observations.

Keywords
Forensic practice, Mental health, Occupational therapy

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Poster P131
What influences participation in prosocial occupation among offenders with personality disorder in the community, and how effective are current interventions? Two systematic reviews
Connell C, Furtado V: University of Warwick, McKay E: Brunel University London, Singh S: University of Warwick

Background: Participation in prosocial occupation is integral to health and desistance from crime (World Health Organization, 2001, Maruna, 2001). Offenders with personality disorder (PDOs) have worse health and desistance outcomes than other offenders, suggesting they experience unique barriers to participation. Due to the lack of research into participation among PDOs, these barriers are poorly understood and risk being ineffectively addressed.

Aim/purpose: Systematically review the evidence to establish:
1. What is known about the factors that influence participation among PDOs
2. The effectiveness of interventions to improve participation among PDOs.

Design/method: Cochrane guidelines (Higgins and Green, 2011) were applied. Protocols were registered on PROSPERO. We searched 11 multi-disciplinary databases and grey literature for English-language studies reporting community-based participation among adult PDOs. No limitations were placed on study date, type or quality. Two independent reviewers reached substantial inter-rater agreement. Included studies were appraised for quality and data were extracted using a piloted tool. Results required a narrative synthesis.

Results: No studies were of high-quality. In review one, five studies had extractable data. Each measured different participation-related outcomes. Two tested statistical associations but measured different factors. Review two included four studies. Each reported different interventions and participation-related outcome measures. None reported interventions targeting participation, or articulated how unrelated interventions may impact participation. Study designs prevent a credible assessment of effectiveness.

Conclusion: Little is known about factors that influence participation among PDOs. Research must establish what factors influence participation among PDOs to inform evidence-based intervention development.

References
Poster P132
The inter-rater and test-retest reliability of the Activity Card Sort – United Kingdom version
Laver-Fawcett A: School of Health Sciences, York St John University
Purpose: The Activity Card Sort – United Kingdom (ACS-UK) is a self-report measure requiring older adults to sort 93 photograph activity cards to reflect their levels of participation in instrumental, leisure and social cultural activities. The inter-rater and test-retest reliability of the ACS-UK Community Living Version Global Retained Activity Scores (GRAS) and domain scores were evaluated.
Methods: Two convenience samples were recruited through community social groups. Written consent was obtained. The ACS-UK was administered twice on the same day by two different assessors and a third time approximately two weeks later. Thirteen raters took part in the study. Raters were third year occupational therapy students.
Results: Data for two samples, each comprising 17 community-dwelling older adults (>65 years; n=34), was collected. Sample 1: the intraclass correlation coefficient (ICC) was 0.64 for GRAS inter-rater reliability and 0.754 for test-retest reliability. Changes were made to the ACS-UK administration instructions and further examples were provided on some ACS-UK photograph card labels before the sample 2 data was collected. For sample 2: the ICC was 0.86 for GRAS inter-rater reliability and 0.83 for test-retest reliability.
Conclusions: The ACS-UK GRAS inter-rater and test-retest reliability demonstrated good to excellent levels of reliability for sample 2 data after improvements were made to the ACS-UK administration instructions. The ACS-UK is a reliable outcome measure that can be used in practice and research to identify older adults’ engagement in activities and evaluate their changing levels of participation.

The evaluation of the reliability of the Activity Card Sort – United Kingdom Version (ACS-UK): the York St John University Health and Life Sciences Ethics Committee approved both sets of data collection for this study; reference numbers for the first sample: UG17 4 July 2014 ALF approved on 04. 07. 2014; and the second sample: 10910_Laver Fawcett_ACS-UKSCoRe_16Oct2015 approved on 16. 10. 2015.

References

Poster P133
Care giving in early adulthood: an exploration into the occupational engagement of young adult carers
King P: Cumbria Partnership NHS Foundation Trust, Cole F: University of Cumbria
The purpose of this study was to improve understanding of the lived experiences of young adult carers (YACs), analysing the effects of their roles and responsibilities on their occupational engagement. The aim was to gain a real-life narrative while applying occupational and life-span development theory to enhance knowledge of this under-represented group within existing research.
A qualitative, phenomenological methodology was adopted, using purposive sampling and individual semi-structured interviews to gather data. Three participants, aged 18–25, took part and provided rich data of their experiences. Interviews were digitally recorded and transcribed verbatim to improve validity. Post-transcription respondent validation further ensured trustworthiness and reduced any potential researcher bias.
Transcript data were analysed thematically, using Braun and Clarke’s (2006) steps for systematic coding, with codes being used to identify emerging themes. Four overarching themes formed the basis for discussion.
The findings identified that YACs voiced both positive and negative effects on their engagement. Care giving was seen as having negative effects when participants discussed engaging in occupations to fit their role and the impact it has on their occupational identity. Positive features included caring as a recognised occupation and retaining the ability to have occupational choice moving into adulthood.
This small scale research has given a surprisingly balanced overview of a YAC’s occupational engagement. The results demonstrate the potential role occupational therapists may have in facilitating occupational engagement and supporting YACs to overcome occupational risk factors. Further research could therefore explore the potential benefits of occupational therapy involvement.
Ethical approval was given by the University of Cumbria’s ethical committee in 2015.

Keywords
Occupational therapy, Older people

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Author Biography
Alison qualified as an occupational therapist in 1986 and has a PhD in Psychology (during her doctoral studies she developed the Structured Observational Test of Function, 1995). She has worked as a clinician, researcher, educator and professional lead in the UK, and as a researcher and educator in the USA and Canada. Her current research relates to the development of the Activity Card Sort – UK version and ‘Models of Reablement Evaluation: a mixed models evaluation of a complex intervention’. She is author of ‘Principles of Assessment and Outcome Measurement for Occupational Therapists and Physiotherapists: Theory, Skills and Application’ (2007).
Impacts of a fieldwork experience on attitudes towards people with intellectual disabilities

Sullivan A: American International College, Medonca R: Temple University

Objective: To describe the effects of curriculum activities on changing attitudes of health professional students towards people with intellectual disabilities.

Methods: A non-randomised pretest-posttest design was used. There were two occupational therapy groups from different years in the occupational therapy programme, and one group of public health students. Each completed the Attitudes Toward Intellectual Disabilities Questionnaire (ATTID, 2013) before and after each intervention.

Results: There were no significant differences in change of attitudes after a lecture on effects of stigma on people with disabilities. Length of time in programme, age, and amount of experience with population impacted changes in attitude for students in the occupational therapy programme after a fieldwork intervention.

Conclusion: Level 1 fieldwork significantly improved attitudes of occupational therapy students toward individuals with ID while lecture did not. Facilitating positive changes in attitudes of health professional students is a crucial step towards improving health care received by marginalised citizens.

Institutional Review Board approval was obtained prior to study inception from both American International College in Springfield, MA, where the study was located, and from Temple University in Philadelphia, PA, for which the principal investigator designed this study, in fulfilment of doctoral degree requirements there. At Temple University, this study received the Federalwide Assurance number 00004964 for tracking purposes.

References

Impact of occupational engagement on recovery in an assertive outreach setting

Ripley C: Nottinghamshire NHS Trust

This was a qualitative study exploring the impact of occupational engagement on recovery in an assertive outreach setting. Importantly, the meaning of recovery was defined in accordance with service users’ interpretations.

To date, the literature on occupational engagement has primarily focused on the meaning and sense of identity derived from participation in meaningful activity (Argentzell et al. 2012; Mee et al. 2004), rather than on the impact of occupational engagement on recovery. Meanwhile, the research on recovery is rife with conceptual models (Lloyd et al. 2008). However, the vast majority of these have been formed in the absence of service user involvement. Furthermore, few studies exploring this theme have been conducted within an assertive outreach context.
Method: This was a qualitative exploratory study. Six participants were recruited from service users under the care of an assertive outreach team. Data was collected using semi-structured interviews.

Results: Thematic analysis identified two main themes: influence of activity and support. Service users’ interpretations of recovery revealed it to be a deeply personal journey that involved several components, including: self-discovery, being accepted; having something to aim for; getting on with life; and feeling in control of their illness.

Conclusion: The findings of this study provide evidence for the positive impact of occupational engagement on the recovery of individuals with mental health difficulties. Furthermore, this research demonstrates the value of involving service users directly in the research process, especially when discussing a concept as unique and personal as recovery.

This study was approved by Leeds West Research Ethics Committee on the 4th September 2015 (ref:15/YH/0312).

References

Keywords
Long-term conditions, Mental health, Occupational therapy

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Poster P136
Sensory Profiling in Adolescents with Social, Emotional and Mental Health Difficulties

McKenna C: Teesside University

This poster seeks to explore how the sensory processing of adolescents with a statement of Special Educational Needs in respect of social, emotional and mental health difficulties compares with that of the general population, within the context of Dunn’s (1997) Model of Sensory Processing using the Adolescent/Adult Sensory Profile (AASP) self-questionnaire (Brown and Dunn, 2002).

Schools traditionally organise their classes based on age and academic ability. Following discussions with a local school that caters for pupils that all have these difficulties, we decided to explore the possibility that sensory profiling might offer an alternative means of organising the classroom.

Preliminary stages of this work indicate that with appropriate support those students that demonstrated particular differences to ‘most people’ as identified in the AASP could, with support, be enabled to achieve academic success and indeed there is some evidence that this has had an impact on the individuals’ capacity to successfully engage with formal GCSE examinations.

Following this success the assessments have been rolled out across the whole school in order to influence the classroom and learning strategies.

References

Keywords
Children and families, Mental health, Students

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Chris McKenna is a lecturer in Occupational Therapy at Teesside University.

Poster P137
The role of occupational therapy for sleep problems: research on therapist perspectives, and client experiences and preferences

Faulkner S: Greater Manchester Mental Health Foundation Trust/Manchester University

Sleep is crucial to human health and functioning, and is significant within our daily routine; however, sleep has historically been neglected by occupational therapists (Green and Brown 2015; Fung et al. 2013). This presentation focuses on mental health research, but has relevance for many other areas.

Focus groups were used to explore occupational therapists’ perspectives on their role in addressing sleep in mental health settings. Findings discussed include opportunities to use existing skills, and barriers to addressing sleep, such as client motivation, environmental barriers, and lack of training and confidence (Faulkner and Mairs 2015).

A systematic review regarding patient perspectives on sleep treatments (in populations with serious mental illness) highlights the lack of research attention to these patient perspectives and describes patient preferences for personalised non-pharmacological intervention (Faulkner and Bee 2016).

An Interpretive Phenomenological Analysis (IPA) study exploring the perspectives, experiences and preferences of people with schizophrenia spectrum disorders explores motivational barriers clients face regarding their sleep, and explains some of the ambivalence therapists can encounter. Findings emphasised the relevance of gaining a sense of control over sleep for adequate occupational and social functioning, and the importance of ‘whole lifestyle’ approaches, including consideration of daytime activity, when addressing sleep problems (Faulkner 2015).

Occupational therapists are uniquely positioned to improve non-pharmacological treatment of sleep problems; our existing ethos, skills and theories are highly relevant to the complex, interconnected and highly personal area of sleep. With further research, and increased education on sleep, our profession can contribute significantly within this field.

Faulkner 2015: The study received ethical approval through the NHS Research Ethics Committee Proportionate Review Service on 08. 12. 14 (14/NS/1085) and local approval at the study site.
Faulkner and Mairs 2015: The study protocol was reviewed by the Faculty of Medical and Human Sciences Ethics Committee at the University of Manchester, and approval was granted in May 2013 (reference 13014).

References


Keywords
Long-term conditions, Mental health, Occupational therapy

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Sophie Faulkner trained as an occupational therapist at the University of Salford and has worked in a range of physical health and acute settings, before moving into mental health in 2011 on inpatient wards. Sophie now works in a community mental health team as a care co-ordinator and occupational therapist. She began her research into sleep in 2012.

Poster P138
Worcester students’ experiences of developing occupational therapy provision in Vietnam

Bishop R: Birmingham Community Healthcare Trust, Peters L: Dudley Metropolitan Borough Council

Practice placement is a fundamental element of occupational therapy education (Bonello 2001). Practice placements assist future practitioners in achieving competence in integrating theoretical knowledge, practical skills and clinical/professional reasoning (Allison and Turpin 2004).

There has been a shift towards role-emerging practice placements due to a need for professionals to be adaptive to ever-changing service structures. A new generation of therapists, able to use core skills flexibly and responsively, have benefitted from role-emerging and contemporary placements (Clarke and Turpin 2004).

The occupational therapy undergraduate course at the University of Worcester offers a creative and innovative approach to practice placements, including the opportunity to undertake a placement abroad.

This poster will present the experiences of a group of eight third year occupational therapy and physical therapy students on practice placement in Ho Chi Minh City, Vietnam. The six week placement was based across two sites: a local rehabilitation hospital and a private hospital. Specialities included paediatrics and neuro rehabilitation. The occupational therapy students worked with the Vietnamese staff to deliver new and innovative techniques and methods of rehabilitation. The challenges for students centred on the differences of healthcare, culture and language. Students’ core occupational therapy and leadership skills were strengthened through this learning experience. Working in this emerging role facilitated self-directed learning and increased confidence as novice professionals.

International placements offer valuable opportunities for learning and embracing broadening cultural diversity and globalisation (Clampin 2008).

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Keywords
Occupational therapy, Students

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Rebecca Bishop is a 2016 graduate from the first cohort of occupational therapists at the University of Worcester. She was one of the occupational therapy students to take part in the first six week international placement in Vietnam with the University of Worcester. Rebecca is working as an occupational therapist in Birmingham Community Healthcare Trust, specialising in the field of stroke.

Lianne Peters is one of the first cohort of occupational therapists ever to graduate from the University of Worcester, in 2016. She has lived and worked in various roles in the UK, Norway, Australia and New Zealand and is currently enjoying her first occupational therapy role with the Access and Prevention Team at Dudley Borough Council.

Poster P139
Therapeutic engagement process: dynamic multi-disciplinary approach led by occupational therapists to monitor and enhance patients’ engagement in forensic settings

Annamalai A, Rospond M: St Andrew’s Healthcare

There is evidence that therapeutic engagement in forensic in-patients’ settings is low and it is difficult to enhance. It is required to provide a personalised plan of therapeutic and skill-developing activity that is directly correlated to their outcomes plan. Individual therapeutic engagement is the subject of interest of CQC Inspections and Quality Network for Forensic Mental Health peers’ reviews in order to show that the service meets sufficient standards.

Occupational therapists are identified as experts in developing, evaluating individuals’ structure and routine. This also includes evaluation of individuals’ therapeutic engagement and their occupational performance. This expertise is appreciated by the multidisciplinary team as well as the care providers. This process allows us to coordinate resources and audit of patients’ response to treatment provided. An accurate, detailed, client-centred, multi-disciplinary therapeutic timetable is appreciated by patients, provides clear expectations and allows progress to be evaluated. Programmes are developed in 16-week intervals, with input from all disciplines. They also reflect the individual sessions, group sessions, structured self-care, leisure time if
required, all required meetings to attend (such as CPA, care plan update meetings), section 17 leaves and other community-based activities as appropriate.

Occupational therapists ensure that the offered therapeutic timetable has a balance of self-care, leisure and productive activities as well as prioritising patients’ interests and needs. The electronic system allows offered sessions to be input and the collated data will provide an opportunity for accurate auditing of patients’ engagement, and to evaluate the programme, patients’ participation and multi-disciplinary input.

References
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Keywords
Forensic practice

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Has around 11 years of professional experience in the field of occupational therapy within various specialties, of which 8 years were in forensic mental health (residential, ASD service, neuropsychiatric service and men’s mental health). The author has shown on-going commitment to various research and service development projects.

Poster P140
Embedding MOHO into practice
Somerville I, McNeill E: Belfast Health and Social Care Trust

In 2007 six Trusts merged to form the Belfast Health and Social Care Trust. Unifying services was a challenge that highlighted the need for occupational therapists to justify their role and evidence the outcomes of their interventions. Adopting a professional model of practice was the obvious solution.

MOHO (Model of Human Occupation) has increasingly become the model of practice for mental health occupational therapy services (Melton et al. 2010), offering over 3 decades of evidence with a wide variety of assessments (Kielhofner 2008), while assisting occupational therapists with their clinical reasoning and providing a professional identity (Melton et al. 2010). It was the obvious choice, coinciding with COT’s 10 year mental health strategy, ‘Recovering Ordinary Lives’ (COT 2008).

To facilitate its implementation an investment in training was needed, with Sue Parkinson, co-author of MOHOST, delivering the sessions. The MOHO Clinic was pioneered to consolidate initial training, taking the form of monthly informal sessions and discussion for occupational therapists across MH & LD services to attend.

An overview of the current use of MOHO in the Trust was gained via a questionnaire identifying specific on-going training needs and areas of good practice. MOHO clinics continue and feedback has indicated that the programme is popular, relevant and of benefit to clinical practice.

The training has supported the local and regional ‘Use of Occupational Language’ audit and is being utilised in the regional You in Mind Mental Health Care Pathway. Training has since been expanded. The MOHO Clinic recently featured in an O. T News article.

References


Keywords
Managers, Mental health, Occupational therapy

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A specialist occupational therapist who has 21 years’ experience working in the field of addictions. She became an enthusiastic supporter of the Model of Human Occupation when the need arose to evidence the value of occupational therapy within her service. The Model of Human Occupation provided her with the assessments to evidence clients’ progress and the benefits of occupational therapy specific intervention.

Originally from England, she was already an enthusiastic supporter of MOHO and it was this that caused her to initiate the development of the MOHO Clinic to support her colleagues. She currently works within a multi-disciplinary community mental health team.

Poster P141
Collaboration aiming to build occupational therapy research and improve healthcare outcomes
Jones N: Sheffield Teaching Hospital NHS Foundation Trust

Research-active healthcare organisations can have improved patient outcomes, though managing research at the clinical coal-face (Springett et al. 2014). Research and innovation embedded into clinical practice can help to understand how best to deliver patient services by unpacking the complexities of healthcare (Finley 2012), contributing new knowledge leading to improvement in patient outcomes (Department of Health 2013).

An ambition for improving patient outcomes through research led to the development of a project called CABOT (Collaboration
Aiming to Build Occupational Therapy research). Collaboration between a university and an NHS hospital facilitated building relationships with academic researchers to scope occupational therapy research ideas. CABOT spanned organisational boundaries to make connections between research expertise and the clinical problems faced by occupational therapists in practice. CABOT aimed to develop a robust and sustainable approach to technology research by creating a culture where research could thrive.

A research associate with expertise in innovation of assistive technologies was employed to work with clinical occupational therapists. This started with identifying gaps in technologies for patient care and resulted in brokering new relationships between the NHS and academic partners. This facilitated in-depth discussions and problem solving about the ways patient care could be delivered in the future.

Findings: Ideas for new technologies and service innovations were generated. These ideas were incubated into five potential projects to take forward. Clinicians had access to engineers, computer scientists and academic researchers, which unleashed creative thinking to facilitate generation of technological solutions to clinical problems while in parallel delivering clinical care.

References

Keywords
Managers, Occupational therapy

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Author Biography
Natalie Jones is an occupational therapist and clinical service manager in the NHS. She is passionate about stroke rehabilitation, assistive technologies and integrating research into clinical practice. She is research lead for occupational therapy and physiotherapy, which involves building research collaborations and developing allied health professions research. She is on the COT Research and Development Board and leads a neuromuscular research network in Sheffield. In 2014 she earned a prestigious NIHR Clinical Fellowship to undertake an MSc in Clinical Research. She was awarded the UKOTRF ‘Early Researcher Award’ for her research exploring the experiences of stroke survivors with managing eating.

Poster P142
Insider knowledge: making your practice responsive to parents of children with complex needs

Hayward C: Access to Communication and Technology
Parents of children with complex health needs face many challenges, including balancing the roles of nurse, therapist, advocate and parent, amongst many others. As a therapist, working with expert parents can be daunting too. An occupational therapist with many years’ practice working with children and families, in 2012 I became an ‘insider’ when I had my own, who has complex, continuing healthcare needs. Since my return to work I have adapted my practice to strengthen my relationship building and communication skills, to make myself and my clinical recommendations more accessible to the families I work with. I have challenged myself to advocate for parents like me within my service and my trust, necessitating significant self reflection and careful consideration of the degree of ‘self’ I put into my clinical role.

I will share my top recommendatnsf from my dual perspective and challenge you to evaluate how you work with children and families with exceptional healthcare needs.

References

Keywords
Children and families, Occupational therapy

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Author Biography
I currently work as the Clinical Lead Occupational Therapist for Augmentative and Alternative Communication at Access to Communication and Technology in Birmingham. I have worked in the area of electronic assistive technology for 9 years and graduated in 2000. I have a particular interest in working with young children with complex health and communication needs.

Poster P143
Development and evaluation of an occupational therapy led, mental health and addictions, vocational rehabilitation service with cost benefit analysis

Allan J, Auld K: NHS Greater Glasgow & Clyde

Introduction: Closing the disability employment gap is an identified national priority area within current government policy (DWP 2016). Supporting people with health conditions into work is recognised as a public health issue, as being in paid employment is associated with improved quality of life. Occupational therapists are well placed to lead employment programmes enabling people to participate in the activities of everyday life, including the ability to work (Desiron et al. 2011).

Value to the profession: This presentation focuses on the development and evaluation of the occupational therapy led individual placement and support service network. Attendees will get the opportunity to hear about development of an evidence based employability service within mental health and addiction services, including ‘Towards Work, Gain Work and Job Retention’.
Practice development and evaluation: This 3 year evaluation includes not only the impact on service users (gained from qualitative interviews) but an economic analysis showing clear cost savings attributed to the service. A total of 104 clients gained mainstream competitive employment and this brought improvements in mental health and self-esteem, with associated reductions in mental health service usage and psychiatric medication.

Impact on service users and economic analysis: This practice development demonstrates how supporting individuals to gain paid work can decrease demand on mental health services and advocates for the role of occupational therapists working alongside employment specialists.

References


Keywords
Long-term conditions, Mental health, Occupational therapy

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Author Biographies
Jeanette Allan is Care Group Lead Occupational Therapist for mental health, Clyde, NHS GG&C. With extensive experience in mental health and a passion for Arts & Recovery, Jeanette has developed a number of projects and services, including the Buddy Beat drumming group, Changing Stages drama group, and leads the Mental Health Arts & Film Festival for Renfrewshire. Jeanette is a certified disability management professional and developed and established the NetWork Vocational Rehabilitation Service, which has delivered significant employability outcomes proving value for money.

Karen Auld is an experienced occupational therapist in both physical and mental health. Following several years in community mental health Karen has developed expertise in vocational rehabilitation and is currently team lead of the NetWork Vocational Rehabilitation Service. She is a certified disability management professional, involved in delivering positive outcomes within IPS (individualised placement support) and job retention.

Poster P145
Inter-professional practice education: evaluation of a music therapy student’s contribution to occupational therapy practice on a mental health rehabilitation unit

Brown L, Blythe C, Gregg L, Nordoff-Robbins, Barker K: Greater Manchester Mental Health NHS Foundation Trust

Occupational therapists are increasingly using music as a tool to engage and treat service users despite limited or no training in the area (Craig, 2008). This poster outlines the use of a music therapy student placement on a mental health rehabilitation unit and the impact the placement has had on service users.

A music therapy student undertook a placement on a mental health rehabilitation unit for one day a week for a period of one year, with a qualified occupational therapist acting as their day to day supervisor. Individual and group music therapy sessions were provided to service users during this period, with occupational therapy clinicians collaborating jointly to run the group sessions.

This poster summarises the impact measured so far of having a music therapy student working alongside the occupational therapist to provide a weekly group. Service user outcomes were measured using the single observation form of the Model of Human Occupation Screening Tool (MOHOST-SOF) (Maciver et al., 2016) for an individual’s participation in every group and a full Model of Human Occupation Screening Tool completed monthly for each service user during the period of intervention. Qualitative feedback was also collated from locally designed group evaluation forms.

A discussion of the learning gained from providing inter-professional supervision to a student from a differing profession will also be part of this poster, with recommendations provided for other occupational therapists hoping to organise similar projects and enable access to other types of therapies for their service users.

References


Keywords
Mental health, Occupational therapy, Students

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Lisa Brown is an occupational therapist and practice education facilitator for Greater Manchester Mental Health NHS Foundation Trust.

Cherelle Blythe is a senior occupational therapist working on a 20 bedded male mental health rehabilitation unit in Manchester.

Poster P146
Are we doing it right? Assessing fidelity of delivering a complex intervention: Community Occupational Therapy in Dementia (COTID-UK)

Burgess J, Swinson T: North East London Foundation NHS Trust, Wenborn J: North East London Foundation NHS Trust and Division of Psychiatry, University College London, Walton H, Michie S: Department of Clinical, Educational and Health Psychology, University College London

When evaluating the effectiveness of a complex intervention, it is important to know the extent to which it was delivered as planned. This is referred to as fidelity of delivery. Community Occupational Therapy in Dementia (COTID-UK) is an intervention...
for people living with dementia and their family carer. It is adapted from the Community Occupational Therapy in Dementia intervention, found to be clinically and cost effective in the Netherlands (Graff et al. 2006; 2008). COTiD-UK is being delivered across 15 NHS Trusts within the Valuing Active Life in Dementia (VALID) randomised controlled trial to assess the clinical and cost effectiveness and feasibility of implementation in practice.

Method: Longitudinal study to assess fidelity of COTiD-UK delivery. Occupational therapists delivering the COTiD-UK intervention audio record all sessions, subject to participants’ consent. Coding guidelines and fidelity checklists for the key COTiD-UK components were iteratively developed until good inter-rater agreement was reached. Ten percent of sessions will be purposively selected, transcribed and anonymised. Researchers will independently code transcripts, with some being double-coded to check for coder drift. Data will be analysed descriptively to assess delivery fidelity according to the COTiD-UK manual and trial protocol (Wenborn et al. 2016).

Implications: Further knowledge and tools to enable robust fidelity assessment will enhance future research into the development, clinical effectiveness and implementation of occupational therapy interventions.

Ethical approval: London-Camberwell St Giles Research Ethics Committee REC reference 14/LO/0736.

References


Keywords
Dementia, Occupational therapy

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Author Biographies
Jane Burgess is an occupational therapist clinical researcher currently working on the Valuing Active Life in Dementia research programme.

Tom Swinson is a senior research assistant at the NELFT R&D department. He currently works on the Valuing Active Life in Dementia research programme and is also in his third year of the part-time Occupational Therapy BSc programme at London South Bank University.
Abstracts

Innovative Technology IT3

Techno1-OT: incorporating technology into Specialist Rehabilitation Services (SRS)

Howard C, Fokerd S, Horrocks K: Lancashire Care Foundation NHS Trust – Specialist Rehabilitation Services

New technology has been identified as an emerging niche within occupational therapy and rehabilitation services in general (AOTA, 2010). However, there is still limited evidence on the use of mobile-app based devices within practice, particularly within the United Kingdom, despite recommendations for further research (Erickson, 2015). A policy paper by HM Government (2014) identified that integrating technology into practice enables service users to take control of their health and wellbeing and has the power to transform the provision of healthcare services.

Within SRS we have developed a Rehabilitation Plan Application (App) following feedback from a service user led forum, which suggested that integrating a mobile device into the rehab process would make it more interactive and engaging. The development of the Rehabilitation Plan App was occupational therapy led and facilitated through Lancashire Care NHS Foundation Trust’s ‘Innovation Incubator’, an initiative which supports creativity and inventiveness in order to improve quality, reduce costs and save time (LCFT, 2015).

The development of the app has enabled us to obtain a mobile tablet for the service, which is currently being integrated into practice in various ways. The use of mobile devices as an intervention within the occupational therapy process has been identified to improve an individual’s ability to engage in activities of daily living and also promote independence in life roles (AOTA, 2010). Within SRS we believe that the use of mobile technology enables our service users to take ownership of their rehabilitation journey, which in turn improves engagement and commitment.

References


Keywords

Long-term conditions, Mental health, Occupational therapy

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References


Keywords

Adult physical health, Long-term conditions, Older people

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Author Biographies

Paul, Lynda, Andrea, Sam and Cat are final year students in the Wrexham Glyndwr University Occupational Therapy programme. They developed the app as part of a second year Creative Education Resource assignment where students must plan, create and develop something that can be used as part of occupational therapy treatment.

Innovative Technology IT3

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Howard C, Fokerd S, Horrocks K: Lancashire Care Foundation NHS Trust – Specialist Rehabilitation Services

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References


Keywords

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References


Keywords

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Author Biographies

Paul, Lynda, Andrea, Sam and Cat are final year students in the Wrexham Glyndwr University Occupational Therapy programme. They developed the app as part of a second year Creative Education Resource assignment where students must plan, create and develop something that can be used as part of occupational therapy treatment.
Welcome Refugees – a mobile application for refugees to promote engagement in occupation

Geden L: ICAN charity

Welcome Refugees Mobile Application Presentation

https://prezi.com/005bz8powokt/welcome-refugees-application/?utm_campaign=share&utm_medium=copy

Welcome Refugees Application Video Manual

https://youtu.be/4Mnvivm2NW4

Welcome Refugees is a mobile device application under development that provides an easy to navigate directory to useful services to benefit refugees’ health, wellbeing and ability to participate in meaningful activities. The directory includes information on services for accommodation, food, language lessons, health care, leisure activities, advice and support, work, religion, asylum information, social activities, transport and education. Welcome Refugees provides information for how to access the services, contact details and public transport information and maps with the use of Google Maps. The application incorporates a feedback and rating of services to ensure high quality provision and also has the Wheel of Wellbeing (Mind Tools, 2015), which is a simple way to assess occupational balance, which looks at different areas in a person’s life, such as work, play and rest, to highlight areas of need.

There are 200,000 refused asylum seekers classed as destitute (Guardian, 2015a) and an additional 26,000 refugees (British Red Cross, 2015). Too little is being done to prepare for effective integration of 20,000 refugees that the UK government has agreed to arrive in the UK over the next 5 years (Guardian, 2015b). Physical and mental health among migrants are shown to be lower compared with the UK population (Migration Observatory, 2014). Reducing health inequalities experienced by migrants is a government priority, and health inequalities are reduced through adequate access to employment, housing, communities and education (DH, 2015).

References


Keywords

Disadvantaged people, Mental health, Students

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Innovative Technology IT5

An alternative to slings? Klip-2-Lift

Webb J: University of Salford

Currently, people who are unable to stand to transfer are lifted using a mechanical hoist and sling. This can be difficult for carers, is time-consuming and often robs the user of their dignity, particularly when transferring for toileting. This presentation will showcase the innovative ‘hoistable clothing’ design developed by Jo Webb and Barbara Ackley and now available through Lynch Healthcare Ltd.

Klip-2-Lift is suitable for people who find current sling designs unsuitable or difficult to fit, or who have anxiety around being hoisted or challenging behaviours. The jacket becomes part of the daily dressing routine, reducing the risk of shearing or friction, allowing the user to sit directly on their pressure cushion or wheelchair without the added risk of leaving a sling in situ. The Klip-2-Lift waistcoat can be worn throughout the day, allowing the user to be ‘clipped’ onto a hoist quickly and easily, without the fitting of a sling, which can sometimes be distressing and intrusive. The Klip-2-Handle jacket assists carers when handling children with challenging behaviours, improving safety and reducing risk of injury, and Klip-2-Stand can be used with a stand aid or standing frame as part of rehabilitation to engage in a range of daily living activities.

Application is not limited to the home setting – the Klip-2-Lift can be used to access leisure facilities where traditional slings are not practical. This may open many opportunities for people currently excluded due to limitations in existing sling design and restrictions of moving and handling legislation (MHOR, 1992).

References


Keywords

Children and families, Long-term conditions, Occupational therapy

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Jo Webb, MSc, PGCAP, Dip COT ROT, FHEA, qualified as an occupational therapist in 1986, gaining her MSc in Health Practice in 2002. Jo has significant experience in physical disability, moving and handling and community rehabilitation. Jo’s research interests include moving and handling, tissue viability and single handed care.

Innovative Technology IT6

Creativity and innovation becoming an invaluable aspect of undergraduate studies

Warrington S: University of Liverpool – 3rd year student

Occulometry – could this perhaps be a new portmanteau connecting technology and occupational therapy alongside other well-known phrases?

Creativity has been intrinsic within occupational therapy since its conception, particularly in terms of activities, problem solving and goal setting, throughout undergraduate studies and once qualified. Assistive technology is extremely widely used in terms of mobile phones, memory aids and personal alarms, which all provide invaluable support and reassurance to both service users and their carers. Despite their importance and value, the majority...
of such products are functional rather than fun and do not include any connection to physical activity.

Numerous new technological products within the leisure market completely miss out the huge and ever increasing elderly population (Naumes, 2013). Occupational therapy worldwide has embraced social media – for example, the extent to which Twitter is used to promote and market the world of occupational therapy. However, how often is the creation of new products included within undergraduate programmes? Since 2015, the University of Liverpool has included a creativity and innovation module within the final year of its 3-year undergraduate degree programme. The word creativity so often induces fear and panic; people thinking, what on earth have these got to do with occupational therapy, and I didn’t sign up for this.

Technology, creativity, innovation and occupational therapy do have the potential to be a wonderful collaboration, to see the introduction of products and ideas, provide a modern approach to promote occupational therapy with the potential for products designed by Liverpool students flooding the market place.

References

Keywords
Occupational therapy, Older people, Students

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Innovative Technology IT7
Enabling people to use electronic-technology: the missing part of every occupational therapist’s ADL assessment?

Groves M, Anisuddin-Ward Y: Access to Communication and Technology

Aim: Enabling therapists to adapt smart phones/tablets/computers to promote independence in activities of daily living.

Background: Access to Communication and Technology (ACT) is a specialist hub looking at computer access solutions for people with limited upper-limb function. On assessment, clinicians often find that simple accessibility options/alternative solutions could have been considered prior to referral.

Computers play a part in almost every area of our daily lives (Blain et al. 2010). Chard (2007) acknowledges emailing, playing games online, editing pictures or music on a computer are some of the arts and crafts of our age. However, people with disabilities (Disability Rights Commission 2004) experience significant restrictions in access to the internet, including physical barriers in operating a keyboard or mouse.

Making computers easier to use does not mean huge financial investment and accessibility options are improving. In the current financial climate, occupational therapists can equip themselves to address clients’ quality of life, by enabling them to participate in occupations pertinent in today’s society.

Session plan: You don’t have to be techy, it’s about showing people how easy it can be. There will be a practical session giving you the opportunity to make changes to a tablet/computer/phone to make it easier to use. We will give different scenarios to show how to adapt what you already have.

Resources: Plug sockets, wifi, tables and chairs. Resource packs will be given to delegates to use in practice. References for this abstract are available on request.