



Allied Health Professional case studies: Occupational Therapist

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Contact: Lyndsey Barrett and Liz Fletcher

Occupational Therapists

Sport for Confidence CIC

Emails: Lyndsey@sportforconfidence.com and Liz@sportforconfidence.com

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Contact: Jenny Bailey

Live Clinical Team Leader

Nottinghamshire Healthcare NHS Foundation Trust

jennifer.bailey@nottshc.nhs.uk

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Contact: Carol Duff

Occupational Therapist

University of Lincoln

Email: cduff@lincoln.ac.uk

**An occupational therapy role emerging placement in public health and domestic abuse:
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Cate Bennett Occupational Therapist Bsc Msc advanced practice.

Ava Woodhouse Pre-registration MSc occupational therapy student, University of Derby

Alicia Lancashire Pre-registration MSc occupational therapy student, University of Derby

Email cate.bennett@nottscg.gov.uk



Sport for Confidence and Stay Connected: Creating an online physical activity service

Lyndsey Barrett and Liz Fletcher, Occupational Therapists, Sport for Confidence CIC

Lyndsey@sportforconfidence.com and Liz@sportforconfidence.com

Description

Sport for Confidence CIC is a unique and innovative organisation, which brings together occupational therapists and specialist sports coaches to provide activity-based assessments and interventions for marginalised groups across Essex. Sport for Confidence typically operates within leisure centres, but during the coronavirus pandemic the Stay Connected service was created - an online service that utilises occupational therapists and sports coaches to provide support to marginalised populations, such as disabled people and people living with long-term conditions.

Context

The Stay Connected service enables participants to access and engage with a wide range of online interest groups, low and high intensity physical activity groups, and vocational groups. The occupational therapists enhance this offer by providing additional telephone contact, occupational assessment, active listening, empathy and personalised advice. The service also works in partnership with care and community providers to enhance resilience and accessibility of existing provision, supporting them to develop and embed sustainable and inclusive online solutions.

The Stay Connected service was originally commissioned in April 2020 for 6 months, to offer immediate support to disabled people living within Essex due to the pandemic. The service proved successful, and an extension was granted. Stay Connected is a person-centred service, which focuses on meeting the needs of individuals who face barriers in initiating, accessing and sustaining contact with support services. This is because these individuals are often the most at risk of experiencing a deterioration in their mental and/or physical health, exacerbated by the requirements to socially distance, shield and/or self-isolate. These individuals are also known to encounter inequalities in sport and physical activity participation, which has consequences for their health and well-being (English Federation of Disability Sport, 2013; Sport England, 2016). The service recognises the broader context of people's lives and how this relates to their health and well-being. Therefore, assessment and support is also offered to those in a caring role (whether paid or unpaid) to reduce the risk of carer breakdown. This further supports national policy that seeks to enable people with health conditions and impairments to live an active lifestyle (English Federation of Disability Sport, 2016).

Method

The service started with telephone and email contact and developed to providing regular Zoom exercise classes alongside occupational therapy assessment and support. The following demonstrates key stages in the service improvement:

- Started with a basic service telephone and email contact service
- Awareness raising sessions (live social media events, providers and health and social care workers)
- Strengthen existing and new partnerships and referral pathways (e.g. Enhanced Social Care Support for Adults with LD/Autism team).
- Reviewed and changed measurement to qualitative data collection only to enhance rapport building and connection with the member of staff.
- Gradually increased and adapted the offer to include: personalised support ranging from, a short phone call to regular and lengthy contacts subject to needs assessment, signposting, email contact, personalised physical activity videos, zoom sessions, resources sent/recommended.
- Posted infographics of monthly contact via social media
- Provided a weekly zoom timetable
- Co-created resources with Team Create (includes participants with lived experience of disability/mental health/LD) to use within sessions (e.g. 'How to start a conversation about PA')

Outcomes

- The service was initially measured using self-rated measurement tool but feedback from the participants led to qualitative measurement, using feedback and case studies.
- Total referrals April 2020 – Feb 2021: 1157
- Current Caseload as of 1st March 2021: 129
- Total Zoom sessions delivered for January 2021: 41
- Total Zoom sessions delivered for February 2021: 41
- Total attendance at Zoom for January 2021: 576 interactions (average attendance of 14)
- Total attendance at Zoom for February 2021: 668 interactions (average attendance of 16)
- Average 0 – 10 rating given by participants on service provided: 9.7

There are many examples of what has changed, including:

- **Increased access to physical activity** (e.g. 5 days a week rather than 2x week in prior to covid)
- **Challenged assumptions** around people with a learning disability/Autism using digital platforms, we have enabled participants connect with new and old and stay connected with all.
- **Increased opportunity** for people to make independent choices about what activities they want to join. A choice of 14 different sessions a week was something that was not previously an option for the majority.
- Enabled participants to **safely try different sports and activities** they may not have tried before- enabling us to grade their exposure online and work towards them trying new things face to face in the future.
- Provided participants with **structure and routine**

Client feedback:

"This service has been helpful / useful by just knowing they are a phone call away in this difficult time of lock down uncertainty... keep up your amazing work! I am grateful to you all for your help and support and the belief you all have in me to achieve and grow as a person".

Family feedback:

"My son has Down's syndrome and attends a Sport for Confidence session; the therapists have kept these going each week via Zoom. This has allowed him to keep in touch with everyone, which given his additional needs he would not have been able to do... the variety of activities is great... the care and attention put in by the therapists is outstanding".

"Everyone at SfC has been amazing, all the team are so caring. My son is a completely different person since participating in the Stay Connected service."

Carer Feedback:

"The team have made me feel part of the 'outside world indoors' Thank you.

Provider feedback:

"We have been given lots of suggestions and physical activity information. Our client has now been offered a fantastic Video Carephone thanks to Stay Connected and they have been supporting one of our clients regularly".

The extension and how the service is evolving suggests the service is respected and valued by the commissioners who want it to remain. The consistent number of referrals suggest the service is of value to health professionals and participants.

Key learning points

- Learning to evolve with time and acting quickly, Covid has been a roller coaster ride and we have had to exhaust all our innovative creations to ensure that we can adapt to support the participants at their own pace.
- A single point of access has been a real important learning experience, something extremely valuable and as a consequence results in participants gaining efficient, sensitive and consistent support.
- Technology is difficult to navigate, however, it can be done with attention and care.
- The iterative approach we have taken has enabled us to adapt and change our approach as we go, therefore we have consistently followed check, challenge and change principles.
- It's clear there is a long term need for virtual and face to face delivery, to promote choice and independence for participants.
- To explore how this service becomes a long-term plan as part of Sport for Confidence and the participants we see.

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Provision of Therapeutic Boxing for Psychiatric Intensive Care Unit

Description

The aim of the project was to increase access to physical activity on a 10-bed Psychiatric Intensive Care Unit (Willows). The Live Team at Highbury Hospital, worked in partnership with a Nottingham City Council project, Get Out Get Active, and local boxing initiative Evolve CIC, to provide a continuous intensive boxing course directly onto the Willows Unit.

Inpatients on the Willows Unit were offered two sessions a week of non-contact boxing skills, through a professional boxing instructor from Evolve CIC, and encouraged to continue participation at the instructor's club with increased support post discharge.

Context

Evidence shows that people with Severe Mental Illness die up to twenty years younger than the average population (NICE 2018; De Hert et al., 2011; Stubbs B et al., 2015). Physical activity could have a vital role in addressing the health inequalities experienced by people living with severe mental illness, in addressing premature mortality, in preventing the onset of comorbidities, and in improving the overall health and wellbeing of this population. (Ashdown-Franks et al., 2018).

The Live Team were initially awarded Sport England year-long project funding in September 2018, to address inpatients requests for increased levels of physical activity across multiple hospital sites within Nottinghamshire.

The boxing sessions were tailored and adapted to the meet the needs of the Willows Unit inpatients, as the Unit provides specialist support to high-risk patients from a diverse population. Our objectives for the boxing sessions were to embed physical activity on the Willows Unit; engage the whole ward team; inspire and support inpatients to continue to access boxing beyond admission; improve levels of engagement and improve mood.

As boxing sessions developed, staff observed and tried to capture the positive impact on the ward environment and identify any correlation with a decrease in violence and aggression incidents.

Method

Through a partnership with Nottingham City Council's Get Out Get Active inclusive sports project and Evolve CIC, a Nottingham estate-based boxing club, collectively we aimed not only to engage inpatient services but to maximise the benefit and connect the Willows inpatients to the wider non statutory community sport resources, and demonstrate investment and relevance in valuing our services users by providing best quality to ensure engagement.

The boxing instructor offered an outside perspective and created a different dynamic in the Willows Unit. Boxing skills and breathing exercises were included in the sessions that were offered twice a week. The instructor's approach and personality fostered good team cohesion and had a positive impact on the ward atmosphere each time they arrived, their approach appeared to normalise discharge and created opportunities for inpatients and staff to think about engaging in community boxing or general physical activities post-discharge.

Internally a whole team approach was essential to support the success of this project, inclusive of the Live Team, Willows ward management to healthcare assistants and therapy staff, all who worked collaboratively and collectively, ensuring suitable engagement and safety was maintained.

Outcomes

The impact of the boxing sessions was captured via multiple qualitative outcome measures including an electronic feedback form that sat within an inpatient's electronic note, staff interviews, individual case studies and the Incident Reporting System.

Willows ward staff reported that they observed positive changes in inpatient behaviour and were surprised at the levels of engagement from specific inpatients who had declined offers of other onward activities or social interactions with staff.

Inpatients who engaged in a boxing session were supported by staff to complete a feedback form that focused on the individual's mood pre- and post-boxing session. Results from this after every session showed an uplift in mood for all inpatients, which therefore created a positive impact overall on the ward after the session had taken place.

There were several requests from inpatients to access Evolve CIC's boxing club within the community, post-discharge from the Willows Unit. Details of the boxing club were passed on to inpatients upon this request, as well as Evolve CIC setting up a dedicated session at the club specifically for Willows service users to attend, having one service users attend the club independently amongst the public, beyond his discharge from inpatient services.

Reporting level of incidents: days of session / days not / for engaged/participants / reduced violence and aggression through relieving stressors – why and rationale? Nature of the ward, boxing negative?

Learning points

Collecting data and measuring impact poses an on-going problem and having additional training on this may have been beneficial to all staff involved. All staff and external providers agreed it was hugely successful and identified numerous benefits but this was mainly via discussion and observation with all involved. It is difficult to represent that with evidence particularly in relation to cost effective/value for money and longer-term benefits in health and prevention especially in terms of securing or ensuring this is funded.

The perception of boxing initially created its own barriers with ward staff, with serious concerns about increased risk of violence and aggression, but these were easily challenged when sessions were witnessed in action, and we learnt to anticipate this and reassure staff teams when rolling out sessions on other wards. Additionally, we found that when staff participated in the sessions alongside the inpatients, it changed the dynamic of staff and inpatients' therapeutic relationships.

On-going plans are to continue to roll out across wards, including a dementia ward. The next steps are to seek funding to enable access to more boxing sessions on multiple inpatient wards and for further funding to be sustained via the wards. We hope to further develop links to community boxing resources and support transition to community access for inpatients.

The COVID-19 pandemic did put the project on hold, but the Live Team remain committed to continuing the developments of provision of boxing sessions when safe to do so.

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Addressing occupational deprivation as a way to reduce health inequalities

Carol Duff, Occupational Therapist, University of Lincoln

cduff@lincoln.ac.uk

Description

This example will consider how staff at the University of Lincoln are encouraging occupational therapy students to explore health inequalities through their studies of occupational deprivation and the importance of engaging with hard-to-reach groups in practice.

Context

Aims and objectives:

- To increase student awareness of health inequalities.
- To enable students to apply an occupational lens to those issues.
- For students to ensure their practice in occupational therapy reached hard-to-reach groups.

Rationale for improvement

Graduates from the MSc Occupational Therapy will have the knowledge and understanding of the need to adapt their practice to ensure it includes addressing the needs of hard-to-reach groups in traditional practice, and they also are able to identify and build a case for roles in new areas of practice where OTs could be commissioned to address health inequalities.

Method

Second year students at the University of Lincoln participate in a number of learning opportunities that are interlinked and address health inequalities in different ways. It starts with a module on Applied Health Improvement which is an interprofessional module that explores the principles of public health principles, the priorities and practice and the social determinants of health, illness and health inequalities, which enables students to get a baseline understanding of health inequalities and they start to identify who the disadvantaged groups are. They then pick this up with an occupational lens in their Occupational Therapy module. In this module students explore their understanding of occupational deprivation and get a deeper understanding of who might be occupationally deprived and how they might identify and address the needs of those peoples.

As occupational therapists we see many people who are occupationally deprived and a wide range of reasons why. Working holistically and using a biopsychosocial approach the students use case scenarios of people who may be occupationally deprived as result of a range of factors such as disability, injury or illness, or as a result of their social circumstance or their individual diversity. We also explore the needs of people who have what may be described as “dark occupations” or occupations that may be less socially acceptable. The students focus is understanding what are the ‘push and pull’ factors for these occupations and how could they address the occupational needs of these people.

These activities are followed by a role emerging or extended scope placement where students get an opportunity to work with a charity or non- traditional organisation, many of which are trying to address the needs of hard-to-reach groups and who don’t have occupational therapists working there to explore how occupational based practice could help. Examples of the hard-to-reach groups students have supported are perpetrators of domestic violence, homeless and refugees. This gives students real insight into how they can address health inequalities of their population in practice.

Outcomes

Students have a real opportunity to demonstrate their understanding of health inequalities and how to address them and this is assessed in their summative assessments. As a result of role emerging placements there have been occupational therapy posts created or students have left a legacy to support existing staff to meet the occupational needs of their service users. One example was following a student working with a care farm. The student worked with children and adolescents with behaviours that challenge and many of whom are excluded from school and as a consequence occupationally deprived. The student was able to identify that an occupational therapy assessment identifying the needs of the child, addressing the barriers to occupations and offering interventions to support ways for the child to engage in meaningful occupations. This led to an OT post being created at the organisation and as a result most children are transitioned back into the school environment in a timely fashion and in a sustainable way with the right level of support to engage in their required occupations. The long-term effects of being in education reduce the likelihood of future health inequalities.

Key learning point

All students graduating have a clear understanding of groups of people who may be occupationally deprived. The connections between the academic modules and the practical placement allow them to fully explore the realities of addressing occupational deprivation and are alert to the consequent impact on the health and wellbeing of the individual.



Title An occupational therapy role emerging placement in public health and domestic abuse: Work within women's refuge.

Name and job title of case study author

Cate Bennett Occupational Therapist Bsc Msc advanced practice.

Ava Woodhouse Pre-registration MSc occupational therapy student, University of Derby

Alicia Lancashire Pre-registration MSc occupational therapy student, University of Derby

Email cate.bennett@nottsccl.gov.uk

Description

The following case study details the journey of two pre-registration MSc occupational therapy students in their final year on a role-emerging leadership placement within Public Health at Nottinghamshire County Council, specifically working alongside the domestic violence team. It details the work they completed scoping the role for occupational therapy within women's refuges, where occupational therapists had no previous input. It continues to describe the two avenues this work took, one being environmental audits of the accessibility of the refuges and the other how occupational therapy led work could be offered to female survivors while they resided in refuge to improve their health and wellbeing outcomes.

Context

The Allied Health Professional strategy (NHS England, 2022) and UK AHP Public Health Strategic Framework 2019-2024 (ahpf, 2022) identified a role for occupational therapy within Public Health.

The idea for a role emerging placement was born from a needs assessment of refuge environments in Nottinghamshire commissioned by public health domestic violence team finding several accessibility issues for people with diverse disabilities.

The aim of this placement was to scope out the role for occupational therapy in public health domestic violence services with two objectives, to assess the physical environment of each refuge across Nottinghamshire by conducting environmental audits and to implement the occupational therapy process by working with survivors in groups and on a one-to-one basis.

The rationale is domestic abuse takes away people's occupational right "to do, be, belong and become what people have the potential to be in the absence of harm" (Wilcock & Hocking, 2015). This can cause occupational injustices including occupational deprivation and occupational imbalance, which can lead to occupational alienation. This can also impact on survivors' occupational identity, because if they cannot engage in meaningful occupations part of their identity is taken away from them.

The starting point for applying occupational therapy in domestic violence came from a project implemented in Wales by Clarke and Jones (2020) seed funded by Elizabeth Casson Trust. This project identified survivor's occupational needs through the application of occupational therapy theoretical knowledge to practice, and evidenced powerful statistics, including disabled women are twice as likely to experience domestic abuse (Safe Lives, 2023) and an estimated 1.6 million women aged 16 to 74 experienced domestic abuse (Office for National Statistics, 2020).

Method

Environmental objective

The occupational therapy students undertook environmental audits of all six refuges, with support from their Practice Educators. This required adaptation of an Activity of Daily Living (ADL) assessment to suit the environment they were assessing and involved taking measurements of household facilities and taking pictures to truly represent each refuge. They identified any issues within each refuge that prevented accessibility for those with physical needs or impairments and recommended improvements, which were reasoned, and risk assessed.

Those involved in this objective included both students who undertook the audit, the occupational therapy practice educator, refuge managers who provided access to the refuges, and the student's mentor who was the public health commissioning manager who has reviewed and implemented the occupational therapy students' recommendations.

Occupational Therapy process

The occupational therapy students worked with survivors in one-to-one and group contexts. The one-to-one work involved an adapted assessment designed to assess physical, psychological, cognitive, sensory, and social needs of survivors. Two women were supported to apply for financial benefits (PIP application) and recommended to buy compensatory equipment to support their activities of daily living.

The therapeutic group work involved three different groups of women in separate refuges, stress management, arts and crafts, and a family peer support group. Both students, led the group work, and the refuge managers and staff helped with the organisation, planning and implementation of the groups. As a result of this work, the women have been given stress management techniques, more opportunities for meaningful creative occupations, and the opportunity to meet other survivors and to build peer support networks within their refuge.

Outcomes

Overall, feedback received from survivors, refuge staff and colleagues in the Nottinghamshire County Council was highly positive.

Feedback forms were used pre-and-post group sessions, with tailored likert scales to measure outcomes. The results from these showed small positive changes in the survivor's perceptions of their abilities to engage in occupations and manage stress over the three weeks of the groups.

Below are some quotes from survivor and refuge staff to give rich qualitative feedback:

"We want the sessions to keep going with you, they've been really useful." - Survivor feedback from stress group

"The women that attended have fed back that they have started to use the strategies highlighted to them and will keep thinking about it going forward." –Feedback from refuge manager.

"I have learned that it's good to take time out for yourself and I have enjoyed time with my eldest daughter doing something she loves." - Survivor 2 from arts and crafts group.

Public Health Strategic Commissioning outcomes.

- working through the occupational therapy students report to implement the environmental recommendations, to make their refuges accessible for a wider range of women.
- considering how the occupational therapy can add therapeutic value and impact in women's domestic violence refuges. The work the occupational therapy students have completed, along with the emerging national evidence base, will support the development of a business case for trauma informed occupational therapy practice in domestic violence refuge setting. In turn, and over time the aim is this would support new student placements in this setting.
- now committed to hosting AHP student placements. Each placement will be planned and designed to address the student's professional background, and the needs of public health. These placements are dependent on practice educator availability to give a profession specific long-arm supervision model.

As this was a university placement the financial cost was minimal, resources for all groups totalled no more than £50.

Key learning points

The key learning points are:

- the breadth of scope for occupational therapy in settings such as domestic violence and

- how the preventative interventions occupational therapists deliver, align with public health values.

Aspects of the placement that worked well were two students working together as a team, the group work, which was received positively, the relationship building with the women and staff in refuges, and the value and impact the environmental audits will have for Nottinghamshire. A challenge was adjusting to a different style of a leadership placement, and autonomy of hybrid working.

Going forward this occupational therapy role could focus on a range of preventative work packages either in the public health team or specifically placed in the refuges. Areas for further exploration include:

- working with individuals for housing and equipment needs assessments.
- recommending or assessing new properties put forward for refuge for access suitability.
- creating occupational therapy group programmes in all refuges to promote and increase engagement in meaningful activities.

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