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Monday 17 June 2019

Session S1.1**MODIFIED KNITTING AS A THERAPEUTIC OCCUPATION IN ADULTS WITH MILD TO MODERATE NEUROLOGICAL UPPER LIMB SENSORY-MOTOR IMPAIRMENT****Edwards L Wye Valley NHS Trust Ainger L LA Therapy**

Aim: This session aims to demonstrate the therapeutic benefits of modified knitting techniques in adult neurological rehabilitation. Background: Through the development of a multidisciplinary approach to rehabilitation and long term management of the hemiplegic upper limb, we have chosen to deliver modified knitting techniques as a treatment modality. Knitting supports neuroplasticity by providing a repetitive activity which demonstrates ways of exercising, stretching and applying sensory stimulation to a hemiplegic upper limb which can be replicated in the home environment. Knitting is a low cost occupation which fosters physical, psychological and social well-being. Modified knitting allows a person to explore and develop their post injury sense of self in a social group where they can experience, develop, rehearse and consolidate personal and social identities to support adjustment and coping following a brain injury. The use of creative arts in occupational therapy is enjoying a resurgence and we hope to support this through the incorporation of knitting into our modern practice. Session plan:

- Introduction to the activity including references to occupational science, the use of creative arts in occupational therapy and the requirement for holistic rehabilitation after a brain injury.
- Each individual will have the opportunity to try the different knitting techniques (hand knitting, arm knitting).
- Facilitated activity analysis and reflection of the activity with particular attention to bio-psychosocial qualities and applications to other client groups.
- Q&A.

Keywords

Adult physical health, Long term conditions, Neurological practice

Author Information

Edwards, L – Specialist Neurological Occupational Therapist BA PGDip MSc MRCOT.

Ainger, L – Specialist Neurological Physiotherapist BSc MSc MCSP.

Session S3.1 (FP)**OCCUPATIONAL THERAPY INTERVENTIONS WITHIN PERINATAL MENTAL HEALTH: A UK SURVEY****Graham M Leeds Beckett University**

Maternal mental health services have been identified as a neglected area within UK healthcare provision. NHS England has responded by investing £365 million in a phased five-year transformation of UK perinatal mental health services, with a focus on interventions from a wide range of multi-disciplinary team members (NHS England, 2017). Occupational therapy forms part of this holistic care and is named within the associated national service standards; however, there is limited research around this specialist area of practice (Burbridge, 2015; Slootjes et al., 2016). The aim of this study was to critically explore the contribution of occupational therapists in both inpatient and community perinatal mental health services within the UK. Ethical approval was granted from Leeds Beckett University ethics committee and participants (n=26) were recruited via a specialist interest group for occupational therapists working within perinatal mental health services in the UK. An online survey was utilised to collect both quantitative and qualitative data about their everyday practice. The results found that the majority of occupational therapists used a combination of occupation-based and occupation-focused interventions (Fisher, 2013) to address the complex needs of women and their families. The favoured model of practice and associated outcome measures was Kielhofner's Model of Human Occupation (MOHO) (Taylor, 2017). In conclusion, this study provides evidence of the unique and vital role occupational therapists have in improving the daily functioning of mothers and thus improving quality of life, bonding and development of the child and reducing potential safeguarding risks.

Ethical approval for the main PhD study was granted on 25/09/17. Application Ref: 38661. Applicant Name: AMANDA GRAHAM. Project Title: An Exploration of Occupational Therapy within Perinatal Mental Health Services: A Grounded Theory.

References

- Burbridge, K. (2015) What is the role of occupational therapists in acute perinatal mental health? College of Occupational Therapists 39th Annual Conference.
- Fisher, A. (2013) Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy*, 20 (3), pp.162–173.
- NHS England (2017) Perinatal [online]. NHS England. Available from: <https://www.england.nhs.uk/mental-health/perinatal/> [Accessed on 04/03/18].
- Slootjes, H., McKinstry, C. and Kenny, A. (2016) Maternal role transition: Why new mothers need occupational therapists. *Australian Occupational Therapy Journal*, 63, pp.130–133.
- Taylor, R. (2017) *Kielhofner's Model of Human Occupation: Theory and Application* (fifth edition). Wolters Kluwer.

Keywords

Children and families, Mental health

Author Information

Mandy is a Senior Lecturer in Occupational Therapy at Leeds Beckett University and is currently undertaking her PhD within the field of perinatal mental health.

Session S3.2 (FP)**FRAMING THE CANVAS: ARTS AND PHOTOGRAPHY AS TOOLS FOR WELLNESS IN BERMUDA****Roof D, Costa F** Bermuda Hospitals Board

The benefits and historical use of creative/expressive art mediums in mental health practice are widely discussed in the occupational therapy literature (Bathje, 2012). In Bermuda the Mindframe project is an annual art show co-facilitated by therapists for service users accessing mental health services. Mindframe displays art and photography accompanied by participants' narratives. The intention of this is to ignite public interest around issues relevant to service users' experience of mental illness. It is a vehicle for reflection along a theme, a set of ideas agreed upon by service users to explore and discuss through creative mediums. Mindframe has run for over a decade. Its evolution is rooted in the Photovoice methodology by Wang and Burris (1997). This originally used photography and subsequently art. Mindframe's objectives are twofold: firstly, to promote positive experiences through use of creative mediums, secondly to foster psychosocial rehabilitation, recovery and social inclusion concepts that challenge different forms of stigma while embracing hope as a catalyst for change within participants. The poster aims to illustrate the analysis of the project's evolution. It will discuss the core components and processes in facilitating Photovoice/Mindframe as credible approaches that resonate with the profession's theoretical concepts (Byrant et al, 2014). The outcomes evidence the positive impact and challenges of implementing the initiative from staff and participants' perspectives. This has implications for future practice by building

an evidence base that supports sustaining projects that benefit service users.

References

Bathje, M. (2012). Art in Occupational Therapy: An Introduction to Occupation and the Artist. *The Open Journal of Occupational Therapy*. Vol. 1. Issue 1.

Byrant, W., Fieldhouse, J. & Banningham, K. (2014). *Creek's Occupational Therapy and Mental Health*. 5th Edition. Churchill Livingstone.

Wang, C. & Burris, M. A. (1997). Photovoice: concept, methodology, and use for participatory needs assessment. *Health Educ Behav*. Jun; 24(3): 369–87. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/9158980>.

Keywords

Long term conditions, Mental health, Disadvantaged people, Education and students

Author Information

D. Roof is a senior occupational therapist, who trained and practised within learning disabilities and mental health services in the UK. In addition to practising in mental health services in Jamaica and Bermuda, she has facilitated art and has been involved in the Mindframe project for two years.

Filipe Costa is an occupational therapist, trained in Canada, and practised within mental health services in Bermuda. Filipe has facilitated Photovoice and has been involved in the Mindframe project for three years.

Session S3.3 (FP)**OCCUPATIONAL THERAPY ON THE ROAD: CREATING A MOBILE THERAPY ROOM TO IMPROVE MENTAL HEALTH IN RURAL COMMUNITIES****Gray C** Cup-O-T: Wellness and Therapy Services

The geography and limited amenities, such as public transport, in rural areas make provision of mental health services challenging. On average, people living in rural areas present later for treatment than those who live in urban areas. Many communities in Norfolk are 2 hours or more by public transport or walking from more than one major service; for example, colleges, hospitals and secondary schools (Norfolk Rural Development Strategy Steering Group, 2013). This can have a detrimental impact on health outcomes and an increase in care costs (Local Government Association, 2017). Occupational therapists have the skill to analyse this environment, understand what is meaningful about rural life to those living in these areas, and creatively utilise this environment to tackle mental health. Cup-O-T: Wellness and Therapy Services grew from a desire to make early and preventative mental health support for young people and adults accessible and embedded into rural community life. However, finding locations to deliver therapy in rural communities proved challenging and led to the development of the mobile therapy room. The design of the mobile space began in November 2018 as a collaborative project with local communities and current service users. Levels of satisfaction for the accessibility of services before and after the mobile therapy room were measured via surveys and feedback forms. By measuring levels of satisfaction, accessibility and impact it is envisaged that this will be shared with local authorities, schools and other organisations to promote the value of occupational therapy in rural mental health.

References

Local Government Association (2017) Health and wellbeing in rural areas. UK: Public Health England. Available at: <https://www.local.gov.uk/health-and-wellbeing-rural-areas> Accessed on 30/10/2018.

Norfolk Rural Development Strategy Steering Group (2013) Norfolk Rural Development Strategy 2013–2020. UK: Norfolk County Council. Available at: <https://www.norfolk.gov.uk/ruralstrategy> Accessed on 30/10/2018.

Keywords

Mental health, Disadvantaged people

Author Information

Catherine is an independent occupational therapist and founder of Cup-O-T: Wellness and Therapy Services. She has worked in NHS research teams and community mental health services. Cup-O-T is a not-for-profit organisation that aims to make mental health accessible at an early stage in rural communities for young people and adults.

Session S4.1**PRACTICE EDUCATION IN THE UK: A COMPARATIVE CROSS-SECTIONAL INVESTIGATION OF KEY STAKEHOLDERS' PERSPECTIVES****Beveridge J, Pentland D** Queen Margaret University

Practice education is a core requirement of occupational therapy education that is key to the development of the profession's future. Changing educational and financial landscapes across the UK causes challenges to the provision of sufficient high quality placements. Providing placements requires input from multiple stakeholders from different, and at times diverging, contexts. This research was completed to generate up-to-date information about how key stakeholders view different roles and responsibilities, consider the value of accreditation programs in supporting educators, and what changes could be made to the way practice education is developed and supported. The study used cross-sectional and action-oriented learning methods to generate qualitative data about the perspectives of participants. Online surveys and telephone interviews were completed by three different populations (professional practice tutors, those who provide or support the provision of practice education experiences, and current pre-registration occupational therapy students). Workshops based on soft systems methodology (Checkland and Poulter 2006) were completed with mixed participant groups. A thematic analysis approach outlined by Nowell et al (2017) was completed, followed by a comparative analysis to highlight both shared and divergent perspectives among participants. Key descriptive and thematic results will be presented, along with the results of the comparative analysis. The results of this research can be used by those involved in providing practice education at local, regional and national levels

to help understand the perceptions of stakeholder groups and engage with these in an informed way to help develop high quality practice education experiences.

Ethical Approval provided by Queen Margaret University's Research Ethics Panel (RCOT_PE_REVIEW_190918_V. 1).

References

Checkland P and Poulter J (2006) *Learning for Action: A short definitive account of soft systems methodology and its use for practitioners, teachers and students*. Chichester: John Wiley & Sons.

Nowell LS, Norris JM, White DE and Moules NJ (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*. 16 1–13. Available from: <https://doi.org/10.1177/1609406917733847>

Keywords

Education and students

Author Information

Joanna is the professional practice tutor for the undergraduate occupational therapy programme at Queen Margaret University, Edinburgh. Joanna's clinical passion lies in the area of palliative care and she holds an honorary contract with St Columba's Hospice, Edinburgh. She is a Fellow of the Higher Education Academy.

Duncan is a lecturer in occupational therapy at Queen Margaret University, Edinburgh. He has a special interest in complexity and working with people with neurological and long term conditions.

Session S5.1**THE RELEVANCE OF SOCIAL PRESCRIBING WITHIN OCCUPATIONAL THERAPY PRACTICE****Peacock A NHS Beanlands C** London South Bank University

As allied health professionals, occupational therapists are called upon to embrace a public health preventative approach (Department of Health, 2012). Social prescribing is regarded as an opportunity to deliver such an approach (NHS England, 2017) and the RCOT has identified social prescribing as a hot topic (RCOT, 2017). This study explored occupational therapists' views on the relevance of social prescribing to their practice. Semi-structured interviews were carried out with six occupational therapists practising in an NHS secondary-care, community setting. The data collected was thematically analysed. Four themes were identified: occupational therapists are social prescribers, proper occupational therapy, barriers to occupational therapists' uptake of social prescribing, opportunities for occupational therapists through collaboration. Participants identified the congruence of social prescribing and occupational therapy: both include a non-medical, holistic approach with the use of activity as a conduit for change. They reported a gap between their current practice (which is dominated by discharge planning, maintaining service user safety and assessments to inform housing or package of care issues) and their professional vision. Implications for practice: It is important that occupational therapists collaborate with social prescribing services; they can offer occupational therapy specific assessments, interventions and advice that can enhance service users' engagement with these services. Social prescribing also provides an opportunity for occupational therapists to use more of their core skills and work closer to their professional vision. Ethical approval to complete this study was granted by the Health Research Authority (reference number 248931).

HRA approval granted on 15.06.2018. IRAS project ID: 248931.

Research findings source: post-registration Masters or doctoral research.

References

Department of Health (2012) *NHS Future Forum summary report: second phase*. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132085.pdf

NHS England (2017) *AHPs into Action. Using Allied Health Professions to transform health, care and wellbeing*. Available from: <https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf>

Royal College of Occupational Therapists (2017) *Social Prescribing*. Available from: <https://www.rcot.co.uk/practice-resources/library-resources/hot-topics>.

Keywords

Adult physical health, Learning disability, Long term conditions, Mental health

Author Information

Amanda Peacock is an NHS, community-based occupational therapist. Her interest in non-traditional environments and professional practice was forged when volunteering in Nepal as a newly qualified occupational therapist. This on-going interest has led to MSc research in the opportunities that social prescribing offers the profession.

Clare Beanlands is the course director for the MSc Occupational Therapy (Top Up) at London South Bank University. She is also the post-registration lead for occupational therapy and a senior lecturer on the pre-registration MSc/PGDip and BSc occupational

therapy courses. Her research interests include professional reasoning and advanced practice.

Session S5.2

DO THE EVERYDAY OCCUPATIONS AND RELATIONSHIPS ASSOCIATED WITH PET CARE IMPACT ON LONELINESS FOR ADULTS?

Rezki S Portsmouth City Council

Loneliness is described as an epidemic within the UK and not limited to older adults or those unable to access the community (Khaleeli 2013). Several campaigns are gaining prominence to develop an evidence base of interventions to prevent loneliness across all age groups. People develop relationships and attachments to their pets. The act of pet ownership involves occupational tasks and activities (Zimolag 2011). Quantitative studies report a nil correlation relating to pet ownership and the effects on loneliness. A scoping review using the Matrix Method has synthesized the qualitative evidence and explored associations between pet care occupations, relationships and loneliness. Sixteen studies met the inclusion criteria and were critically appraised. A Thematic Framework Approach identified three subject charts – social interaction, health and wellbeing, and opportunities and challenges. Themes were then cross referenced across the studies and assigned a subject chart. The themes identified that pet ownership and activities result in occupations that are consistent with preventing or reducing loneliness by improving social interaction, developing relationships and self-reported improvements in quality of life.

Challenges included grief and loss and ensuring the home environment is suitable. By understanding the existing evidence base of the impact of pets and the occupations involved in their care, this study aims to inform policy research to consider evidence-based interventions and to reduce the effects of loneliness as part of a client-centred intervention with the opportunities and barriers identified.

References

Khaleeli H. (2013). Britain's loneliness epidemic. *The Guardian*. Available at: <https://www.theguardian.com/society/2013/jan/22/the-loneliness-epidemic> Accessed 25/10/18.

Zimolag U. (2011). An evolutionary concept analysis of caring for a pet as an everyday occupation. *Journal of Occupational Science*, 18(3), 237–253.

Keywords

Long term conditions, Mental health, Older people, Social care

Author Information

The research was completed to fulfil an MSc in Occupational Therapy, with supervision from Julie Walters, at Sheffield Hallam University. The author is an occupational therapist in adult social care with a keen interest in reducing the effects of loneliness and developing strategies to achieve this.

Session S6.1

BETTER CARE TOGETHER: LEADING THE INTEGRATION OF OCCUPATIONAL THERAPY SERVICES FOR MENTAL HEALTH, PHYSICAL HEALTH AND LEARNING DISABILITIES IN GLOUCESTERSHIRE

Shute R 2gether NHSFT **Dowling T** Gloucestershire Care Services

The King's Fund paper 'Bringing together physical and mental health care, a new frontier for integrated care' (Naylor et al 2016) emphasises the importance of integrated care across mental health and physical health care in order to improve health outcomes. For the profession of occupational therapy this is a welcome stance for the future of health care provision, affording the use of the broad skill base occupational therapists have. Occupational therapy is a unique profession in that core training is not specific to a particular diagnostic group or age range. This therefore makes the profession ideally placed to work across traditional health service boundaries and support new models of care (RCOT 2017). However, as a result of the traditional diagnostic lead service models many occupational therapists post qualification align to a particular speciality area or population group. This results in the development of highly specialised and valued approaches practice but can therefore present challenges to adopting new ways of working (Sinclair 2009). This paper will explore the range of strategies used by occupational therapy leaders across Gloucestershire to support the integration of mental health, physical health and learning disability services. The paper will describe:

- The core components of the occupational therapy practice development strategy for Gloucestershire
- The characteristics of effective leadership at times of change
- The importance of shared priorities across organisations
- The challenges of changing practice

- Learning and recommendations to maintain and re-establish flexible occupation focused practice within the occupational therapy workforce.

References

Naylor et al (2016) 'Bringing Together Physical and Mental Health Care, A New Frontier for Integrated Care King's Fund. London.

Royal College of Occupational Therapists (2017) *Improving Lives, the Work, Health and Disability Green Paper Response from the College of Occupational Therapists*.

Sinclair, K (2009) *Working for the Future of Occupational Therapy: Strategic Activities of the World Federation of Occupational Therapists TOG (A Coruna) Vol 5 (2)*, available at <http://www.revistatog.com/num9/pdfs/editorial1.pdf>

Keywords

Adult physical health, Learning disability, Managers, Mental health

Author Information

Shute R – Head of Profession for Occupational Therapy, 2gether NHSFT.

Dowling T – Head of Profession for Occupational Therapy, Gloucestershire Care Services.

Session S6.2**THE BOOT ON THE OTHER FOOT – AN OCCUPATIONAL THERAPIST'S LIVED EXPERIENCE OF CANCER IN THEIR LEADERSHIP JOURNEY****Wight S** NHS Lothian, Midlothian Health & Social Care Partnership

Aims: Explore the lived experience of cancer and the impact on the author's leadership journey and changing perspective. The application and implications of this during recovery and return to practice will be explored and critiqued. Background: One in two people born after 1960 will experience a diagnosis of cancer within their lifespan (Cancer Research UK). The author has been practising occupational therapy for nearly four decades; however, a recent cancer diagnosis shifted their perspective and has impacted on the author's transformational leadership journey (Bass and Riggio 2014). This paper will share this critical reflection and inform current leadership theories and practice. Critical analysis: Leadership skills evolve and adapt from childhood and early adulthood and are shaped by a variety of external and internal factors. There are many leadership models available on which to draw, with transformational leadership being seen as a convincing model for health and social care landscapes (Hunter 2013). Lived experience is a powerful and unique perspective to share (Morris 2016) and for the author this experience has been transformative both personally and professionally. The key arguments for including lived experience in one's transformational leadership journey are offered and critiqued. Conclusion: The value of lived experience on the personal and professional development of an individual has significant impact for their leadership journey. Relevance to occupational therapy: Leadership development in occupational

therapy is fundamental for future proofing the profession. Bold, courageous and honest transformational leadership is required and lived experience has potential to develop one's leadership journey.

References

Cancer Research UK Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/lifetime-risk> accessed 04.11.18.

Bass BM and Riggio RE (2014) Transformational Leadership 2nd Ed, 193–194, England: Routledge.

Hunter E (2013) The Elizabeth Casson Memorial Lecture 2013: Transformational leadership in occupational therapy – delivering change through conversations. *British Journal of Occupational Therapy* 76 (8).

Morris G (2016) *The Lived Experience in Mental Health*, 3–6, USA: CRC Press Taylor & Francis Group.

Keywords

Long term conditions, Managers, Education and students

Author Information

Occupational Therapy Manager for Midlothian H&SCP. The author has a wide range of clinical experience in older people, learning disability, physical disability (progressive neurological conditions and spinal cord injury), vocational rehabilitation and is responsible for managed services covering mental health, learning disability, community care and inpatient and community rehabilitation.

Student session**Session S7.1****RESEARCH PROJECT ON THE IMPACT OF SKIN CONDITIONS ON EVERYDAY OCCUPATIONS****Choi B, Wheatley S** University of Brighton

Sixty per cent of British people currently suffer from or have suffered with a skin condition at some point during their lifetime (British Skin Foundation 2018). In 2013, the All-Party Parliamentary Group on Skin (2013) showed that 15–20% of GP appointments were regarding skin conditions and/or problems. The same report also suggested clinical commissioning groups should arrange for dermatological patient support services such as occupational therapy due to the impact on patients' lives. However, there appear to be no specific occupational therapy services available for people with skin conditions in the UK. Further to this, there appears to be a dearth of research regarding how skin conditions affect people's everyday occupations. Occupations are defined as 'practical and purposeful activities that enable independence and identity' (Royal College of Occupational Therapists 2017). The researcher will arrange for interviews with up to 8 individuals, exploring the impact of their skin conditions on everyday occupations. Thematic analysis will be used to identify themes in the data which will identify this impact. It is hoped that this will enable the occupational therapy profession to greater understand how they can support this large population of potential service users.

Awaiting ethics approval from School Research Ethics Panel (Tier 1) at the University of Brighton.

References

British Skin Foundation (2018) About us, Who we are. Available at: <https://www.britishskinfoundation.org.uk/who-we-are> (accessed 3 November 2018)

The All-Party Parliamentary Group on Skin (2013) The psychological and social impact on skin diseases on people's lives: A report of The All Party Parliamentary Group on Skin. Available at: <https://www.appgs.co.uk/publication/view/the-psychological-and-social-impact-of-skin-diseases-on-peoples-lives-final-report-2013> (accessed 30 October 2018)

Royal College of Occupational Therapists (2018) What is Occupational Therapy? Available at: <https://www.rcot.co.uk/about-occupational-therapy/what-is-occupational-therapy> (accessed 30 October 2018)

Student session

Session S7.2

THE IMPACT OF VOLUNTEERING ON CONTINUING PROFESSIONAL DEVELOPMENT AMONGST OCCUPATIONAL THERAPY GRADUATES

Maynard S, Lewandowska B, Maynard S, Rowe-Johnson S, Walker C, Westcott L University of Plymouth

This study aimed to investigate the perceptions of graduate occupational therapists with volunteering experience, exploring any impact this had on their career preparation, continuing professional development (CPD) and practice. The study used a phenomenological qualitative research design, with semi-structured interviews, yielding contextually rich data which was thematically analysed (Bryman 2012).

The Royal College of Occupational Therapists (RCOT) recognises the importance of maintaining CPD within their *Code of ethics* (COT 2015). This can be achieved through both formal and informal learning activities in order for professionals to practise legally, and effectively, using up-to-date evidence. CPD is a requirement of the Health Care Professions Council (HCPC) to support registered professionals in evidencing the continual update of their knowledge and skills to maintain effective and safe practice (HCPC 2017).

Whilst this study is due for completion in early 2019, data so far indicates that voluntary experience positively impacts on

practice, skill development and professional identity. These are key elements of the professional practice pillar of the RCOT's Career Development Framework (2017). This can also have implications for occupational therapy higher education curriculum content.

Ethical approval granted by the University of Plymouth degree Ethics Subcommittee. Date: 30/05/2018. Reference: OT007.

References

Bryman A (2012) *Social Research Methods*. 4th edn. Oxford: Oxford University Press.

College of Occupational Therapists (2015) *Code of ethics and professional conduct*. London: COT. Available at: https://www.rcot.co.uk/sites/default/files/CODE-OF-ETHICS-2015_0.pdf (Accessed: 20 October 2018).

Health Care Professions Council (HCPC) (2017) *Continuing Professional Development and Your Registration*. London: HCPC.

Royal College of Occupational Therapists (2017) *The Career Development Framework: guiding principles for occupational therapy*. London: RCOT. Available at: <https://www.rcot.co.uk/file/1662/download?token=vkr2V76w> (Accessed: 20 October 2018).

Student session

Session S7.3

HIGHLIGHTING THE NEED FOR OCCUPATIONAL THERAPY INTERVENTION FOR PEOPLE WITH MACULAR DEGENERATION

Mosses R, Wade R University of Liverpool

This abstract discusses experiences of two occupational therapy students who assisted with research exploring experiences of attending support groups for people with macular degeneration. Age-related macular degeneration is the leading cause of vision loss in older adults (Fine et al 2000). It can have a significant impact on quality of life and daily function (Hassell et al 2006).

As part of a larger study, two students contributed to open coding of recorded telephone interviews with people with macular degeneration, who do not attend peer support groups. Theming revealed that location of groups, access to transport, individuals' perceptions of the group and personal circumstances all impact on the ability to attend groups, even for those with strong motivation to attend. Most striking were participants

expressing a need for advice on how to remain independent with activities of daily living: a need that is not being met.

Currently, there is limited occupational therapy for people with macular degeneration, yet the issues highlighted by participants were about occupational performance. Participating in the research has allowed us to gain practical experience of data analysis in qualitative research. We wish to highlight the need for occupational therapists to support adults with macular disease and other causes of low vision.

References

Fine, S et al. (2000) Age Related Macular Degeneration. *New England Journal of Medicine*, 342(7), pp. 483–492.

Hassell JB et al. (2006) Impact of age related macular degeneration on quality of life. *British Journal of Ophthalmology*, 90(5), pp. 593–596.

Student session

Session S7.4

CHOICES CONNECT: A MOBILE APPLICATION ENABLING OCCUPATIONAL ENGAGEMENT FOR DISADVANTAGED YOUNG PEOPLE

Phipps K, Suffield E Leeds Beckett University

The presentation will introduce a role-emerging project undertaken by two MSc Occupational Therapy students from Leeds Beckett University during a placement with St Giles Trust, a charity supporting people facing severe disadvantage.

Students created a pilot mobile application aimed at 16–24 year olds not in education, training and employment (NEET), who face multiple barriers to occupational participation (Davies et al. 2016). The occupation-focused app signposts and connects young people with services and affordable activities in their

local area, facilitating engagement by providing useful, up-to-date and relevant information on an integrated and accessible platform (Henderson et al. 2017).

Students will discuss how the app was created using a digital co-design process (mHabitat, n.d.). This process ensured client and staff involvement and promoted inter-organisational collaboration throughout the app's development and implementation (Henderson et al. 2017). The presentation will also explore how the app addresses client needs, meets local and national drivers and demonstrates technological innovation in occupational therapy practice (Grajo & Boisselle 2018). Reflections will be shared on the project process and outcomes,

as well as role-emerging placements as a learning experience and their impact on professional identity (Thew et al. 2018).

References

Davies M, Davies W, Harmon A, Foster J and Lowe S (2016) Evaluating the impact of St Giles Trust's Choices Project in 2014 [online]. Available at: <https://www.stgilestrust.org.uk/misc/Evaluation%20into%20the%20Choices%20Programme%20Full%20Report.pdf> [Accessed 31 October 2018].

Grajo L and Boisselle A (2018) Infusing an occupational justice perspective to technology use in occupational therapy practice. *The Open Journal of Occupational Therapy*, 6(3).

Henderson J, Hawke L and Chaim G (2017) Not in employment, education or training: Mental health, substance use, and disengagement in a multi-sectoral sample of service-seeking Canadian youth. *Children and Youth Services Review*, 75, pp.138–145.

mhabitat (n.d.) Co-design Lab. [online]. Available at: <https://wearemhabitat.com/services/co-design-and-development> [Accessed 31 October 2018].

Thew, M., Thomas, Y. and Briggs, M. (2018) The impact of a Role Emerging Placement while a student occupational therapist, on subsequent qualified employability, practice and career path. *Australian Occupational Therapy Journal*, 65(3), pp. 198–207.

Student session

Session S7.5

OCCUPATIONAL IDENTITY, FOOTBALL AND HOMELESSNESS: A NARRATIVE INQUIRY OF FEMALE EXPERIENCES

Wood C Leeds Beckett University

Introduction: Homelessness is a complex and multi-dimensional phenomenon and in the United Kingdom there continues to be a rise in the number of homeless households (Shelter 2016). Given the posit that who we are is greatly influenced by what we do (Christiansen 2004), there is a need to further explore what happens to occupational identity when homelessness restricts occupational freedom and choice (Whiteford 2000).

Method: Following ethical approval by Leeds Beckett University, narrative inquiry was conducted with three female homeless football club members. Data analysis transformed these stories into narratives, before an occupational perspective was applied to interpret and inform understanding of occupational identity (Phelan and Kinsella 2009).

Findings: Five domains emerged: then and now, me and us; escape and safety; who am I, where am I?; reliable occupations, reliable identities; and a sense of belonging. Findings indicate occupational identity is significant in navigating difficult life transitions such as homelessness.

Conclusion: Football can provide the coherence that binds together occupational identity. Moreover, occupational identity begins forming in childhood and adolescence, with early occupational roles, routines and associated meanings having significant influence on the ability to adapt to change and build resilience in adulthood.

References

Christiansen C (2004) Occupational identity: becoming who we are through what we do. In C.H. Christiansen and E.A. Townsend (Eds.) *Introduction to occupation: The art and science of living*, pp. 121–139. New Jersey: Prentice Hall.

Phelan SK, Kinsella EA (2009) Occupational identity: engaging in socio-cultural perspectives. *Journal of Occupational Science*, vol. 16, no. 2, pp. 85–91.

Shelter (2016) *Green Book. 50 years on: the reality of homelessness for families today*. London: Shelter.

Whiteford G (2000) Occupational deprivation: global challenge in the new millennium. *British Journal of Occupational Therapy*, vol. 63, no. 5, pp. 200–204.

Student session

Session S7.6

OCCUPATIONAL THERAPY FOR SOUTH ASIAN OLDER ADULTS: CROSS-CULTURAL BARRIERS AND NEEDS PERCEIVED

Yam N Leeds Beckett University

In an increasingly culturally-diverse and ageing United Kingdom, Black Minority Ethnic (BME) older adults, particularly those of South Asian descent, experience significantly poorer health outcomes compared with the general population (Seabrooke and Milne 2009, Davies 2011). Although culturally-appropriate interventions are associated with better health outcomes, the population's culturally-specific care needs are poorly understood (Surood and Lai 2010, Fenton and Draper 2014). Therefore, a phenomenological study was conducted to explore occupational therapists' (n=7) perceptions of cross-cultural barriers and needs when supporting South Asian older adults and their carers across the UK, through semi-structured interviews. Thematic analysis revealed that these cross-cultural barriers and needs revolve around conflicting values of independence and interdependence, conveyed in three themes:

- *'Different Culture of Care'*: The value of interdependent family roles in contrast to independence-promoting occupational therapy.
- *'Invasion of the Family Home'*: The challenge of finding culturally-appropriate occupational therapy interventions.
- *'Making Sense of "Cultural Competence"'*: Strategies to bridge the cultural gap and the importance of embracing individual variation.

This presentation is based on the implications of these findings in incorporating culture and diversity (WFOT 2009) into occupational therapy practice.

Ethical approval was obtained from the Leeds Beckett University Research Ethics Committee (Ref: 49736) on 14 June 2018.

References

Davies N (2011) Reducing inequalities in healthcare provision for older adults. *Nursing Standard*, 25 (41), pp. 49–55.

Fenton SJ and Draper H (2014) *Cultural differences in ageing in the UK – A significant knowledge gap*. Birmingham: Birmingham Policy Commission.

Seabrooke V and Milne A (2009) Early intervention in dementia care in an Asian community: lessons from a dementia collaborative project. *Quality in Ageing*, 10 (4), pp. 29–36.

Surood S and Lai DWL (2010) Impact of culture on use of western health services by older South Asian Canadians. *Canadian Journal of Public Health*, 101 (2), pp. 176–181.

World Federation of Occupational Therapists (2009) *Guiding Principles on Diversity and Culture*. Forrestfield: WFOT.

Medicine, 342(7), pp. 483–492.

Session S10.1 (FP)

BENEFITS REALISATION OF A PRACTICE-BASED LEARNING OCCUPATIONAL THERAPY DEGREE PROGRAMME IN LINCOLNSHIRE

Hussey D Lincolnshire Partnership NHS Foundation Trust, **Baxter T** Sheffield Hallam University, **Gibson N** Lincolnshire Partnership NHS Foundation Trust

Following prolonged, challenging recruitment and retention in Lincolnshire, collaboration between Sheffield Hallam University and health and social care organisations resulted in the development and local delivery of an innovative, practice-based learning occupational therapy degree programme (Baxter et al 2009). Commencing January 2005, the programme has been responsive to changing education and workforce needs. The final cohort graduate in March 2019, resulting in 100 therapists entering the local workforce. Students from varied backgrounds were recruited, with local delivery and targeted commissioning improving access, overcoming locality, financial and personal barriers to undertaking study. Recruiting practitioner lecturers (PLs) locally has brought added benefits. Theory and research are brought back to practice, supporting professional development and quality initiatives in local organisations. Collaborative working has improved local systems awareness and joint working. Role emerging placements have resulted in new roles expanding the provision of occupational therapy locally. PLs have developed emotional intelligence, resilience and the ability to lead and manage change. All of which has improved the quality of the service user experience. This programme has exceeded expectations. Recruitment has improved; graduates are 'fit for purpose', have familiarity with local communities and are effective practitioners. Retention is excellent, with many in senior

positions. Most PLs have remained within Lincolnshire, working across a range of senior professional and leadership roles where they have the knowledge, skills and confidence to promote the value and economic benefits of occupational therapy and leading on service design and delivery (Hunter 2013). This presentation will explore the outcomes of this programme.

References

Baxter T, Blackburn S, Hussey D, Nicklin L (2009) Developing the local workforce: is work-based learning the solution? *British Journal of Occupational Therapy*, 72(9), 411–415.

Hunter EP (2013) The Elizabeth Casson Memorial Lecture (2013): Transformational leadership in occupational therapy – delivering change through conversations. *British Journal of Occupational Therapy*, 76(8), 346–354.

Keywords

Education and students

Author Information

D Hussey – Occupational Therapist and Business Manager with Lincolnshire Partnership NHS Foundation Trust, Practitioner Lecturer on the Lincolnshire practice-based occupational therapy programme since its inception in 2005. Deborah was part of the original programme design team.

T Baxter – Principal Lecturer with Sheffield Hallam University, Theresa has been programme lead for the Lincolnshire practice-based occupational therapy programme since 2007. Theresa is also a member of the trailblazer for the degree apprenticeship in Occupational Therapy.

Session S10.2 (FP)

THE IMPORTANCE OF EMOTIONAL RESILIENCE IN UNDERGRADUATE OCCUPATIONAL THERAPY STUDENTS

Wadey A, Armitage E, Lancaster M, Jones C, Mills J, Barran R, Roberts D, Watson S York St John University

Emotional resilience in occupational therapists is under-researched when compared with counterparts in nursing (Thomas, Jack and Jinks, 2011). This research project sought to explore the concept of emotional resilience in occupational therapy students at York St John University and the effect emotional resilience might have on them as future practitioners. The project was conducted by final year undergraduate occupational therapy students from York St John University. The project aims were 1. To define emotional resilience. 2. To establish occupational therapy students' understanding of emotional resilience 3. To establish how emotional resilience is incorporated into the undergraduate occupational therapy programme at York St John University. This research project was conducted using a mixed methods research approach that sought undergraduate occupational therapy students' views. Researchers sought to investigate the scope of understanding of the terminology around emotional resilience and explored if emotional resilience developed through teaching and practice placement experience. The data collection period is November–

December 2018, results will be analysed January 2019 and will be available for dissemination at the RCOT Conference 2019.

Ethics was approved via York St John University Ethics committee.

References

Thomas, L. and Asselin, M. (2018). Promoting resilience among nursing students in clinical education. *Nurse Education in Practice*, 28, pp. 231–234.

Keywords

Education and students

Author Information

Project Supervisor: Dr Alison Wadey, Director of Occupational Therapy, York St John University.

E Armitage: Third-year undergraduate student.

Session S10.3 (FP)**GROW YOUR OWN WAY: EXPERIENCE OF A NEWLY QUALIFIED OCCUPATIONAL THERAPIST LONE WORKING IN THE VOLUNTARY SECTOR****Charlton S Sheffield Futures**

The transition between student and newly qualified practitioner is one with impending excitement and fear. Newly qualified occupational therapists (OTs) have stepped out of education often with a passion and vision for the profession. Turner (2011) believes it is crucial that education should prepare new graduates with a 'cast-iron' professional identity in order to prepare for future practice. This correlates with the continued success and research into the benefits of role-emerging placements as well as the Royal College of Occupational Therapists' vision for OTs to be identified and valued in non-traditional roles. The NHS Five Year Forward View has identified the role that voluntary sector organisations play in meeting health and social care challenges amongst some of the most marginalised and disadvantaged communities (Department of Health 2016). Occupational therapists therefore have an exciting opportunity to seek employment in role-emerging areas, which could support the development of professional identity within the newly qualified occupational therapist as well as bring much needed professional publicity. This poster aims to share and explore the experience of a newly qualified occupational therapist who secured their first post employment in a local young persons' charity. The discussion will aim to highlight the successes and professional development opportunities gained by the new graduate as well as evidencing interventions and

outcomes. The difficulties of the first year of employment and struggles with professional identity will also be referenced. The poster session will be particularly useful for students who are considering role-emerging posts upon graduation.

References

Turner A (2011) The Elizabeth Casson Memorial Lecture 2011: Occupational therapy – a profession in adolescence? *British Journal of Occupational Therapy* 74(7): 314–322.

Department of Health, NHS England, Public Health England (2016) Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector: final report produced in partnership by representatives of the VCSE sector and the Department of Health, NHS England and Public Health England [online]. GOV.UK website. Available at: www.gov.uk/government/publications/review-of-partnerships-and-investment-in-the-voluntary-sector (accessed on 5 November 2018).

Keywords

Mental health, Disadvantaged people, Education and students, Social care

Author Information

Sadie graduated from Sheffield Hallam University in May 2017 and secured her first post in Sheffield Futures (voluntary sector) as a Wellbeing Coach. At time of writing Sadie has supported the securing of funding to deliver a pilot social prescribing project within the charity, which she will be delivering.

Session S11.1**THE CASE FOR EMPLOYING AN OCCUPATIONAL THERAPIST WITHIN A FIRE AND RESCUE SERVICE****Addy S Nottinghamshire Healthcare NHS Foundation Trust**

Since 2010 fire service budgets have been reduced by between 26% and 39% (National Audit Office, 2015). Fire services have a statutory role in prevention activities. Within Nottinghamshire the local profile of those at risk of harm from fire reflects the characteristics of many of Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) clients. This includes older people and those with care and support needs due to their mental health or intellectual disability. NHCFT occupational therapists from the older persons mental health directorate developed links with Nottinghamshire Fire and Rescue Service (NFRS) in 2012, culminating in an occupational therapist being seconded into the service in 2017. The appointment of an occupational therapist has supported the service in developing client centred prevention activities and innovative interventions to reduce the fire risk for some of the most vulnerable members of society and to promote their health and wellbeing. The occupational therapy role includes strategic and clinical elements which will be explored during the presentation, including a case example and discussion on client outcomes. Working in this way demonstrates the key role of the occupational therapist in 'helping older people

to remain within their communities' (RCOT, 2017). As part of the secondment review, a business case was completed for the continuation of the role. The business case and benefits of working collaboratively with fire and rescue services will be explored during the session, including potential returns on investment of between £2.51 and £7.16 for every £1 spent.

References

National Audit Office (2015). *Impact of Funding Reductions on Fire and Rescue Service*. National Audit Office. London.

Royal College of Occupational Therapists (2017). *Living, not existing: Putting prevention at the heart of care for older people in England*. London: RCOT. Available at: <http://3clw1r2j0esn1tg2ng3xziww.wpengine.netdna-cdn.com/wp-content/uploads/2017/07/ILSM-Phase-II-England-16pp.pdf>

Keywords

Dementia, Older people

Author Information

Sarah Addy is an occupational therapist employed by Nottinghamshire Healthcare NHS Foundation Trust who has been working within the Persons at Risk Team in Nottinghamshire Fire and Rescue Service since November 2017.

Session S11.2**DOING 'PROPER' OCCUPATIONAL THERAPY – APPLYING THE MODEL OF DOING****Carey H Glyndwr University**

This workshop aims to explore how occupational therapists can embed their philosophy in their practice and delivers this through a contemporary, newly devised model – The Model of

Doing (Carey 2017). This model focuses on a central component of creating enjoyment in doing and this is delivered through a secondary section of enabling a can-do attitude, having control, feeling alive and a positive relationship with the occupational therapist. Sub-sections within each category provide detail on this open systems model theory. Occupational therapists become frustrated when they feel they are not delivering a service which

reflects their philosophy (Clarke et al 2018) and have difficulty applying model theory to reality of contemporary practice (Owen et al 2014). This workshop discusses such challenges and considers methods of reflecting the philosophy within the constraints of contemporary delivery. The workshop will firstly outline the model. World Cafe design principles will then enable attendees to consider the application of the model to their own practice and their desired practice. Areas explored will reflect significant challenges: embedding occupation in secondary services, providing therapeutic use of self in time constraints and enabling enjoyment in occupational performance to enhance motivation. Discussion on each table will focus upon a specific section of the model to enable new perspectives to be considered as potential opportunities. The outcome of the workshop will be circulated to attendees following the session.

References

Carey, H. (2017) Model of Doing. Unpublished Thesis. University of Wales.

Clarke, C., Stack, C., Martin, M. (2018) Lack of meaningful activity in acute physical hospital environments. Older people's experiences. *British Journal of Occupational Therapy*. Vol 81, No, 1, pp. 15–23.

Owen, A., Adams, F. (2014) Factors influencing model use in occupational therapy. *Scandinavian Journal of Occupational Therapy*. Vol. 44, No. 1, pp. 41–47.

Keywords

Managers, Mental health, Education and students, Social care

Author Information

Dr Helen Carey is Professional Lead in Occupational Therapy at Glyndwr University, UK. In researching the impact of occupational therapy in motor neurone disease, Dr Carey designed the model of doing. This model is now applied within a variety of settings, including mental health, palliative care and rehabilitation.

Session S12.1

'I SAW SOME ELEPHANTS...REAL!': THE IMPACT OF VIRTUAL REALITY ON SOCIAL FUNCTIONING AND COMMUNITY ENGAGEMENT IN DEMENTIA

Short R Sheffield Hallam University

Introduction: Skills for socialisation diminish in dementia, impacting participation in social activities and quality of life, with knock-on detrimental effects on cognitive function. There is evidence to suggest that shared media use, such as music and video games, can mitigate against this. There are limited studies about virtual reality (VR), which is increasingly available in healthcare settings. Though prior studies suggest that VR is well-tolerated by people with dementia, this is the first study of the impact of VR on their social functioning and quality of life. Method: The study adopted a mixed methods approach; three consenting participants were purposely sampled from a care home. All participants scored below the recommended cut-off for dementia (75/100) on an Addenbrookes Cognitive Assessment (ACE III) (Noone, 2015). VR was incorporated into conventional occupational therapy practice in conjunction with reminiscence therapy (RT). Four VR interventions and four RT sessions were conducted over eight weeks. Semi-structured interviews followed each VR experience. Audio data was

subjected to thematic analysis, while content analysis was conducted on video recordings of each RT session. Results: Preliminary findings suggest VR was an enjoyable, well-tolerated and sentimental experience for participants, indicating potential for therapeutic use in promoting social interaction. Full results and implications will be presented at conference. Conclusion: VR provides a readily available, inexpensive and simple opportunity for individuals to have experiences which enrich their lives.

Ethical approval was obtained from the Sheffield Hallam University Ethics board.

References

Noone, P. 2015, 'Addenbrooke's Cognitive Examination-III', *Occupational Medicine*, vol. 65, no. 5, pp. 418–420.

Keywords

Dementia, Mental health, Older people, Social care

Author Information

Richard Short is an Msc Occupational Therapy student (Pre-reg) at Sheffield Hallam University. He has a clinical interest in dementia and older people.

Session S12.2

THE POWER OF SHEFFIELD JOURNEYS: DEVELOPING MEANINGFUL ENGAGEMENT THROUGH FILM AND DIGITAL MEDIA

Craig C Lab4Living, Sheffield Hallam University

It is estimated that globally 47.5 million people have dementia (Alzheimer's Disease International 2015). At present emphasis has therefore been placed on the development of approaches and interventions that focus on quality of life and strategies to equip individuals to cope with the challenges that living with this long-term condition brings. Creating potential solutions to enable individuals to live in the home environment, to continue to connect with and contribute to the communities of which they are a part and to engage in meaningful activities is a priority if people are to be supported to live well with dementia. The 'Power of Sheffield Journeys' utilizes film and video elicitation to explore the potential of film and digital technology in helping older people and people with dementia to reconnect with meaningful journeys and to build community connectedness. The practice development has sought to understand how the arts (most notably film and photography) can promote

social inclusion of marginalized groups by placing people with dementia as experts in the filming. Sixty older people and people with dementia have engaged in the project to co-design a series of films that bring meaningful journeys to life again. These films are currently being used to stimulate and capture further rich oral histories relating to memorable journeys and key points of interest in the city's history. The films are challenging some of the pre-conceptions surrounding the condition and what people with dementia can achieve.

References

Alzheimer's Disease International (2015) World Alzheimer Report 2015. The Global Impact of Dementia: an analysis of prevalence, incidence, cost and trends. London. Alzheimer's Disease International.

Keywords

Dementia, Older people

Author Information

Claire is a Reader in Design and Creative Practice at Sheffield Hallam University.

Session S13.1**WHAT OCCUPATIONAL THERAPISTS CAN LEARN FROM LISTENING TO SERVICE USER EXPERIENCE****Gorry G** AKA Case Management, **Allen P** Service User

In October 2018 service user Philip Allen gave a presentation at the North West RCOT 'Shout about Practice' event, sharing how his life was different post traumatic brain injury, but thanks to an active and occupied lifestyle, he believed that although it was different, it was still a good life. Feedback from the event was overwhelmingly positive and Philip was invited to speak at other occupational therapy events, with other service users and at training for support workers. At these events Phil will be sharing how using his strengths and assets, such as excellent family and friend support networks, he has benefited from a comprehensive and balanced therapeutic support package. NHS England's Five Year Forward View includes information on how clients with high levels of involvement and motivation in managing their own care have fewer inpatient admissions and increased health

and wellbeing (<https://www.England.Nhs.Uk/five-year-forward-view/05.11.2018>). Following this event, we decided to explore how occupational therapists can learn from listening to service user experience and how this could impact on the intervention and client centred care they provide, and we have begun reviewing the available literature.

References

NHS Five Year Forward View (2014) <https://www.england.nhs.uk/five-year-forward-view/> date Accessed on 05.11.2011.

Keywords

Long term conditions, Mental health, Neurological practice, Education and students

Author Information

Gillian Gorry: occupational therapist and case manager.

Phil Allen: occupational therapy service user.

Session S13.2**STAFF AND SERVICE USERS' PERCEPTION OF HEALTH FACILITIES IMPACTS ON SERVICE USERS' ENGAGEMENT IN THERAPEUTIC ACTIVITIES****Adomako E, Coetzee S, Nolan F** University of Essex, **Barrett K** Service user researcher

Most mental health acute wards are in old buildings not designed to meet the needs of service users (Care Quality Commission, 2017). The care environment, however, is known to impact on service users' treatment and health outcome (Curtis et al, 2013). This study investigated respondents' views of the environment of an acute mental health hospital and identified factors believed to be facilitators and barriers to service users' engagement. Questionnaires were disseminated to all clinical staff on an acute mental health hospital in an inner London hospital. A service user researcher aided in completing the questionnaires with service users. Both groups completed the Ward Atmosphere Scale (Moos, 1974) and other questions on satisfaction with the hospital environment and possible improvement. The study was approved by the NHS and University of Essex research ethics committees. Responses were obtained from 40 staff and 33 service users over a 4-month period. Both groups were dissatisfied with access to garden, outdoor facilities and levels of noise. They scored similarly on 2 of the 10 sub-scales in the WAS (involvement, and anger and aggression), but not in relation to perceptions of spontaneity, practical orientation and staff control. Themes generated from open-ended-questions included that service users felt 'hemmed

in', poor facilities maintenance and the identified need for the ward environment to be encouraging and engaging. These findings elucidate some factors which may impact on service user engagement in therapeutic activities in acute inpatient settings. The differences in staff and service users' perceptions of staff control warrant further investigation.

Camden and Islington NHS Research Ethics Committee Reference 18/LO/0331 University of Essex Reference 17036

References

Care Quality Commission, 2017. The state of care in mental health services 2014 to 2017. Findings from CQC's programme of comprehensive inspections of specialist mental health services.

Curtis, S., Gesler, W., Wood, V., Spencer, I., Mason, J., Close, H. and Reilly, J., 2013. Compassionate containment? Balancing technical safety and therapy in the design of psychiatric wards. *Social Science & Medicine*, 97, pp. 201–209.

Moos, R., 1974. *Ward Atmosphere Scale Manual*. Consulting Psychologists Press, Palo Alto, CA.

Keywords

Mental health, Disadvantaged people

Author Information

Ellen Adomako – PhD Student in Occupational Therapy School of Health and Social Care.

Simone Coetzee – Lecturer School of Health and Social Care.

Session S15.1**THE REVOLUTION WILL PUT YOU IN THE DRIVER'S SEAT: OCCUPATION AS PROTEST****Collier J** Cumbria Partnership NHS Trust

Occupational therapists are being encouraged to critically reflect on the meaning of occupations and our right to engage in them. We are being challenged to no longer accept the illusion of cultural neutrality but to embrace the political as central to our commitment to person-centred, empowering practice. The question of how we do this can perhaps be answered by occupation itself. The use of occupations as acts of protest is not new. There is a wide vein of protest occupations reaching back into history that have been used by people to draw attention to their experiences and viewpoints, to injustices as well as social

and cultural issues. From art, community marches, knitted pussy hats, graffiti, music, poetry, zines, festivals – the only limit to the use of occupations as protest is our imagination. However, critically reflective practice requires us to question what might lie below the surface. Can protest occupations be examples of dark occupations? Are they a gentle form of protest as some have proclaimed? Are they an effective form of protest? Most importantly, do they have clinical relevance within occupational therapy practice and how can they be used? This occupational station aims to provide an opportunity for us to both experience and reflect on the role of occupations as acts of protest which will encourage discussion and debate. Participants will engage in conversations, discussions and debate whilst making a 'protest

item', so the only requirement is the willingness to join in and space to do so.

Keywords

Long term conditions, Managers, Disadvantaged people, Education and students

Session S16.1

THE PARADOXICAL NEED FOR SOCIAL CONNECTION AND DISCONNECTION, CHALLENGING THE CONNECTION BIAS

Hortop A The University of the West of England

Aims: To challenge the bias of health and social care's imbalance in predominantly promoting interventions that build social connectedness. Background: Loneliness is perceived as a UK epidemic, a debilitating threat to people's health and wellbeing. It is considered higher risk for mortality than smoking, obesity or physical inactivity, predicting to curtail life expectancy by 26%. Over 9 million people in the UK – a fifth of the population – purport to feel lonely (Campaign to End Loneliness, 2018). Unsurprisingly, health and social care are responding to this identified need; however, is the challenge to simply increase social connections or is there a wider perspective to be considered? The therapeutic potential is dependent on type and timing of social connection. Solitude is a different concept to isolation and loneliness; further, it has many wellbeing benefits. Engaging in occupations that facilitate solitude and social disconnection has been shown to change the structure of the brain (Harris, 2017). Method: Literature searches have been extensively performed to evaluate the complexity of the emerging paradox of need, generating guidelines on factors that ought to be considered in creating balance in occupations that create connections and disconnection. Conclusion and

Author Information

Jo has a long-established interest in craft as a form of protest and has engaged in it in her personal life. She is currently studying for an MSc in Advanced Occupational Therapy.

relevance: Occupational therapists need to understand the differences between co-occupations, parallel occupations and solitary occupations to enable a just-right fit. The assumption that increasing social connection will solve the loneliness issue needs to be challenged. The type of social connections that we facilitate need to be carefully selected and balanced with interventions that provide occupations of disconnection.

References

Campaign to end loneliness (2018) Loneliness Research. [online] <https://www.campaigntoendloneliness.org/loneliness-research/> (accessed 02/11/2018)

Harris, M. (2017) *Solitude: In Pursuit of a Singular Life in a Crowded World*. London: St. Martin's Press

Keywords

Children and families, Mental health, Education and students, Social care

Author Information

Alice Hortop is a Senior Occupational Therapy Lecturer at the University of the West of England. In 2003 her work developing therapeutic use of humour interventions won an award and she began publishing, presenting this work nationally, internationally. She thrives in researching positive psychology and recently global wellbeing cultures.

Session S18.1

EVALUATION OF PROFESSIONAL DECISION-MAKING AT END OF LIFE FOR FRAIL OLDER PEOPLE

Stuart K University of Northampton

End of life is an intensely private experience situated in a much wider public discourse. The last decade has seen countless accounts of failure in care of older people at end of life (DoH 2010; Abraham 2011; Healthwatch 2015). These accounts are set against a challenging context of an ageing population and austerity measures that continue to influence the public and political landscape of healthcare in which occupational therapists practise. The aim was to evaluate decision-making processes of occupational therapists in determining care of frail older people, thereby informing service delivery. Health professionals have a collective influence over the successful leadership of change within health services and therefore integrated participation in evaluations is an essential hallmark of quality improvement. This evaluation utilised a descriptive mechanistic approach (Shavelson 2018) eliciting an understanding of how professional knowledge is applied in decision-making to examine the scope of practice in supporting frail older people at end of life. The evaluation utilised narrative interviewing based on Clandinin and Connelly's (2000) narrative dimension, focusing on three case reviews to provide contextual basis for decision-making. The findings of the evaluation indicate that decision-making is influenced by the contextual basis of the practice setting, which at times is contrary to professional ideological perspectives and values. The contribution of occupational therapy to the management of frailty and end of life has the potential to provide a broader

consideration of supportive care, enabling older people to enact their preferences at end of life.

The University Research Degrees Board along with the local trust Research and Development Team reviewed the project according to standards of research governance. As the final evaluation study was an amendment to a previously NHS NRES approved project advice was sought to ensure adherence to approval processes. As part of the ongoing discussion with the local trust R&D team, NRES guidance and clinical partner the evaluation was reviewed. It was agreed that for the following reason NHS approval for the evaluation was deemed at a local trust board level and in tandem with the University Research Degree's and Ethics committee.

References

Abraham A (2011) *Care and Compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people*. Fourth report of the Health Service

Commissioner for England; session 2010–2011. HC 778. London: The Stationery Office.

Clandinin, D.J. and Connelly, F.M. (2000) *Narrative Inquiry: Experience and Story in Qualitative Research*. San Francisco, CA: Jossey-Bass Publishers.

Department of Health (2010) *Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 (Vol 1)* London: HMSO.

Healthwatch (2015) *Safely Home – what happens when people leave hospital and care settings*. <https://www.healthwatch.co.uk/>

sites/healthwatch.co.uk/files/final_report_healthwatch_special_inquiry_2015_1.pdf [accessed on 22nd May 2018].

Shavelson, R. J. (2018) Methodological perspectives: Standardized (summative) or contextualized (formative) evaluation? *Education Policy Analysis Archives*, 26(48).

Keywords

Older people, End of life care

Author Information

Senior Lecturer, University of Northampton.

Session S18.2

INTENSIVE INPATIENT NEURO-ONCOLOGY REHABILITATION – A NEW MODEL OF CARE: AN EVALUATION OF THE FIRST 12 MONTHS OF THIS UNIQUE SERVICE AT ST BARTHOLOMEW'S HOSPITAL

Lacey T Barts Health NHS Trust

Introduction: Due to advances in cancer treatments, increasing numbers of patients are surviving with primary and secondary brain and spinal tumours. These patients often have complex neuro-pathology with resulting impairments, requiring specialist rehabilitation. With limited in-patient rehab units, these patients frequently get stuck in acute settings, reducing patient flow. Alternatively they are discharged with a high level of dependence in the community and limited rehabilitation potential. A new Neuro-Oncology Rehab Service (NORS) was introduced at Barts, in line with NICE and NHS England guidance, to provide intensive neuro-oncology rehabilitation in the acute setting. Aims: 1) Improve patient experience, functional outcomes, and quality of life. 2) Improve patient flow through acute services. 3) Improve links with post-acute rehabilitation services. Action: The service launched in July 2017 with a dedicated occupational therapist and physiotherapist appointed. Within the first 6 months, 25 patients were seen. The service was benchmarked against other acute oncology rehabilitation services, as well as post-acute in-patient and community rehabilitation services. Data were collected using outcome measures, including the UK FIM+FAM to review the service aims. Results: For all patients who remained under the NORS, improvements were seen in functional outcomes, neurological impairments, quality of life, length of stay, and all patients reported a positive patient experience. The service was well received by the wider MDT and there were positive financial

implications through reducing patients' care requirements. Conclusion: The service has shown positive early results, meeting its aims. There is potential for this service to be introduced in any acute setting.

References

NHS England (2013) NHS England Specialised Rehabilitation for Patients with Highly Complex Needs (All Ages). [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/04/d02-rehab-pat-high-needs-0414.pdf> [Accessed 29 Oct. 2018]

NICE (2004) Guidance on cancer services: improving supportive and palliative care for adults with cancer. The Manual. London: National Institute for Clinical Excellence.

NICE (2006) Improving outcomes for people with brain and other CNS tumours.

NICE (2008) Metastatic spinal cord compression in adults: risk assessment, diagnosis and management. NICE clinical guideline 26.

Keywords

Adult physical health, Long term conditions, Neurological practice, End of life care

Author Information

Tara works at St Bartholomew's Hospital in London delivering an innovative service providing intensive occupational therapy to cancer patients with neurological impairments. She qualified in 2009 from the Leeds Metropolitan University MSc programme and has a background in neurological practice.

Session S19.1

TOWARDS A MORE BALANCED NARRATIVE OF LIVING WITH DEMENTIA

Hamilton F, Wiseman T University of Brighton

850,000 people in the UK are living with dementia, with an expected rise to over 1 million by 2025. The public's perception is coloured by the media's portrayal of people with dementia. The prevailing tone and content of this remains negative (Gerritsen et al. 2016). Stigma has been shown to increase the physical and psychological symptoms of dementia for people affected (Bamford et al. 2014). However, people with mild to moderate dementia report a sense of belonging, retention of identity and autonomy through involvement in everyday activities (Phinney et al. 2007). People with dementia thrive when focusing on abilities and coping strategies, engendering feelings of hope. Hope is central to the adjustment process in early stage dementia (Wolverson et al. 2016). Using a narrative approach, the aim of this study is to explore stories from people living with dementia. Data from a six-month period of the publicly available Dementia Diaries will be analysed. A more balanced picture of dementia will offer an alternative vision of living with the condition to newly diagnosed individuals and their loved ones. Receiving a diagnosis in an environment of hope will support a more positive start, giving a stronger foundation for living and coping with dementia. Enabling and empowering people to be 'competent

and confident in their daily lives' is at the heart of occupational therapy practice (Duncan 2011, p. 6). Occupational therapists are ideally placed to support and empower PLWD to regain hope and confidence, helping people to live, not exist.

Ethical approval was granted on 10.5.18 by the University of Brighton School of Health Sciences, School Research Ethics and Governance Panel (SREGP) subject to minor amendments which were approved, on 24.5.18.

References

Bamford, S.M., Holley-Moore, G. & Watson, J., 2014. A compendium of essays: New perspectives and approaches to understanding dementia and stigma. S.-M. Bamford, G. Holley-Moore, & J. Watson, eds., ILCUK.org.uk.

Duncan, E.A.S., 2011. Foundations for Practice in Occupational Therapy 5th ed., Edinburgh: Churchill Livingstone.

Gerritsen, D.L., Oyebode, J. & Gove, D., 2016. Ethical implications of the perception and portrayal of dementia. *Dementia*, p.1471301216654036. Available at: <http://dem.sagepub.com/cgi/doi/10.1177/1471301216654036>.

Phinney, A., Chaudhury, H. & O'Connor, D.L., 2007. Doing as much as I can do: The meaning of activity for people with

dementia. *Aging & Mental Health*, 11(4), pp. 384–393. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/17612802>.

Wolverson, E.L., Clarke, C. & Moniz-Cook, E.D., 2016. Living positively with dementia: a systematic review and synthesis of the qualitative literature. *Aging & Mental Health*, 20(7), pp. 676–699. Available at: <https://www.tandfonline.com/doi/full/10.1080/13607863.2015.1052777>.

Keywords

Long term conditions, Dementia, Older people

Author Information

Fran Hamilton is a dementia specialist occupational therapist and Clinical Research Masters student at University of Brighton. She also supports D-Mob, the local fledgling peer-led dementia support group, as they find their feet and find their voices. She firmly believes that wellbeing is possible at all stages of dementia.

Tania Wiseman is a senior lecturer and course leader for the two year accelerated MSc/PgDip Occupational Therapy (pre-registration). Research interests are focused on the occupation of gardening and leisure in later life. She is currently studying for a PhD exploring leisure in 21st century later life.

Session S19.2

WHAT DIFFERENCE DOES A SENSORY REMEDIATION INTERVENTION MAKE TO THE EVERYDAY LIVES OF PEOPLE LIVING WITH DEMENTIA AND AGE-RELATED HEARING AND VISION LOSS?

Hooper E University of Manchester

Background: Hearing and vision loss are commonly experienced by people with dementia, impairing function and resulting in poorer quality of life if left unaddressed (Dalton et al 2003). The SENSE-Cog study is a large-scale European RCT which is testing the efficacy of an individualised sensory intervention for people with dementia and comorbid hearing and/or vision loss (Regan et al, in press). Method: People who are randomised to receive the SENSE-Cog sensory intervention receive a full audiology and/or optometry assessment, provision of hearing aids and/or glasses as required, and up to 10 sessions of sensory remediation support with a novel 'Sensory Support Therapist'. This support is tailored to the needs of the individual and is underpinned by occupational therapy principles, including assessing a person's function within their environment, establishing their potential for new learning and optimising their occupational engagement. Results: Data collection for the SENSE-Cog RCT is ongoing until 2020. Case studies of participants who receive the sensory intervention will be presented here. These will demonstrate ways in which the intervention is tailored to the needs of the participants and will include mixed-methods data that highlights ways in which addressing hearing and vision loss can impact upon the everyday occupations of people who are living with dementia. Conclusions: Given the high prevalence of hearing and vision loss in dementia (Bowen et al 2016, Lin and Albert 2014), this is of significant relevance to occupational therapists who are working in dementia care.

Ethical approval is in place for each of the 5 European sites conducting the SENSE-Cog RCT. For Manchester, the study has been reviewed by the NW Haydock ethics committee and received a favourable opinion on 21.12.2017.

References

Bowen M, Edgar DF, Hancock B, Haque S, Shah R, Buchanan S, Iliffe S, Maskell S, Pickett J, Taylor J-P, O'Leary N (2016) The Prevalence of Visual Impairment in People with Dementia (the ProVIDe study): a cross-sectional study of people aged 60–89 years with dementia and qualitative exploration of individual, carer and professional perspectives. *Health Services and Delivery Research*, 4 (21).

Dalton DS, Cruickshanks KJ, Klein BEK, Klein R, Wiley TL, Nondahl DM (2003) The Impact of Hearing Loss on Quality of Life in Older Adults. *Gerontologist*, 43 (5), 661–668.

Lin FR, Albert MA (2014) Hearing loss and dementia: Who's listening? *Aging and Mental Health*, 18 (6), 671–673.

Regan J, Frison E, Collin F, Dawes P, Hann M, Himmelsbach I, Hooper E, Reeves D, Simkin Z, Thodi C, Yang F, Leroi I for the SENSE-Cog Trial Study Group (2018) Individualised sensory intervention to improve quality of life in people with dementia and their companions (SENSE-Cog trial): study protocol for a randomised controlled trial. *Trials* (in press).

Keywords

Long term conditions, Dementia, Older people

Author Information

Emma Hooper is a clinical specialist occupational therapist working as the senior sensory support therapist on the SENSE-Cog trial.

Session S22.1

TWITTER FOR NEWBIES: GETTING STARTED WITH TWITTER IN OCCUPATIONAL THERAPY

Mathers R, Hughes K Warwickshire County Council

Aim: This workshop will introduce participants to the Twitter platform as well as its mechanics and specific terminology. It will support participants through the process of setting up an account. The interactive nature of the workshop will allow participants to gain hands-on experience and receive tailored advice to their queries in a safe and supportive environment. Background: The changes to the health and social care climate over recent years have resulted in professionals having limited access to real time training and learning opportunities beyond the statutory and mandatory requirements of their employers. Social media has become a valuable tool to meet this need and Twitter has emerged as the profession's platform of choice. A

study by Hughes (2018) showed that clinicians' attitudes to using Twitter for continuing professional development and role promotion are improving, but highlighted that participants desired guidance and, perhaps more importantly, practical hands-on support. Session plan: During the 90-minute session participants will be introduced to Twitter and supported through the process, allowing for participants to ask questions and have hands-on support in setting up an account and using Twitter. Participants will need to bring a device to set up their Twitter account on, whether it be a phone, iPad or laptop. Key Words: Social Media, Continuing Professional Development, Twitter, Networking.

Keywords

Support workers

Author Information

R Mathers has been in the profession for over two decades and is a confessed techno dinosaur who needed help to start using Twitter.

K Hughes is an occupational therapist whose professional interests include emerging occupational therapy practice and the use of accessible tools and technology for continuing professional development and learning.

Session S23.1

PROMOTING THE IMPORTANCE OF OCCUPATIONAL THERAPISTS USING ADVANCES IN TECHNOLOGY TO ENABLE CLIENTS TO ACCESS MEANINGFUL OCCUPATIONS

Allsopp L Birmingham Community Healthcare NHS Foundation Trust, **Squire S** The Hillingdon Hospitals NHS Foundation Trust

Aim: To provide a practical, engaging session to explore the potential for using voice activation to enable clients to access mainstream technology. **Background:** There has recently been an increase in the number of older adults accessing smart and social technology (Ofcom 2017). However, people with disabilities often experience restrictions in accessing the internet, including physical barriers in operating a keyboard and mouse (Groves, Allsopp 2018). RCOT recognises that technology should and must be integrated into our practice (Cooper 2018). Voice activation in mainstream technology is improving and can offer opportunities for a range of clients to access the online world. It is essential that occupational therapists are aware of its potential to enable clients to access their meaningful occupations. This session will enable participants to trial options within mainstream devices in order to evaluate their potential. **Session plan:**

- Overview of voice activation technology for smartphones, computers and smart speakers, including case studies
- Participants will explore voice recognition on their mobile phones and on the computers and smart speakers provided

- Reflection around the advantages and disadvantages, and application to practice
- Signposting to resources

References

Groves, M., Allsopp, L. (2018) Occupational therapists leading the way in bridging the digital divide. OTnews June 2018.

Ofcom (2017) Rise of the Social Seniors revealed. Available at: <https://www.Ofcom.Org.Uk/about-ofcom/latest/features-and-news/rise-social-seniors> [accessed 5th Nov. 2018].

Cooper, P. (2018) 'I don't do tech – I'm a people person.' Available at: https://www.Rcot.Co.Uk/news/i_dont_do_tech [accessed 5th Nov. 2018].

Keywords

Adult physical health, Children and families, Long term conditions, Neurological practice

Author Information

Lynne is a lead occupational therapist at Access To Communication and Technology, a regional hub for Augmentative and Alternative Communication, Environmental Controls and Computer Access.

Suzanne is a specialist occupational therapist in the North Thames Regional Environmental Control Service at Hillingdon Hospital, Uxbridge.

Session S24.1 (FP)

IMPLEMENTING THE ALLIED HEALTH PROFESSIONS (WALES) CAREER FRAMEWORK: LESSONS LEARNED AND IMPLICATIONS FOR PRACTICE

Vale M Aneurin Bevan University Health Board

Aims: To share and critically analyse the lessons learned from implementing Career Framework documentation in an adult learning disability occupational therapy team.

Background: To support the implementation of Modernising Allied Health Professions Careers in Wales (Welsh Government, 2016), documents setting out role expectations of occupational therapy staff were developed locally. These were intended to support the development of a more sustainable workforce and were in keeping with Prudent Healthcare principles (1000 Lives Improvement, 2018).

Method: A review of evidence relating to the use and implementation of career frameworks was carried out. This was supported by a practice enquiry, which considered occupational therapists' narratives about the process of implementation. A fishbone analysis of the resulting findings was undertaken to support in identifying crucial factors which could inform future implementation in this setting.

Conclusion: Whilst there are strong drivers to support the use of career frameworks, the evidence of their benefits in practice is currently limited. The practice enquiry identified that there is potential for occupational therapists to feel scrutinised and demotivated by their use without careful implementation. Collaborative approaches which promote ownership are most likely to succeed.

This critical discourse has particular relevance for occupational therapy managers and leaders who play a role in service development and implementing change.

References

1000 Lives Wales (2018) Making Prudent Healthcare Happen [Online] Public Health Wales. Cardiff. Available at: <http://www.prudenthealthcare.org.uk/>

Welsh Government (2016) Modernising Allied Health Professions' careers in Wales: A post registration framework. Welsh Government. Cardiff.

Keywords

Learning disability, Managers

Author Information

Professional lead occupational therapist, Adult Learning Disability Service. Project undertaken as part of Msc (Open) Advancing Healthcare Practice.

Session S24.2 (FP)**BUILDING ALLIED HEALTH PROFESSIONS (AHP) RESEARCH CAPACITY: THE IMPACT OF INTRODUCING AN OCCUPATIONAL THERAPIST INTO A NURSE-LED CLINICAL RESEARCH FACILITY**

Jones N Sheffield Teaching Hospital, **Patterson L** Sheffield Teaching Hospitals NHS Trust, **Lavender K** Sheffield Teaching Hospitals NHS FT

Background: The benefits of developing occupational therapists as clinical academics are well recognised (Di Bona et al. 2018). Engaging clinicians in research is beneficial for health service users, organisations and their staff (Harding, K et al. 2016). An occupational therapist and a physiotherapist were employed in a NIHR clinical research facility (CRF). Collaborative line management between the nursing team and the head of occupational therapy provided key support for these roles. A training and education programme facilitated integration into the CRF and strengthened core research competencies. Project aims: To introduce and embed new allied health professional roles into the clinical research facility with the aim of diversifying the research portfolio and building research capacity in the workforce. Method: The promotion of AHP research in the trust facilitated the growth of research ideas and therapy-led studies. Results: The 'on tap' resource provided managers with the flexibility to provide therapy researchers for opening new studies without needing to backfill endless secondments. These posts have facilitated rapid access to a specialised skill-set to support the delivery of therapy-based studies and increased the scope for occupational therapy studies. New networks spanning clinical and academic settings were formed, thus increasing the visibility and accessibility of research. Implications for practice: Through innovative and flexible working, both AHPs have

become primary investigators on multi-centred portfolio studies, co-applicants on grants and clinical research advisors to facilitate research capacity development. Furthermore, we have raised awareness of occupational therapy and physiotherapy research by championing research in the clinical setting.

References

Di Bona, L, Field, B, Read, J, Jones, N, Fowler Davis, S, et al. (2018) 'Weaving a clinical academic career: illuminating the method and pattern to follow', *British Journal of Occupational Therapy*, pp. 1–5. Article first published online: June 28, 2018 doi: 10.1177/0308022618784258.

Harding, K, Lynch, L, Porter, J (2016) 'Organisational benefits of a strong research culture in a health service: a systematic review', *Australian Health Review*, 41(1), pp. 45–53.

Keywords

Managers, Education and students

Author Information

Natalie Jones is acting head occupational therapist and a clinical academic. Her research interests include research impact, stroke rehabilitation and assistive technologies. Natalie is the lead for a neurology collaborative research network and a co-founder of @SheffOTCA Sheffield Occupational Therapy Clinical Academic Network.

Louise is a research occupational therapist based in an NIHR clinical research facility. She has been awarded an NIHR Clinical Research internship with Sheffield Hallam University and is currently working towards developing her clinical academic occupational therapy career.

Session S24.3 (FP)**FROM CONFERENCE CONVERSATION TO RESEARCH IMPACT AND PRACTICE DEVELOPMENT**

Atkin H Northumbria University, **Otter P** Leicester Partnership NHS Trust

Academic health researchers are increasingly required to demonstrate that their research generates an impact in practice, leading to benefits for service users, practitioners and health services (Research England 2018, NIHR 2016). Royal College of Occupational Therapists (RCOT) conferences are viewed as a way of disseminating research findings to a wide audience. However, the impact on occupational therapy practice of sharing research findings in such settings is not clearly evidenced in the literature. This presentation explores an example of research impact, tracing a conversation at the RCOT conference 2018 about research which investigated assumptions about neuro-rehabilitation, to the development of stroke services in Leicestershire. It showcases a workshop which used a presentation of research findings as a springboard for a participatory process with staff, which importantly recognised the knowledge and experience inherent in the practice context and generated a space for shared learning (ICPHR 2013). Evaluation of this workshop suggests staff developed an awareness of the impact of unchecked assumptions on service-user inclusion in practice, and as a consequence were keen to engage more fully with service-user perspectives, both personally and as a service. Minutes of meetings and practice development initiatives will highlight how this is taken forward and gives an indication of the potential impact on service-users. This presentation highlights four issues: the importance of taking the initiative to build on casual conversations at conferences; developing partnerships between academics and practitioners; using participatory approaches to

support implementation of research in practice; and leadership in practice to facilitate action.

References

International Collaboration for Participatory Health Research (ICPHR) (2013) Position Paper 1: What is Participatory Health Research? Berlin: ICPHR.

National Institute for Health Research (2016) Improving the health and wealth of the nation through research. London: NIHR.

Research England (2018) Research Excellence Framework. London: Research England. Available at: <https://re.ukri.org/research/research-excellence-framework-ref/> Accessed on 10.10.18.

Keywords

Adult physical health, Long term conditions, Neurological practice

Author Information

Helen is a senior lecturer in Occupational Therapy at Northumbria University and has a particular interest in service user involvement and using participatory approaches to generate critical dialogue between service users, practitioners and/or students. She previously worked as a clinician and professional lead in neurological rehabilitation.

Paula is a team lead occupational therapist working in stroke rehabilitation at Leicestershire Partnership NHS Trust, with a passion for engaging clinical teams in and with research. She is currently participating in a secondment at De Montfort University as a clinical research associate and is undertaking a research project.

Session S25.1**EXPLORING THE ROLE AND VALUE OF OCCUPATIONAL THERAPY IN A SPECIALIST PERINATAL MENTAL HEALTH SERVICE**

Davies L Cheshire and Wirral Partnership NHS Foundation Trust, **Hazelden M** North West Boroughs Healthcare NHS Foundation Trust

Amidst radical changes within the National Health Service (NHS) and how perinatal mental health services are being funded, delivered and accessed across the country is an opportunity for occupational therapists to be key influencers in improving the health and wellbeing outcome for women, infants and families. As mental health related issues remain one of the leading causes of maternal deaths (MBRACE, 2015), and perinatal mental illness costs the NHS and social care over £1.2 billion per annual cohort of births (Bauer et al, 2014), ambitions to improve access to specialist, evidence based and local perinatal mental health services across the country were set out by the Five Year Forward View (NHS England, 2014). During the development of our Specialist Perinatal Mental Health Service the role and value of occupational therapy in this practice area has flourished. The perinatal period poses unique changes to women's occupations, roles and routines; learning, adjusting and adapting during the transition to motherhood whilst experiencing moderate to severe mental illness poses significant impact on functioning and health outcomes for mothers and infants (Slootjes, McKinstry and Kenny, 2016; Bar and Jaurus, 2015). Occupational therapy interventions and case studies have shown to be integral to a multidisciplinary approach to improve strengths and resilience, reduce severity of relapse or onset of mental illness, and improve health and wellbeing outcomes for mothers and anticipated outcomes for their infants. Continued funding into this specialist area of mental health practice will provide further opportunity for the profession's development and contribution to the evidence base.

References

- Bar, M. A. and Jarus, T. (2015). The Effect of Engagement in Everyday Occupations, Role Overload and Social Support on Health and Life Satisfaction among Mothers. *International Journal of Environmental Research and Public Health*, 12, pp. 6045–6065.
- Bauer, A., Parsonage, M., Knapp, M., Lemmi, V. and Adelaja, B. (2014). The Cost of Perinatal Mental Health. Accessed 10 April, 2018 from: <https://www.centreformentalhealth.org/Handlers/Download.ashx?IDMF=07afd94b-92cb-4e47-8439-94cbf43548d8>
- MBRACE (2015). Saving lives, improving mothers' care. Accessed 8, June 2018 from: <https://www.npeu.ox.ac.uk/downloads/files/mbrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202015.pdf>
- NHS England (2014). The Five Year Forward View for Mental Health. London: The King's Fund.
- Slootjes, H., McKinstry, C. and Kenny, A. (2016). Maternal role transition: Why new mothers need occupational therapists. *Australian Occupational Therapy Journal*, 63, pp. 130–133.

Keywords

Mental health

Author Information

L Davies is a specialist occupational therapist working in a community based, secondary care specialist perinatal mental health team.

M Hazelden is a specialist occupational therapist working in a community based, secondary care specialist perinatal mental health team.

Session S26.1**EXPLORING THE ROLE OF EMBODIMENT IN OCCUPATIONAL THERAPY**

Hanna J University of Liverpool

The embodied nature of occupational performance has received little attention within the discipline of occupational science (Baillard, Carroll and Dallman, 2018, p. 225; Hocking, 2000, p. 62) and practice of occupational therapy. This has been the consequence of at least a partial alignment by the profession with western science and medicine, which have tended to prioritise the mind over the body. Therefore, although occupations are experienced through a body, this corporeal dimension has generally been overlooked in the literature (Baillard, Carroll and Dallman, 2018, p. 222). This paper will present findings from a doctoral, qualitative research study where an understanding of the body is determined by a more critical and less naturalistic view. This means embracing embodiment from a sociological perspective (Crossley, 2007, p. 93) by taking account of mind-body-world relationships as well as taking account of the role the body plays in acculturation and learning (Shilling, 2007). This study draws on ethnographic methods in which the occupational therapy researcher observed and experienced a contemporary type of somatic and improvised dance. This critical and reflexive approach facilitated a discourse and transfer of knowledge and skills between arts and health domains. Discussion of Raw's assemblage (2014) shows how an arts-based framework may share important themes with other disciplinary frameworks, including health care professionals. The implications for occupational theory and practice are discussed

in relation to embodiment, professional identity and clinical reasoning.

Ethical approval was granted by Liverpool University.

References

- Baillard, A.L., Carroll, A. & Dallman, A.R. 2018, 'The inescapable corporeality of occupation: integrating Merleau-Ponty into the study of occupation', *Journal of Occupational Science*, vol. 25, no. 2, pp. 222–233.
- Crossley, N. 2007, 'Researching embodiment by way of "body techniques"', *Sociological Review*, vol. 55, no. 1, pp. 80–94.
- Hocking, C. 2000, 'Occupational science: A stock take of accumulated insights', *Journal of Occupational Science*, vol. 7, no. 2, pp. 58–67.
- Raw, A. 2014, 'Ethnographic evidence of an emerging transnational arts practice? Perspectives on U.K. and Mexican participatory artists' processes for catalysing change, and facilitating health and flourishing', *Anthropology in Action*, vol. 21, no. 1, pp. 13–23.
- Shilling, C. 2007, 'Sociology and the body: classical traditions and new agendas', *Sociological Review*, vol. 55, Supplement, pp. 1–18.

Keywords

Education and students

Author Information

The author is an occupational therapist, academic and qualitative researcher. Member of the University of Liverpool's occupational

therapy academic team. Background includes working in specialist mental health services and in public health as Arts and Health Lead in Liverpool's Capital of Culture programme.

Session S26.2**IT'S ALL MEANINGFUL ACTIVITY!!! ENDING THE QUEST FOR THE PERFECT TASK****Harding K Beam**

Much of the occupational therapy literature focuses on particular activities that can be used to help clients increase their functioning. From craft to video games, from cooking to horticulture, many occupational therapists seek to prove that their activity of interest has more healing potential than others. The question 'What is a good activity to use with *insert diagnosis of choice*?' echoes around the social media forums. This paper argues that we should stop researching or seeking to advocate for particular activities. It is not what people do but the doing of it that brings benefit. We will consider the shared aspects of therapies and activities that could be responsible for clients finding them beneficial. We will also consider how any activity can be meaningful if that is how it is perceived by the client. Attendees will leave able to challenge the notion that some activities have an intrinsic benefit. They will be invited to test the hypothesis that any activity the client finds meaningful and can be graded can be of value. This paper encourages

occupational therapists to move away from routine activity schedules and respond in a bespoke manner to those who seek our input. The unique focus of occupational therapy is doing (Taylor 2016). We must emphasise this while acknowledging our particular interests and passions. It's not a competition. We are all doing things together.

References

Taylor, R (2016). *Kielhofner's Model of Human Occupation: Theory and Application* Fifth Edition. Philadelphia, PA: Lippincott, Williams and Wilkins.

Keywords

Learning disability, Long term conditions, Mental health, Forensic practice

Author Information

Keir has worked in mental health for the past 20 years. Passionate about working with stigmatised client groups and helping organisations respond to them helpfully, Keir regularly contributes to social media. Twitter: @keirwales Facebook: Keir Harding OT

Session S27.1**APPRENTICESHIPS – PORTFOLIO DEVELOPMENT: THE KEY TO SUCCESS****Klompener P, Baxter T Sheffield Hallam University**

Degree apprenticeships are a new route into occupational therapy education and practice. Apprentices are required to engage in a range of learning opportunities throughout their training programme and in order to undertake their end point assessment they need to have completed and submitted a portfolio of learning which evidences this range of learning opportunities (Institute of Apprenticeships 2018). Apprentices will need to be able to 'map' their learning to the skills, knowledge and behaviour laid out in the apprenticeship standard addressing professional practice in occupational therapy, professional values and behaviours, leadership, management and partnership working, and aspects of communication and information management. Portfolios are a tool to help capture and store the acquisition and development of skills, knowledge and behaviours. They allow for reflection as well as provision of feedback on development. As part of the degree apprenticeship we have developed an online portfolio (Pebblepad 2018) that allows the apprentice, their mentors and academic advisors to support the apprentice's learning journey.

This presentation will provide the opportunity for employers, prospective apprentices and higher education institutes to see an example of how we are using portfolios within a new degree apprenticeship in occupational therapy.

References

Institute of Apprenticeships (2018). <https://www.instituteforapprenticeships.org/developing-new-apprenticeships/developing-an-end-point-assessment-plan/>

Pebblepad (2018). <https://www.pebblepad.co.uk/>

Keywords

Managers, Education and students, Support workers

Author Information

Petra is the course leader for the degree apprenticeship in occupational therapy at Sheffield Hallam University. With Theresa she has developed the programme at Sheffield Hallam University.

Theresa has been involved in the trailblazer group responsible for developing the national apprenticeship in occupational therapy standard and end point assessment. With Petra she has been instrumental in developing the programme at Sheffield Hallam University.

Session S30.1**ACHIEVING OCCUPATIONAL JUSTICE THROUGH THE #ENDPJPARALYSIS CAMPAIGN – UTOPIAN IDEAL OR UNOBTAINABLE VISION?****Woods J Christie NHS Foundation Trust and University of Salford, Bodell S University of Salford**

Occupational therapists have a duty to support individuals to overcome barriers to occupational participation and promote occupational justice, to ensure that patients have the opportunity to engage in a range of occupations that are health enhancing to the individual (WFOT 2006). However, occupational justice has attracted little research, debate or

evidence showing its application in daily practice (Durocher et al 2013) and it has been seen that occupational therapists struggle to recognise everyday occupational injustices and relate occupational justice to their clinical practice (Galvin et al 2011). The sick theory was developed in 1951 by Parsons, who surmised that patients during illness enter a passive role due to being disempowered through organisational and environmental factors and subsequently handing over responsibility for decision making to the health professional. Recent health policy has advocated a client-centred approach to health care in order to empower patients to take greater responsibility in making

decisions in their healthcare (Darzi 2008). However, the recent #EndPJPParalysis campaign demonstrates that patients still may adopt the sick role when there are barriers to occupational participation, which can be detrimental to the patient's health and well-being. This paper will use the #EndPJPParalysis campaign as a framework to illustrate the complexity of facilitating occupational justice in practice but will be suggesting that this is a necessity and an obligation of our role not only in ensuring that occupational therapists work in a client-centred approach, as advocated in the personalised care agenda, but also in promoting and advancing the occupational therapy profession.

References

- Darzi A, Department of Health. (2008). High Quality Care for All: NHS Next Stage Review Final Report. London: Department of Health.
- Durocher E, Gibson BE and Rappolt S (2013) Occupational Justice: Future Directions. *Journal of Occupational Science*, 21(4), 431–442 DOI: 00.108/14427691.2013775693.
- Galvin D, Wilding C and Whiteford G (2011) Utopian visions/dystopian realities: Exploring practice and taking action to enable

human rights and occupational justice in a hospital context. *Australian Journal of Occupational Therapy*, 58, 378–385.

Parsons T (1991) *The Social System* (2nd Edition) Routledge Sociological Classics. London: Routledge.

World Federation of Occupational Therapy (2006) Position Statement on Human Rights. Retrieved from: <http://www.wfot.org/ResourceCentre.aspx>

Keywords

Adult physical health, Long term conditions, Managers, Education and students

Author Information

Jennifer Woods is a senior occupational therapist at the Christie NHS Foundation Trust and is a student at the University of Salford, where she is undertaking an MSc in Advanced Occupational Therapy. She has extensive experience of working within acute hospital settings and has a strong interest in developing innovative services.

Sarah Bodell is the Director of Occupational Therapy at the University of Salford.

Session S31.1

OCCUPATIONAL THERAPISTS LEADING CHANGE: BRINGING TOGETHER THE SCIENCE OF EVIDENCE, THE REALITIES OF PRACTICE AND THE ART OF LEADERSHIP

Tudor C Health in Mind/NHS Lothian Duffy N NHS Lothian

Background: 'AHPs are the NHS's third largest workforce, practising in most clinical pathways and working across organisational boundaries and at all stages of the patient's pathway. The need to marshal their potential for transforming healthcare has never been greater. Leadership is crucial to that' (Poole, 2018). Managers and clinicians face a growing challenge to meet increasing demand in the context of financial constraint. Whilst this may be a daunting prospect, it provides an opportunity to creatively rethink how services are delivered to meet the quadruple aim of improving the quality of healthcare, improving population health, achieving value and financial sustainability whilst enhancing the experience of care providers (Sikka et al, 2015). The synergy between key leadership capabilities and core occupational therapy skills is unsurprising as clinicians work collaboratively and creatively with individuals to overcome barriers, adapt to change and maximise performance every day. In 2017, the authors embarked on leadership roles working across different services, systems and cultures tasked with achieving significant service redesign while supporting the change process. Aims: This seminar will

- Outline the unique role and added value of occupational therapists working as change practitioners
- Share learning from experiences
- Discuss the process and art of leading change
- Inspire individuals to recognise their existing leadership skills

Implications for occupational therapy: The aims of the leadership of change roles overlap significantly with the vision of the Scottish Allied Health Professions strategy (Scottish Government, 2017), which includes

- Driving the inherent culture change required
- Strengthening the workforce
- Improving and maintaining quality

References

- Poole, C. (2018) Blog: Why leadership is crucial to us and patients. NHS England online. Available at: <https://www.england.nhs.uk/blog/why-leadership-is-crucial-to-us-and-patients/> [Accessed: 01/11/2018]
- Scottish Government (2017) Allied Health Professions Co-creating Wellbeing with the people of Scotland, The Active and Independent Living Programme in Scotland, Edinburgh, Scottish Government, Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/publication/2017/06/allied-health-professions-co-creating-wellbeing-people-scotland-active-independent/documents/00521325-pdf/00521325-pdf/govscot%3Adocument> [Accessed: 01/11/2018]
- Sikka, R., Morath, J.M., Leape, L. (2015) The quadruple aim: care, health, cost and meaning in work. *British Medical Journal*. Available at: <https://qualitysafety.bmj.com/content/24/10/608> [Accessed 01/11/2018]

Keywords

Long term conditions, Managers, Mental health

Author Information

Cheryl Tudor is the Refresh Project Manager at Health in Mind and specialist occupational therapist at NHS Lothian.

Nichola Duffy is the lead change practitioner/team lead and advanced practice occupational therapist at NHS Lothian.

Session S32.1**BECOMING AN OCCUPATIONAL THERAPIST: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS****Stead J** University of Huddersfield

This research explores professional identity formation amongst occupational therapy students. Professional identity is examined using an occupational science framework. Much has been written about the professional identity development of occupational therapists during the early stages of their career (Morley 2009, Robertson and Griffith 2009, Holland, Middleton and Uys 2013) but professional identity formation in students remains under examined. This paper addresses that gap by exploring the lived experience of becoming an occupational therapist. Using interpretative phenomenological analysis within a longitudinal case study design, five in-depth interviews and a series of focus groups were carried out with students throughout their undergraduate studies. Three overarching themes highlighting the processes involved in professional identity formation were identified:

- Establishing occupational coherence: the participants made sense of their occupational history by explaining and presenting themselves as developing occupational coherence over time.
- Managing occupational adaptation: the participants dealt with many challenges as they coped with transitions and a changing sense of self. They developed agency and feelings of competence on their professional journey.
- Developing a new identity: the participants explored how they adapted to new possibilities as they experienced the doing

of occupational therapy. Their new occupational identity was congruent with their personal values.

The longitudinal approach created a nuanced narrative expounding professional identity construction as a complex ongoing process. It highlighted the significance of paying attention to the processes of doing, being, belonging and becoming. The fundamental importance of enabling students to develop an occupational perspective to support their developing professional identity was identified.

Ethical approval received from the School of Human and Health Sciences Research Ethics Panel, University of Huddersfield.

References

Holland, K.E. Middleton, L. & Uys, L. (2013). Professional Confidence: Conceptions Held by Novice Occupational Therapists in South Africa. *Occupational Therapy International*, 20, 105–113, *European Journal of Teacher Education*.

Morley, M. (2009). Contextual factors that have an impact on the transitional experience of newly qualified occupational therapists. *British Journal of Occupational Therapy*, 72(11), 507–514.

Robertson, L. & Griffith, S. (2009). Graduate reflections on their preparation for practice. *British Journal of Occupational Therapy*, 72(3) 125–132.

Keywords

Education and students

Author Information

J Stead is a senior lecturer.

Session S32.2**IMPACT OF AN INTERDISCIPLINARY MOTIVATIONAL INTERVIEWING COURSE FOR PRE-REGISTRATION OCCUPATIONAL THERAPY STUDENTS****Frater T** Brunel University London **Eva G** Oxford Brookes University **Breckon J** Sheffield Hallam University **Eva G, Norris M, Fortune J** Brunel University London

Purpose: Occupational therapy practice involves promoting positive health behaviours and supporting behaviour change. Motivational Interviewing (MI) is an evidence-based, patient-centred communication approach to elicit behaviour change (Lundahl et al 2013). While increasingly adopted by practitioners, it has rarely been considered in allied health profession pre-registration education (Parry & Brown 2009). The purpose of this research was to examine effects of an inter-disciplinary training programme on student skills, knowledge, confidence and attitude in MI. Design: Prospective quasi-experimental design. Methods: Fifteen undergraduate occupational therapy students completed a three-day inter-disciplinary MI training workshop. Outcomes were assessed at three time intervals. Change in knowledge and attitudes were assessed by the Motivational Interviewing Knowledge and Attitudes Test (MIKAT). Confidence was assessed by an eight-item questionnaire. Competence in MI was scored using the Motivational Interviewing Treatment Integrity tool (MITI). Changes were analysed using one-way repeated measures ANOVA. Two focus groups were held to explore student perceptions and coded through thematic analyses. Results: Students' confidence increased significantly immediately post-training ($p < 0.05$). There was no difference in MIKAT score. MITI scores demonstrated superior performance post-training ($p < 0.05$) and remained significant following a subsequent placement. Themes from focus groups included benefits of client-centred communication, importance of

experiential learning, and barriers to implementation in practice. Conclusions/Reflections: Results indicate potential of this approach to improve MI confidence and skills but further work is needed to elucidate best educational approaches and facilitate translation into occupational therapy practice. The authors will share their reflections on how to address these issues.

Ethical approval was granted for the study by the Department of Clinical Sciences, College of Health and Life Sciences Research and Ethics Committee at Brunel University London (3701-A-May/2017-7222-1). All participants provided written informed consent.

References

Lundahl B, Moleni T, Burke BL, Butters R, Tollefson D, Butler C, Rollnick S (2013) Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials, *Patient Education and Counselling*, 93(2) 157–68.

Parry RH and Brown K (2009) Teaching and learning communication skills in physiotherapy: what is done and how should it be done? *Physiotherapy*, 95(4) 294–301.

Keywords

Long term conditions, Mental health, Education and students

Author Information

Tai is a lecturer at Brunel University London and is seconded into practice as a Specialised Children's Occupational Therapist for Central North West London NHS Trust.

Gail is a Senior Lecturer in Occupational Therapy at Oxford Brookes University and co-investigator on the NIHR-funded SURvivor's Rehabilitation after CANcer (SURECAN) study.

Session S33.1 (FP)**'NIGHT TIME MATTERS': AN EXPLORATION OF MANAGING OLDER ADULTS' NIGHT TIME NEEDS****Martin T** Leicestershire Partnership Trust

There is an increase in the incidence of older adult patients being readmitted to hospital due to being unable to independently manage their night time activities. There is currently little existing research literature that encompasses the multifaceted nature of the needs of older people during the night and how these impact on successful rehabilitation. As occupational therapists, we recognise the importance of addressing patients' holistic needs and the difficulty in the provision of care outside of the normal hours. This has a direct impact on older people remaining in their own homes and puts them at risk of premature care home admission (Age UK 2016). The study aims were to identify what particular aspects of Activities of Daily Living older adult patients experience difficulties with during the night. Additionally, the study explored patient, carers and healthcare professional views on how those night time needs are managed. A case study design was used and data was collected across a number of community hospital sites. The research methods included: functional assessments, validated outcome measures, recording of night interventions, night time ward observations, focus group and interviews with patients, family members and staff. It is hoped that the study's findings will further build the evidence base supporting the recommendations of the 'Living, Not Existing' report (RCOT 2017), and to develop future care

practices that incorporate assessments of night time needs and improve outcomes for older adults on discharge.

This study has been reviewed and approved by De Montfort University Faculty of Health and Life Sciences Research Ethics Committee, reference 3147 on 10th July 2018. The study is currently awaiting approval by the Health Research Authority following the Research Ethics Committee meeting on 28th November 2018.

References

Age UK (2016) Age UK. Briefing Health and Care of Older People in England 2016. Available at https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/The_Health_and_Care_of_Older_People_in_England_2016.pdf?dtrk=true Accessed on 05.11.18

Royal College of Occupational Therapists (2017) Living, Not Existing: Putting prevention at the heart of care for older people in England – Royal College of Occupational Therapists, London.

Keywords

Long term conditions, Older people

Author Information

Qualified from Coventry University in 2012, studying for a research doctorate at DMU. Special interest in working with older people. Working in a split role 50% clinical as an occupational therapist in a community hospital and 50% as a clinical research associate.

Session S33.2 (FP)**DELIVERING THE OCCUPATIONAL THERAPY ACTIVITY TOOLKIT TO IMPROVE QUALITY OF LIFE OF RESIDENTS WITH A DEMENTIA IN A RESIDENTIAL CARE HOME; UTILISING COMMUNITY PROJECTS AND SOCIAL CARE STUDENTS: A PILOT SERVICE DEVELOPMENT****Tomlinson C, Vaughan H** Humber Teaching NHS FT

Care home residents should be offered regular activity (National Institute for Health and Care Excellence 2013) as this enhances their quality of life. If care home staff knew the importance of meaningful activity and the activity toolkit (College of Occupational Therapists 2015), community occupational therapists could be better utilised. The service development promotes the occupational therapy profession and effective meaningful activity by: developing a training package to increase occupational therapy activity toolkit awareness; showcasing best practice; enhancing residents' quality of life; and providing students with knowledge and skills of working with people with dementia. This was initiated by liaising with a familiar care home and presenting the idea of developing toolkit training to all staff. Conversations were held with local charities to improve care home environments and links were made with a local college to enhance health and social care student training and volunteering with older people, promoting confidence and skills. Five training sessions were delivered, reaching above 75% of all care home staff. Training included: problem solving discussions, effective toolkit use, life history work and engaging residents in activity. An outcome measure questionnaire was developed for pre and post training. We gained feedback which was compared and analysed with themes from staff views currently being explored. From initial analysis; staff felt they have increased confidence in their understanding of the importance of meaningful activity. If the outcome measure's analysis currently being explored is significant, this service development will be utilised for occupational therapists to deliver in other residential settings.

References

College of Occupational Therapists (2015) Living well through activity in care homes: the toolkit. London: COT.

National Institute for Health and Care Excellence (2013) Mental wellbeing of older people in care homes (NICE quality standard 50). Manchester: NICE. Available at: <http://guidance.nice.org.uk/QS50>

Keywords

Dementia, Education and students, Older people

Author Information

Caroline Tomlinson works as a specialist occupational therapist within community older people's mental health. Caroline has worked in this area for 11 years and is passionate about enhancing older people's quality of life.

Hayley Vaughan currently works in a mental health rotation. She began contributing to this project when working in the older people's mental health team. When at university, she completed a pilot service evaluation, which was presented at the RCOT specialist section mental health conference 2017 and retained interest in research.

Session S33.3 (FP)**LIFESTYLE MATTERS PROGRAMME – UNLOCKING CHANGE, RESILIENCE AND EMPOWERMENT IN OLDER ADULTS**

Long C Surrey and Borders Partnership NHS Foundation Trust

National and local government papers are placing more emphasis on loneliness amongst older people and its impact on physical and mental health. This intensifies pressures on the NHS through soaring healthcare costs, which is largely attributed to the ageing population, increases in associated poor mental well-being and chronic illnesses. The Lifestyle Matters Programme (LMP) is identified in the NICE guidelines (2009), taking a holistic approach, incorporating recovery principles and occupational science, and highlighting the value of 'doing' and empowering people. LMP empowers well elderly through examining lifestyles and making changes through the cycle of 'doing', 'sharing' and 'reflecting'. Within the Trust we have utilised this approach for older adults with severe and enduring mental health difficulties accessing secondary care, who are also struggling to come to terms with old age, experiencing a poor routine, loneliness and social isolation. The programme has been evaluated using two standardised outcome measures, MOHOST and OSA, and an evaluation questionnaire. The data showed significant findings in the participants' motivation and confidence, taking charge of their own lifestyle, with a 70% increase in participation within occupation/roles at home and within the community. Expressing a sense of achievement, purpose and belonging contributing to an enhancement in their sense of identity led to a number of people being discharged from secondary care. With governmental agencies recognising the need for preventative

and wellness care for older people, embedding this programme nationally would impact positively on the health care systems and is likely to reduce costs.

References

National Institute for Health and Care Excellence (NICE) Guideline 2008: 'Mental wellbeing in over 65s: occupational therapy and physical activity interventions'. England: Department of Health.

Craig, C. and Mountain, G. (2007) 'Lifestyle Matters: An occupational approach to healthy ageing'. Milton Keynes, England: Speechmark Publishing Ltd.

Parkinson, S., Forsyth, K. and Kielhofner, G. (2006) 'Model of Human Occupation Screening Tool (Version 2.0)'. Chicago, Illinois: Authors: University of Illinois at Chicago,

Baron, K., Kielhofner, G., Lyenger, A., Goldhammer, V., & Wolenski, J. (2006). 'The Occupational Self-Assessment (OSA) (Version 2.2)'. Chicago: Model of Human Occupation Clearinghouse, Department of Occupational Therapy, College of Applied Health Sciences University of Illinois.

Keywords

Mental health, Older people

Author Information

For the past two years the author has worked as an occupational therapy lead within the Trust. Has a passion for working with older people, supporting them in feeling able to take charge of their own life, making own choices through doing activities and developing relationships that give their lives meaning.

Session S34.1**IMPROVING ENGAGEMENT IN, AND EXPERIENCE OF, MEAL TIMES FOR PEOPLE WITH DEMENTIA IN THE ACUTE HOSPITAL SETTING: A MIXED METHODS STUDY**

Gallant N University of Southampton/Southern Health NHS Foundation Trust

Research aim: To understand factors influencing levels of engagement and patient experience at meal times for people with dementia in hospital. A sequential mixed methods design was used. The initial phase of the study used structured observations through Dementia Care Mapping (DCM) together with qualitative field notes. Observations took place in two UK NHS hospitals, for 2–3 hours over lunch or tea times. Descriptive statistics were created from the structured observations. Thematic analysis was used for the field notes. The data was then merged to strengthen and support findings. In the second phase of the research, semi-structured interviews were used to develop the concepts arising from the observation data collection and analysis. Framework analysis was used to manage and interpret the interview data. All the findings were then combined for interpretation and applied to the Person-Environment-Occupation Fit model to display the impact on occupational performance. Key themes emerged: meals as a meaningful activity, the impact of visitors, and system vs person centred care. Sub-themes included meal anticipation, environment and interactions. The DCM results showed improved or reduced engagement and experience in response to changes within these themes. Enabling 'cognitive access' to meals was identified as a key factor in influencing occupational performance at meal times. The current set-up of older persons' medical wards is not conducive to individualised dementia care or promoting independence in the eating process. There is a gap in understanding and providing meaningful meal time

care, promoting engagement for people with dementia, which occupational therapy skills fit.

Ethical approval was granted from the Health Research Authority for both stages of the research on 30th January 2017. Research Ethics Committee approval for the first stage of the research was granted, REC reference: 16/SC/0594.

Keywords

Dementia, Older people

Author Information

Naomi is a clinical academic occupational therapist. She is completing her PhD looking at improving meal times for people with dementia in the acute hospital setting. She is soon to be starting an occupational therapy team lead role in an inpatient frailty unit.

Session S34.2**THE EXPERIENCES OF ACTIVITY COORDINATORS WORKING IN CARE HOMES FOR PEOPLE LIVING WITH DEMENTIA****Szekely T, Colgan A** University of Brighton

Engagement in activity for those living with dementia in care homes can improve residents' overall quality of life (Milte et al. 2016). Despite this awareness, activity provision in care homes remains low and there is sparse research into the role of activity coordinators in dementia care (Harmer and Orrell 2008). This study aimed to explore the experience of activity coordinators and to illuminate the positive aspects and challenges of their role. This qualitative study utilised semi-structured interviews to explore the experience of four activity coordinators employed in care homes for people living with dementia. Inductive thematic analysis (Braun and Clarke 2013) was then applied to transcribe and code the data. Among the challenges experienced by activity coordinators, four main themes were identified: management; care staff; group activities; time pressures and staffing. Regarding positive aspects experienced by activity coordinators, three main themes were identified: making a positive impact on residents' lives; use of sensory activities; and the development of the environment. The study illuminated the role of activity coordinators in dementia care, their positive use of sensory based activity and the impact that stimulating environments can have on residents' engagement. The study demonstrated how organisational factors and staff attitudes can affect person centred care and activity engagement and ultimately residents' quality of life. It highlighted the potential for

occupational therapists to collaborate with activity coordinators in dementia care to promote activity provision through education and training for staff and management.

Ethics approval was gained from the University of Brighton, School of Health Sciences Research Governance and Ethics Panel.

References

- Braun V and Clarke V (2013) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2):77–101.
- Harmer BJ and Orrell M (2008) What is meaningful activity for people with dementia living in care homes? A comparison of the views of older people with dementia, staff and family. *Aging and Mental Health* 12 (5): 548–558.
- Milte R, Shulver W, Killington M, Bradley C, Ratcliffe J and Crotty M (2016) Quality in residential care from the perspective of people living with dementia: The importance of personhood. *Archives of Gerontology and Geriatrics* 63 (1): 9–17.

Keywords

Dementia, Older people

Author Information

Tracy Szekely is a senior lecturer and research supervisor at the University of Brighton.

Anna Colgan was a pre-registration MSc student at the University of Brighton., She is now a qualified occupational therapist.

Tuesday 18 June 2019

Session S36.1**VIRTUAL ROAD WORLD: EXPLORING THE UTILITY OF A ROAD SAFETY EDUCATIONAL GAME IN OCCUPATIONAL THERAPY****Purcell C** Cardiff University

In the UK pedestrian casualties increased by 1% between 2016 and 2017, with 25% of these involving a child aged between 0–15 years (DfT, 2018). Given that only 19% of the population fall within this age range (ONS, 2016), children are considered a vulnerable, over-represented group in preventable road traffic accidents. Not surprisingly therefore, the importance of road safety education is widely acknowledged (e.g. Thomson et al., 1996). However, the majority of road safety educational programmes use knowledge-based methods which do not necessarily translate to improved behaviour in real traffic environments (Zeedyk et al., 2001). The use of virtual reality is emerging as a viable alternative as it allows for repeated risk-free practice alongside road safety messages. The aim of this session is for delegates to try a newly developed road safety educational game, which uses iPads, to explore the feasibility of the game as a tool for occupational therapists working with a range of children and young people. It is hoped that during the session a discussion can be facilitated which explores whether any adaptations to the game would need to be implemented and tested to make it a suitable resource for the types of children and young people that occupational therapists work with. Independent mobility enables occupational choice, and previous research has found that children who are able to play outdoors and actively travel accumulate more leisure opportunities, which facilitates social and health benefits (Schoeppe et al., 2013).

References

- Department for Transport (DfT). 2018. Reported road casualties in Great Britain, provisional estimates: year ending June 2018. London: Department for Transport
- Office for National Statistics (ONS). 2016. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Newport: Office for National Statistics
- Schoeppe, S., Duncan, M. J., Badland, H., Oliver, M., & Curtis, C. (2013). Associations of children's independent mobility and active travel with physical activity, sedentary behaviour and weight status: a systematic review. *Journal of science and medicine in sport*, 16(4), 312–319.
- Thomson, J., Tolmie, A., Foot, H. C., & McLaren, B. (1996). Child development and the aims of road safety education.
- Zeedyk, M. S., Wallace, L., Carcary, B., Jones, K., & Larter, K. (2001). Children and road safety: Increasing knowledge does not improve behaviour. *British Journal of Educational Psychology*, 71(4), 573–594.

Keywords

Children and families

Author Information

Senior Lecturer: Occupational Therapy.

Session S37.1**HARNESSING THE SCANDINAVIAN CONCEPTS OF 'LAGOM' AND 'HYGGE' IN CREATIVE BLISS****Hortop A** The University of the West of England

Aim: To demonstrate how the Scandinavian concepts of 'Hygge' and 'Lagom' can be engaged in creative occupations. Background: Lagom is life balance and sustainability to strike a balance between community and individual; social consciousness, moderation and sustainability; optimal solutions and harmonious lifestyles (Akerstrom, 2017). The upcycling project provides opportunities to raise regeneration and regrowth metaphors, drawing on positive psychology. The occupation will be facilitated with the principles of 'Hygge', creating cosiness, comfort and togetherness by consciously appreciating the simple pleasures of life. Hyggelig is the doing of a Hygge activity (Wiking, 2016). Session plan: Thirty participants (guests) will be welcomed to the session, where the facilitator will create 'hygge om' (Hygge for the guests) for the 'Lagom' occupation. A brief introduction to the two concepts of 'Hygge' and 'Lagom' will be presented with examples. The guests will

be invited to create individual projects of creative upcycling or repurposing from discarded materials that inspire them. In the 30 minutes guests will be working on their individual projects in an ambience of Hygge, with support from the facilitator.

References

Akerstrom, L. (2017) *Lagom: The Swedish secret of living well*. London: Hutchinson.

Wiking, M. (2016) *The Little Book of Hygge: The Danish Way to Live Well*. London: Penguin.

Keywords

Children and families, Mental health

Author Information

Alice Hortop is a senior occupational therapy lecturer at the University of the West of England. In 2003 her work developing therapeutic use of humour interventions won an award and she began publishing, presenting this work nationally, internationally. She thrives in researching positive psychology and recently global wellbeing cultures.

Session S38.1**DEGREE APPRENTICESHIPS IN OCCUPATIONAL THERAPY – WHERE DO WE GO FROM HERE?****Waters S** Coventry University **Baxter T** Sheffield Hallam University **Cooper A** Clinical Lead

This seminar aims to enhance the audience's understanding of degree apprenticeships as a new educational route into occupational therapy. It will set out to challenge established thinking around the 'value' of apprenticeships and will introduce a new perspective to meeting workforce needs (CoDH 2017). One of the strategic intentions of the Royal College (RCOT 2018) is to 'position the profession for the 21st century' and to 'empower' young people to choose occupational therapy as a career. The degree apprenticeship offers a new route into the profession, aligning with our beliefs about valuing people and widening participation. Since the establishment of the occupational therapy trailblazer in early 2017, this group has worked to develop a national degree apprenticeship standard and end point assessment in occupational therapy. This has required collaboration across a number of organisations working together in the development of a new and alternative route into the profession. Degree apprenticeships in occupational therapy provide an opportunity for organisations to 'grow their own' and to invest in their future workforce. Working with local education providers, organisations can engage in the education and training of occupational therapists and help to shape the future workforce. A tripartite agreement will be required and the employing organisation will play a significant role in the apprentice's learning journey. By the end of the seminar we hope

delegates will consider that this route into occupational therapy is a viable and meaningful one and will enhance the profession and meet the needs of those people we support in practice.

References

Council of Deans for Health (2017) Registered degree apprenticeships: CoDH policy position. The Council of Deans for Health. London. Available at: <http://councilofdeans.org.uk/wp-content/uploads/2017/05/190517-Apprenticeships-policy-position-paper-May-2017-FINAL.pdf> Accessed on 31.10.18.

Royal College of Occupational Therapists (2018) Strategic Intentions 2018–2023. The Royal College of Occupational Therapists. London. Available at: <https://www.rcot.co.uk/about-us/governance/strategic-intentions> Accessed on 31.10.18.

Keywords

Managers, Education and students, Support workers

Author Information

Sue has over 20 years' experience in occupational therapy education and is the course director for the part-time in-service route at Coventry University. Sue has been actively involved in the trailblazer group for occupational therapy, contributing to the writing of the standard and end point assessment.

Theresa has many years of experience in delivering occupational therapy education and is currently course lead for the practice based occupational therapy degree at Sheffield Hallam University, delivered on site in Grantham. Theresa is currently involved with the trailblazer group for occupational therapy apprenticeships.

Session S39.1**OCCUPATIONAL THERAPIST AS RESEARCHER; TRANSFERABLE SKILLS OR BLURRED BOUNDARIES?****Drury D** Bournemouth University **Smith S** Worcester University

The aim of this work is to share insights and critical reflections on the value and challenges for occupational therapists conducting research. Research is an integral element of the discourse of the occupational therapy profession (Naisbett-Jones and Bannigan 2018). For occupational therapists who wish to

move or have moved into an academic role, an active research profile is becoming a mandatory requirement and performance metric (Carter and Aulette 2016). Through critical reflection using case examples, this paper identifies the shared skills and attributes of the roles of therapist, academic and researcher and considers the challenges in relation to professional identity, ethical practice and qualitative research, in particular the relationship between researcher and researched. Debates around tensions within practitioner-researcher roles have been explored in other disciplines such as nursing and midwifery (Ryan et al

2011, Allen 2004), identifying ethical dilemmas, role blurring and the help and hindrances of a health care background when conducting research 'in the field'. Within occupational therapy, both personal experience and literature suggest that we are as likely to face similar ethical or role blurring issues as any other health/social care practitioner-researcher when immersed in the stories or narratives of those participating in our research. Reflexive research practices (Finlay 2003) are posited as a method of ensuring rigour and quality in qualitative research. We also explore reflexive strategies as a way of supporting the occupational therapy practitioner, academic, researcher in their endeavours to balance multiple roles, produce quality research and ensure the respect and safety of participants.

References

- Allen, D. (2004) Ethnomethodological insights into insider-outsider relationships in nursing ethnographies of healthcare settings. *Nursing Inquiry*, 11(1): 14–24.
- Carter, K., Aulette, J. (2016) Publish, don't perish; ten tips. *English Teaching Forum*. 53(1): 20–28. Available at; <https://eric.ed.gov/contentdelivery/servlet/ERICServlet?accno=EJ1094813>
- Finlay, L. (2003) The reflexive journey; mapping multiple routes. In: L. Finlay & B. Gough. *Reflexivity: a practical guide*

for researchers in health and social sciences. Oxford: Blackwell Science, 3–20.

Naisbett-Jones, S., Bannigan, K. (2018) Working in Research – a viable option for Occupational Therapists? *OT News*, 28(10): 40–43.

Ryan K., Brown S., Wilkins C., Taylor A., Arnold R., Angell C., van Teijlingen E. (2011) Which hat am I wearing today? Practising midwives doing research. *Evidence Based Midwifery*, 9(1): 4–8.

Keywords

Mental health, Older people, Social care

Author Information

Dawn is a lecturer and as an occupational therapist, conducted research whilst working within a crisis resolution team. Latterly, as an academic, she has supervised practitioners.

Sophie is a senior lecturer in Occupational Therapy at the University of Worcester. She is currently undertaking her PhD considering the role and meaning of food for older people. Prior to working in occupational therapy education, Sophie worked predominantly in adult social care.

Session S39.2

COMPLEXITY IN OCCUPATIONAL THERAPY DECISION MAKING: A MULTIPLICITY OF VALUES

Thomas Y University of Worcester **Seedhouse D,**
Peutherer V Values Exchange **Loughlin M** University of
West London

Decision making in occupational therapy is complex. Practitioners must consider multiple factors and perspectives in their everyday decision and intervention planning (Pentland et al, 2018). The Royal College of Occupational Therapists identifies the core values of occupational therapy to be occupation focused and service-user centred practice (RCOT 2017). It is widely assumed that occupational therapists draw on common values to support decision making, in similar ways. A recent study that explored the values that underpin decision making in occupational therapy practice found that despite our shared knowledge and a common culture of enabling, occupational therapists apply values in diverse ways in practice (Thomas et al, under review). Following up on this study, a series of focus groups and interviews considered the results and aimed to explore how understanding the multiplicity of values in occupational therapy might improve service users' outcomes. The study identified a number of factors that impact on decision making and challenge occupational therapists in ways that threaten our espoused values. The implications of these results will enhance education and professional development strategies to support decision making in occupational therapy practice. Practical examples of these challenges and strategies will be presented from the study.

Ethical approval for the study was granted through the University of Worcester Ethic Committee in 2016 (Approval number PRLT080816).

References

- Pentland D, Kantartzis S, Clausen M and Witemyre K (2018) *Occupational Therapy and Complexity: Defining and Describing Practice*. London: Royal College of Occupational Therapists.
- RCOT (2017) *Professional standards for occupational therapy practice*. London: College of Occupational Therapists. Available at: <https://www.rcot.co.uk/node/285> (accessed 10 August 2018).
- Thomas Y, Seedhouse D, Peutherer V & McLoughlin M (no date) An empirical investigation into the role of values in occupational therapy decision making. *British Journal of Occupational Therapy* (under review).

Keywords

Adult physical health, Mental health, Education and students, Social care

Author Information

Yvonne Thomas is Principal Lecturer, Allied Health at the University of Worcester. Yvonne has more than 25 years' experience as an occupational therapy academic and a commitment to developing a confident and well prepared workforce to meet the future needs of service users.

David Seedhouse is the author of *Values-based Decision-making for the Caring Professions* (Wiley 2005) and the creator and owner of the Values Exchange community. David has been writing, teaching and researching into the role of values in health care decision-making for more than 30 years.

Session S40.1

HAVEN OR HELL? A CRITICAL DEBATE OF AGEING-IN-PLACE

Brown H University of Derby

The aim of this session is to critically appraise the concept of ageing-in-place and consider possible consequences of this policy agenda. We live in an ageing society – the number of

people aged over 65 in the UK is forecast to increase from 11.7 million in 2015 to 14.3 million by 2025 (Local Government Association, 2017, p12). Policymakers recognise demographic change has important implications for wider society: 'Meeting the needs of an ageing society' is a Grand Challenge of the Industrial Strategy (HM Government, 2017, p52). Policies

promoting ageing-in-place are increasingly prevalent, with housing, a social determinant of health (Marmot, 2010), important in facilitating wellbeing and independence. As older people spend proportionately more time at home than other groups, the impact of ageing-in-place has potential to be significant. Ageing-in-place is delivered through policy initiatives, including the Care Act (DH, 2014), which emphasises 'independent living' and to 'prevent, reduce, delay' the need for statutory services. Many older people support ageing-in-place, reporting their preference to 'stay put' even when home no longer meets their physical, social or emotional needs. However, the extent to which this is a preferred choice or framed by limited availability of realistic alternatives is unclear. This paper argues policies promoting ageing-in-place risk laying responsibility for wellbeing in older age on individuals and their familial networks, possibly perpetuating inequalities and increasing marginalisation of vulnerable groups who have insufficient access to resources for facilitating successful ageing-in-place. This debate may help occupational therapists to better understand the potential implications of policies supporting ageing-in-place.

References

Department of Health, 2016. Care and support statutory guidance. Retrieved on October 19th 2018 from: <https://www.gov.uk/government/publications/care-act-statutory-guidance/>

care-and-support-statutory-guidance (Accessed 16 October 2016).

HM Government, 2017. Industrial Strategy: building a Britain fit for the future. Retrieved on October 19th 2018 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664563/industrial-strategy-white-paper-web-ready-version.pdf

Local Government Association, 2017. Housing our ageing population: learning from councils meeting the housing need of our ageing population. Retrieved on April 22nd, 2018 from https://www.local.gov.uk/sites/default/files/documents/5.17%20-%20Housing%20our%20ageing%20population_07_0.pdf

Marmot, M., 2010. Fair Society, Healthy Lives: a strategic review of health inequalities in England post-2010 (The Marmot Review), Marmot Review, London.

Keywords

Disadvantaged people, Older people, Social care

Author Information

Helen Brown is a Senior Lecturer in Occupational Therapy, University of Derby, following completion of an MA in Social Research, and Associate Lecturer in Occupational Therapy, University of Derby. Helen has experience of delivering occupational therapy services in local authority housing and adult care departments.

Session S40.2

CO-DESIGNING TOOLS FOR ENGAGEMENT IN CARE HOMES

Craig C Lab4Living, Sheffield Hallam University

Older people living in care homes have some of the most complex needs of society. Whilst there is a high level of consensus that participation in meaningful activity leads to increased quality of life for older people (Han et al 2016, Wenborn et al 2013), repeated studies have highlighted the limited opportunities older people living in care homes currently face when accessing this provision. Mozley (2007) identified in her study of 100 homes that 80% of the homes provided less than six minutes of activity per resident per day. An inquiry undertaken by Craig (2014) highlighted that one of the issues contributing to this lack of stimulation relates to the paucity of age-appropriate materials and activities available to people living in care homes and to the poor design of many existing materials which can infantilise older people. This paper describes the outcomes of a research study focusing on a co-design process with older people and volunteers across 11 care homes in the North of England. Following ethical approval, two focus groups were held, with a total of 31 volunteers and activity staff across the homes. Participants attending these sessions were invited to share their experiences of engaging with older people living in the care homes using existing products available on the market. These conversations were analysed using a thematic method and formed the basis of a series of design responses. The presentation will share the design responses and on-going co-design work with older people living in the homes.

Ethical approval was obtained through the Sheffield Hallam University Ethics Committee in October 2017.

References

Craig, C. (2014) Photography in care homes: methods for a revealing practice. Unpublished thesis.

Han A., Radel J., McDowd J. (2016) Perspectives of people with dementia about meaningful activities: a synthesis. American

Journal of Alzheimer's Disease and other Dementias 31 (2) pp. 115–123.

Mozley, C.G., Schneider, J., Cordingley, L., Molineux, M., Duggan, S., Hart, C., Stoker, B., Williamson, R., Lovegrove, R., Cruickshank, A. (2007) 'The care home activity project: does introducing an occupational therapy programme reduce depression in care homes?', *Ageing and Mental Health*, 11 (1), pp. 99–107.

Wenborn, J., Challis, D., Head, J., Miranda-Castillo, C., Popham, C., Thakur, R., Illes, J., Orrell, M. (2013) 'Providing activity for people with dementia in care homes: a cluster randomized controlled trial', *International Journal of Geriatric Psychiatry*, 28 (12), pp. 1296–1304.

Keywords

Long term conditions, Dementia, Older people

Author Information

Reader in Design and Creative Practice in Health and Co-Director of Lab4Living, an interdisciplinary research cluster at Sheffield Hallam University bringing together design, creative practice and health care researchers.

Session S41.1**THE POST-SCHOOL TRANSITION FOR PEOPLE WITH LEARNING DISABILITY: INCREASING THE POTENTIAL OF OCCUPATIONAL THERAPY****Krol R** Sheffield Hallam University

Research purpose and aims: The post-school transition for young people with learning disability and their parents can be a complex and difficult time. The recent implementation of Education, Health and Care (EHC) plans must include preparing young people for adulthood (DH and DE 2015). This research aimed to explore parents' experiences of the EHC planning process on the post-school transition and its impact on young adults' occupational engagement. Research design: A hermeneutic phenomenological approach was taken to explore the lived experience of parents and draw on the researcher's own experience with those with learning disability. Method: Semi-structured face-to-face interviews with four parents of young people with severe learning disability were conducted. Recruitment was through local gatekeeper organisations and snowballing. Data was analysed using thematic analysis. Results: Parents reported mixed experiences with respect to the process and that EHC plans had little impact beyond accessing further education. There was concern that the policy-practice gap remained large. Greater and better support is required to facilitate a positive post-school transition through

interprofessional and multiagency working, a holistic approach and widening support in all occupational domains. Future implications: The potential for occupational therapy to play a greater role in transition services was identified. Occupational therapy bridges health and social care and therapists can work within education. Occupational therapists can increase opportunities for young adults to engage in meaningful opportunities outside the school environment and enable better outcomes in adulthood.

Ethical approval was granted by Sheffield Hallam University Research Ethics Committee. No further ethical approval was required.

References

Department of Health and Department of Education (2015) Special educational needs and disability code of practice: 0 to 25 years. London: DE. Available at <https://www.gov.uk/government/publications/send-code-of-practice-0-25> Accessed on 5.11.18

Keywords

Learning disability, Social care

Author Information

MSc (pre-registration) Occupational Therapy student.

Session S41.2**THE IMPACT OF YOGA AS A LEISURE OCCUPATION ON THE WELL-BEING OF ADULTS WITH LEARNING DISABILITIES****Sheridan-White M, O'Brien R** Sheffield Hallam University

People with learning disabilities (PWLD) have recognised health inequalities (Mencap 2018) and experience barriers to leisure occupations (Hawkins and Look 2006). Yoga is an Eastern tradition focused on the union of mind, body and spirit. Evidence suggests that yoga is an effective complement to the treatment of mental and physical health concerns. Scant research exists into yoga as an intervention in occupational therapy (Sulenes et al 2015) and even less including PWLD (Hawkins et al. 2012). This mixed methods case study aimed to explore the lived experience of yoga for PWLD, the effects on participants' physical and mental well-being and barriers to participation. Five one-hour 'Special Yoga' sessions were delivered for attendees of a day service. Data were collected through eight Likert-scale surveys converted into a bar chart, and four semi-structured individual interviews with participants and family members, evaluated by thematic analysis. 100% response rate findings indicate that yoga is an enjoyable leisure occupation that may increase levels of physical activity and aid relaxation. Barriers include cost, timings and unsuitable classes; parents suggested joint classes would be advantageous. Occupational therapists may be well placed to deliver adapted yoga sessions owing to the shared belief of holistic health. Results suggest that yoga may aid in the inclusion of disadvantaged persons in an occupation that increases health and well-being, and combined parent and service-user classes may overcome barriers to participation. Further research is needed to substantiate these findings.

Ethical approval was granted by Sheffield Hallam University Ethics Department.

References

Hawkins A & Look R (2006) Levels of Engagement and Barriers to Physical Activity in a Population of Adults with Learning Disabilities. *British Journal of Learning Disabilities*, 34(4), 220–226.

Hawkins B, Stegall J, Weber M & Ryan J (2012) The influence of a yoga exercise program for young adults with intellectual disabilities. *International Journal of Yoga*, 5(2), 151–156.

Mencap (2018) Health inequalities: Research & Statistics. Available at: <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health-research-and-statistics/health> Accessed on 24.10.18.

Sulenes K, Freitas J, Justice L, Colgan DD, Shean M, & Brems C (2015) Underuse of yoga as a referral resource by health professions students. *Journal of Alternative and Complementary Medicine*, 21(1), 53–9.

Keywords

Learning disability, Mental health, Disadvantaged people

Author Information

Michaela Sheridan-White is an MSc Occupational Therapy (pre-reg) student at Sheffield Hallam University and a qualified yoga instructor.

R O'Brien is dissertation supervisor and senior lecturer at Sheffield Hallam University.

Session S42.1**DEVELOPMENT OF AN OCCUPATIONAL THERAPY ASSESSMENT OF THE LIBERTY PROTECTION SAFEGUARDS****Brewin C** University of Nottingham

Aims: The study aims to develop a community occupational therapy assessment of the liberty protection safeguards which reflects the needs of people living with dementia and their carers.

Methods: The research will have three components.

- A scoping review of published literature relating to deprivation of liberty from a clinical and legal perspective.
- Semi structured interviews with people who live with dementia, carers and clinicians identifying different perspectives on the issue of liberty and the law.
- The development of the assessment tool through the findings of components one and two of the research with input from the supervisory team, lawyers and PPI. The tool will be developed further through an online Delphi study.

Results: The results of the scoping review identified the following domains which would be presented at conference together with the underlying evidence for these interventions.

- The assessment of capacity and cognition.
- The provision of telecare technology.

- The Herbert Protocol.
- Education programmes for carers.
- Peer support for carers and those who live with dementia.
- Reducing home based risks to facilitate freedom and safety.
- Signposting for welfare benefit checks and care packages.

Conclusions: This assessment will represent new territory for occupational therapists, which will give them a key position in implementing legal change and a role in bridging the legal/clinical gap.

Ethical approval will be obtained.

References

The Law Commission (2017) Mental Capacity and Deprivation of Liberty, available from <http://www.Lawcom.Gov.Uk>

Keywords

Adult physical health, Dementia

Author Information

The principal author is an NIHR Clinical Doctoral Fellow and occupational therapist. This research forms an element of a doctoral thesis. Prior to working as an occupational therapist, worked as a solicitor. The secondary author is Doctor Sarah Goldberg, the principal author's academic supervisor who specialises in research into dementia.

Session S44.1**A NEW PERSPECTIVE OF OCCUPATION – THE PRINCIPLES AND PRACTICES OF DOING MODEL (PPOD)****Hughes L, Spilsbury R** The OT Partnership LLP

Aims: This work aims to provide occupational therapists with new ways of thinking about occupation which supports the theory and practice of occupational therapy. **Background:** The PPOD model can be used to:

- Gain understanding of the qualities and characteristics of occupations.
- Explain why various occupations are attractive or not.
- Understand individual occupational preferences
- Understand why every person constructs a unique occupational identity.
- Reveal the qualities and characteristics of our occupations which can cause unhappiness, lack of fulfilment and/or contribute to ill health.
- Inform and support occupational choices which can generate satisfaction, fulfilment and health.
- Underpin a new philosophy of life and care.

Applicable to individuals, groups, organisations or populations regardless of culture, finance, education or political perspective. Treatment can be planned, prioritised and evaluated using PPOD assessment, conducted independently, with clients or observationally.

The model proposes that occupation offers one or more of the following experiences.

1. Choice
2. Challenge
3. Meaning
4. Connection

Four co-dependent perspectives exist.

1. Contrast and Balance
2. Flow and Alignment

Method: Developed and used in clinical practice in dementia and other settings. Anecdotal feedback is positive but it is yet to be formally evaluated.

Conclusion: This offers a new approach which can develop and improve practice and education. Exploring the qualities of occupation moves beyond traditional classifications of 'occupation' (Lauckner et al 2011) to encompass wider qualities of occupational engagement and how experiences and feelings are built through occupation. It provides the means to assess, evaluate and enable an individual/team/organisation create positive change.

References

Lauckner, H. M., Krupa, T. M. & Paterson, M. L. (2011). Conceptualizing community development: Occupational therapy practice at the intersection of health services and community. *Canadian Journal of Occupational Therapy*, 78, 260–268.

Keywords

Adult physical health, Long term conditions, Dementia, Older people

Author Information

Lynda Hughes has a range of clinical experience in roles in physical, mental health, management and education. Experience working with people with young onset dementia combined with two MScs informed the development of the PPOD model to augment the theoretical foundations of occupational therapy practice.

Rebecca Spilsbury is an occupational therapist and has worked alongside Lynda Hughes to develop the PPOD model over a number of years. She is currently working within NHS older adult services and in independent practice, collaboratively working to develop occupational therapy roles within primary care.

Session S44.2**A CASE STUDY ANALYSIS OF THE SCOPE OF THE OCCUPATIONAL THERAPY ROLE IN A CRITICAL CARE UNIT****Latham C** University Hospital of North Midlands

Aim: To evaluate the occupational therapy role via the critical appraisal of a case study against current literature to facilitate the improvement of services, outcomes and the development of the occupational therapy role in critical care. Background: Occupational therapy is an emerging service within critical care units and supporting literature indicates the need for early intervention in adult physical health, cognitive rehabilitation and engagement in meaningful functional activities with 45 minutes of therapy five days a week (FICM, 2015). Patients at risk of physical and non-physical morbidity should receive individualised rehabilitation programmes starting as early as possible, with goals to meet the patient's complex physical, cognitive and psychological needs (NICE, 2009). Method: Analysing a patient journey through critical care via a case study enabled the reflection of occupational therapy service provision. This analysis posed the question of what changes are possible with current resources and how these changes can be implemented. The occupational therapy service has since developed a mood likert scale, updated the referral criteria, provided in-service training and is utilising occupational therapy week to increase awareness of occupational therapy in critical care and reviewing

the electronic system to improve records. It also proposed the need for further audits. Conclusion: By reviewing a patient case study it has been possible to identify that occupational therapists have a skill set essential within critical care and there are many areas of positive patient intervention within guideline recommendations. An action plan has been implemented for improving the service based on this case review.

References

Faculty of Intensive Care Medicine & Intensive Care Society. [2015]. Guidelines for the Provision of Intensive Care Services. Faculty of Intensive Care Medicine: London.

National Institute for Clinical Excellence. [2009]. Rehabilitation after Critical Illness: Clinical Guideline 83. National Institute for Health and Care Excellence: London.

Keywords

Adult physical health

Author Information

Occupational therapist working within a large critical care unit (CCU) with trauma status. Occupational therapy was first introduced on the CCU in 2017. The author is passionate about improving the service of occupational therapy using evidence based literature and case studies demonstrating the benefit of occupational therapy on patient care.

Session S45.1**A SERVICE EVALUATION OF A NOVEL REHABILITATION GROUP PROGRAMME: STABLE, FOR EARLY PARKINSON'S DISEASE****Murphy G** Hertfordshire Community NHS Trust

The impact of Parkinson's is considerable (Fineberg 2013). Neuroscience advances suggest neuroplasticity-focused, intensive movement programmes may retrain, enhance brain pathways, increase and protect dopamine neurons and possibly slow Parkinson's degeneration, greatly impacting quality of life and costs (Farley et al 2008, Hirsch & Farley 2009, Frazzetta et al 2015). Such programmes need to be high in complexity, intensity (forced effort, repetition, amplitude – BIG movements), saliency and to start at early diagnosis. This challenges traditional occupational therapy practice, which tends to be 'low dose', start later in the course of disease, and simplify or modify activities to avoid challenging the faulty basal ganglia. Limited programmes using this new evidence are either costly 1:1 protocols, physio exercise focused or lack specific evidence. We have developed a group based programme utilising the new evidence base. STABLE (Staying Active with Big Limb Exercises) crucially focuses on function, integrates meaningful activities and can be run by occupational therapists over 8 weekly sessions. Independent analysis of 50 patients' data by the University of Hertfordshire has shown highly significant improvements across all parameters, including mood, social aspects, confidence, self-efficacy and quality of life. Improvements in mobility, dual tasking, writing, functional ability and participation in valued daily activities and roles were all highly significant with $p < 0.001$. (Outcome measures used: Physical Performance Test, Goal Attainment Scale, Walking Impact Scale, Parkinson's Disease Questionnaire 8 (PDQ8), likert scales for chosen daily activities.) We believe STABLE offers a standardised effective rehabilitation tool for early PD.

References

Farley, B. G., Fox, C. M., Ramig, L. O. & McFarland, D. H. (2008). Intensive Amplitude: Specific Therapeutic Approaches for Parkinson's Disease: Toward a Neuroplasticity Principled

Rehabilitation Model. *Topics in Geriatric Rehabilitation*, 24(2), 99–114. doi: 10.1097/01.TGR.0000318898.87690.0d.

Fineberg, N. A., Haddad, P. M., Carpenter, L., Gannon, B., Sharpe, R., Young, A. H. ... & Sahakian, B. J. (2013). The size, burden and cost of disorders of the brain in the UK. *Journal of Psychopharmacology*, 0(0), 1–10. doi:10.1177/0269881113495118.

Frazzetta, L., Maestri, R., Bertotti, G., Riboldazzi, G., Boveri, N., Perini, M., Uccellini, D., Turla, M., Comi, C., Pezzoli, G., Ghilardi, F. (2015). Intensive Rehabilitation Treatment in Early Parkinson's Disease: A Randomized Pilot Study With a 2-Year Follow-up. *Neurorehabilitation and Neural Repair*, 29(2), 123–39; 131. doi: 10.1177/15459683145429813.

Hirsch, M. & Farley, B. G. (2009). Exercise and neuroplasticity in persons living with Parkinson's disease. *European Journal of Physical and Rehabilitation Medicine*, 45, 215–229.

Keywords

Long term conditions, Neurological practice

Author Information

Gillian Murphy is a senior neurological occupational therapist at Danesbury Neurological Centre, Hertfordshire Community NHS Trust and has worked in neurological rehabilitation for over 14 years. She designed the STABLE programme with her colleague Wendy Forsyth (neurological physiotherapist).

Session S46.1**DRIVING AND DEPRESSION: OCCUPATIONAL THERAPISTS' CURRENT KNOWLEDGE, ATTITUDES AND PRACTICE IN IRELAND**

Buckley S St Patrick's Mental Health Services **Robinson K** University of Limerick **Stapleton T** Trinity College Dublin

Purpose and aims: Driving can help facilitate recovery from depression (Dun et al., 2015; Hawley, 2010). Little is known about how occupational therapists support clients with depression to participate in driving. This study aims to explore the current knowledge, attitudes and practice related to fitness to drive (FtD) among occupational therapists working with clients with depression in Ireland. Method: A cross sectional purposely designed 20 item questionnaire for health professionals with five additional open-ended questions for occupational therapists to allow for their views and opinions to be developed was utilised (Buckley et al., 2017). Results: 96 occupational therapists (57 primary care and 39 mental health) responded. Respondents (80%) believe they have a duty of care to discuss FtD, recognise the assessment of FtD as important (71%) and acknowledge driving is an important instrumental activity of daily living for clients with depression. Only 7% reported consistently assessing driving. The use of standardised measures in the assessment of FtD was inconsistent. While some therapists provided driving related advice and/or education, respondents tended to avoid addressing driving or referring to other disciplines/professionals. Conclusion: Occupational therapists have a unique focus and skill set which can contribute

to the decision making required to ensure clients with depression are enabled to safely drive. Further training and awareness of the role that occupational therapy can contribute to this area of practice is the first step in enabling therapists to become more proactive in their engagement in addressing driving among clients with depression.

Ethical approval was granted by the Research Ethics Committee (Protocol 07/13).

References

Dun C, Baker K, Swan J, et al. (2015) 'Drive Safe' initiatives: An analysis of improvements in mental health practices (2005–2013) to support safe driving. *British Journal of Occupational Therapy* 78(6): 364–368.

Hawley C (2010) Driving after head injury. *Journal of Neurology, Neurosurgery and Psychiatry* 76(6): 761–766.

Buckley SE, Robinson K and Stapleton T (2017) Driving and depression: Health professionals' perspectives in Ireland. *Journal of Transport and Health* 7(B): 235–246.

Keywords

Mental health

Author Information

Sherrie is the occupational therapy manager in St Patrick.

Dr Robinson is a lecturer in Occupational Therapy at the University of Limerick, Limerick, Ireland.

Session S46.2**AN EXPLORATION OF OCCUPATIONAL THERAPY WITHIN PERINATAL MENTAL HEALTH SERVICES: A GROUNDED THEORY STUDY**

Graham M Leeds Beckett University

Currently, one in five women will experience mental illness either during pregnancy or in the year after giving birth; this equates to 160,000 women in the UK alone (Royal College of Obstetricians and Gynaecologists, 2016). Perinatal mental health services have been identified as a priority area in the Five Year Forward View for Mental Health (NHS England, Mental Health Taskforce, 2016), with the aim of 30,000 more women each year being able to access specialist treatment and support by 2020/21. However, there is limited research around the role of occupational therapy and its unique contribution in this specialist area of practice (Burbridge, 2015; Sloopjes et al., 2016). This study aims to explore the nature, meaning and purpose of occupational therapy within perinatal mental health services within the UK, using a grounded theory approach. Participants were recruited from a specialist interest group of occupational therapists working in both inpatient and community perinatal mental health services. In-depth semi-structured telephone interviews were carried out and an iterative approach was utilised, with data coded in line with grounded theory methodology (Charmaz, 2014). The results highlighted many aspects of the daily practice of occupational therapists working with women and their families, including the challenges and supporting factors to practising using an occupational lens and the experience and skills required to work in such a complex and sensitive field. Further research will explore the multi-disciplinary team and service user perspectives of this unique contribution.

Ethical approval was granted on 20/04/18 by Leeds Beckett University. Application ref: 48473.

References

Burbridge, K. (2015) What is the role of occupational therapists in acute perinatal mental health? College of Occupational Therapists 39th Annual Conference.

Charmaz, K. (2014) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: Sage.

NHS England, Mental Health Taskforce (2016) *The Five Year Forward View for Mental Health*. NHS England.

Royal College of Obstetricians and Gynaecologists (RCOG) (2016) Breaking down the barriers in maternal mental health. *O&G magazine* (summer 2016), pp.10–13.

Sloopjes, H., McKinstry, C. and Kenny, A. (2016) Maternal role transition: Why new mothers need occupational therapists. *Australian Occupational Therapy Journal*, 63, pp. 130–133.

Keywords

Children and families, Mental health

Author Information

Mandy is a senior lecturer at Leeds Beckett University and is currently undertaking a PhD in the field of perinatal mental health.

Session S47.1**LEARNING COMMUNITIES FOR CPD**

Lawson S Wrexham Glyndwr University and TRAMmCPD,
Tempest Dr S Royal College of Occupational Therapists

The aim of this workshop is to explore the importance of learning communities and highlight resources available to support all occupational therapy personnel to engage in collaborative continuing professional development (CPD). It will provide participants with opportunities to experience different, practical learning community formats. Learning communities, whether face to face or virtual, are essential for CPD. Interactive learning with others supports reflection (HCPC 2017) and the application of learning into practice (Lawson 2018). Employers are encouraged to facilitate opportunities for interprofessional, peer-to-peer learning when supporting CPD in practice (Broughton and Harris 2018). CPD must be owned by the individual and encompass a range of activities (HCPC 2017; Hearle et al 2016). These can be undertaken both at work and in our everyday life, with the primary aim of applying the learning to benefit ourselves, our service users and service delivery. There is evidence to support the effectiveness of learning communities for CPD, yet adult learning continues to be dominated by the expert lecture format. It has long been argued that adults prefer more self-direction and interaction (e.g. Knowles 1990). This workshop will share a range of opportunities and resources to support existing learning communities and inspire new ones to form.

References

Broughton W. and Harris G. (2018) (Eds) on behalf of the Interprofessional CPD and Lifelong Learning UK Working Group. Principles for Continuing Professional Development and Lifelong Learning in Health and Social Care. Bridgwater: College of Paramedics.

Health and Care Professions Council (HCPC) (2017) Continuing Professional Development and your Registration. London: Health and Care Professions Council.

Hearle, D., Lawson, S. and Morris, R. (2016) A Strategic Guide to CPD for Health and Care Professionals: The TRAMm Model. Keswick: M&K Publishing.

Knowles, M. S. (1990) The Adult Learner: A Neglected Species. Houston, TX: Gulf Publishing Co.

Lawson, S. (2018) Occupational Therapists' Understanding of and Engagement in Continuing Professional Development. In Royal College of Occupational Therapists 42nd Annual Conference Belfast.

Keywords

Managers, Education and students, Support workers

Author Information

Sarah Lawson (@SLawsonOT) is an occupational therapist, MPhil/PhD student, graduate lecturer at Wrexham Glyndwr University and a volunteer for the Royal College of Occupational Therapists Conference Development Team and North West Regional Committee. Sarah is part of the TRAMmCPD team. Her PhD is concentrating on continuing professional development and TRAMmCPD.

Dr Stephanie Tempest (@SetG75) is an occupational therapist, educator, researcher and the professional development manager at RCOT. She represented the profession at the Interprofessional CPD and Lifelong Learning working group last year, publishing the Principles for CPD and lifelong learning in health and social care.

Session S49.1**THE USE OF SENSORY OCCUPATIONAL THERAPY GROUPS TO TARGET LEISURE DEPRIVATION FOR PEOPLE WITH SEVERE BRAIN INJURY AND PROLONGED DISORDERS OF CONSCIOUSNESS (PDOC)**

Fuller S, McDonough L Royal Hospital for Neuro-Disability

Aim:

- To learn how to provide sensory leisure based groups for people who cannot actively participate.
- To highlight how sensory groups can be used for PDoC reviews as recommended in the Royal College of Physician (RCP) PDoC Guidelines 2015 and also be adapted to meet all complex levels of disability.

Continuing Care service 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 PDoC (vegetative state or minimally conscious state). A service evaluation on access to leisure showed that people in PDoC had limited access to appropriate leisure activities and were at high risk of occupational deprivation. The occupational therapy team used group work and activity analysis to break down the components of existing leisure groups to form two specialised groups that capture the different participation needs of our residents. Sensory groups are based on providing a sensory experience within the context of the activity and are suitable for residents who cannot actively participate. The RCP guidelines for PDoC recommend annual assessment of a person's level of awareness. Sensory groups have been identified as a key tool to enable timely and effective annual reviews.

Session plan: participants will learn how to set up a sensory activity (art and baking) appropriate for people in PDoC. This will include activity analysis, presentation of sensory stimuli, analysis of responses and how this can be adapted to different settings.

Keywords

Adult physical health, Long term conditions, Neurological practice

Author Information

Siobhan is a senior occupational therapist with a specialist interest in the management of people with a prolonged disorder of consciousness and is an advanced assessor for the Sensory Modality Assessment and Rehabilitation Technique (SMART).

Lucy is a senior occupational therapist with an interest in neurology. Lucy is an accredited SMART assessor and currently works with patients requiring assessment for their level of awareness. Lucy helped to set up a specific monitoring and assessment programme (in line with the RCP guidance for PDoC 2015).

Session S50.1**LEGO®, IT'S NOT JUST FOR KIDS!**

Hughes K Royal College of Occupational Therapists West Midlands Region

Introduction: Much of the research surrounding the use of LEGO® within health or occupational therapy stems from children's services or adults with neurodiversity – there is little written about its use within mainstream services or as a therapeutic tool for maintaining well-being. Despite its small evidence base, there is a growing community of adults that engage with LEGO® as a meaningful occupation who go by the acronym AFoL: Adult Fan of LEGO®. Members of this community credit their engagement with LEGO® as helping them to stay mentally well, to enjoy their leisure time and even supporting them in making like-minded friends and joining social groups. Many within the community participate as a form of reminiscence, others as a form of shared occupation with their children, and some simply enjoy the themes or specific sets. With over 19 billion LEGO® elements produced each year, there

is a LEGO® set for everyone and every occasion. The aim of this occupation station is to explore the use of LEGO® as an adult occupation considering the different forms, potential meaning and its therapeutic place in an adult's daily life. Plan: During the 90 minutes participants will be asked to engage in three LEGO® activities: one in a structured form, followed by a free flow build, with the third being just for fun. Participants will be asked to compare the two tasks, reflecting on their participation and performance and feelings they experienced.

Keywords

Mental health

Author Information

Kirstie is an occupational therapist and adult fan of LEGO® (AFoL). Her professional interests include diverse occupational therapy practice and accessible forms of continuing professional development (CPD). You can follow Kirstie on Twitter @Kirstie_OT.

Session S51.1**USING QUALITY IMPROVEMENT METHODOLOGY TO IMPROVE RECRUITMENT AND RETENTION OF OCCUPATIONAL THERAPISTS AT WEST LONDON NHS TRUST**

Lycett H West London NHS Trust

By March 2017 West London NHS Trust had a vacancy percentage for the allied health professions (AHPs), of which occupational therapists form the largest part, standing at 28%. Recruitment of AHPs is a significant problem across London, with a 30% vacancy percentage for occupational therapists in the capital (Haig and Summerfield-Mann, 2016). The Trust Lead for AHPs led a project using the Model for Improvement (2009), aimed at reducing the vacancy percentage for AHPs in the Trust. A range of initiatives was tested by applying an improvement science methodology including Plan, Do, Study, Act (PDSA) cycles. These interventions focused on AHP/occupational therapy workforce retention and recruitment and included

- A dedicated programme for Band 6 AHPs to aid retention
- The use of rolling adverts for Band 5 and 6 occupational therapy posts
- The use of Google Ad words to drive internet traffic to the Trust's recruitment microsite
- Fast track recruitment days

This resulted in the following

- Vacancies reduced from 28% to 9% in 10 months
- Reduced agency spend

- Increased professional confidence
- Clearer intentional and accessible workforce development opportunities

A cycle allows for testing of a range of ideas and the use of data to understand if ideas are working is key. No one idea will work in isolation and it's important to use the knowledge of the project team, to ensure that new ideas are heard and valued. The Model for Improvement is a useful approach when thinking about the challenge of recruitment and retention for AHPs and occupational therapists specifically.

References

Haig L & Summerfield-Mann L (2016) An Investigation into the Occupational Therapy Workforce in London. South Bank University. London.

Norman CL, Langley GL, Nolan KM, Provost LP, Moen RD & Nolan TW (2009) The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. 2nd Edition. Jossey-Bass. San Francisco.

Keywords

Managers, Mental health, Education and students

Author Information

The author is an occupational therapist now working as a Trust Lead for Allied Health Professions. Spent entire career working in mental health. Passionate about both improving services and workforce development and sees the Model for Improvement as a helpful tool for structuring improvement initiatives.

Session S51.2**CLINICAL LEADERSHIP IN OCCUPATIONAL THERAPY**

Ricketts P The Dudley Group NHS Foundation Trust

Introduction: Little is known about occupational therapists' views of clinical leadership. Heard (2014) warned that the limited volume of leadership studies presents serious concerns for the profession. This paper reports on the findings of a study which aimed to explore occupational therapists' views of clinical leadership in order to make recommendations for future training, development and practice. Research design/methods: Thirteen occupational therapists were interviewed to explore in

depth their perceptions and experiences of clinical leadership. Interviewees had participated in an earlier national survey of clinical leadership undertaken in the UK. Semi-structured interviews were employed to gain a deeper understanding of the emergent key themes arising from the survey, which sought participant views on effective clinical leadership. Results: Opportunities for the development of clinical leaders vary. Results highlight that often occupational therapists miss out on leadership opportunities, with the suggestion that issues relating to professional profile and identity have had a detrimental impact. Findings suggest that training and mentorship are

important to the development of clinical leaders, and that greater efforts should be made to give clinical leadership roles to those best suited to undertake these positions. Importantly, support and direction from the Royal College of Occupational Therapists were recommended. Implications for occupational therapy: The Royal College of Occupational Therapists has acknowledged the importance of clinical leadership (College of Occupational Therapists 2013, RCOT 2018). This study provides an insight into the key issues for practitioners and makes recommendations to strengthen the position of occupational therapists as clinical leaders.

Research ethical approval was granted by the University of Nottingham Faculty of Medicine and Health Sciences Research Ethics Committee – reference number F08052014 SoHS OT. Informed written consent was required for participation.

References

College of Occupational Therapists (2013) Clinical Leadership: Occasional Paper No 1. London: College of Occupational Therapists.

Heard CL (2014) Choosing the Path of Leadership in Occupational Therapy. *The Open Journal of Occupational Therapy*. 2(1): 1–18.

The Royal College of Occupational Therapists (2018) Strategic Intentions 2018–2023. London. Royal College of Occupational Therapists.

Keywords

Managers, Education and students

Author Information

The author qualified as an occupational therapist in 1993 and has worked in a variety of settings. Completed an MSc in Occupational Therapy in 2001 and studying for a Doctorate in Health Sciences at the University of Nottingham. Area of interest is clinical leadership.

Session S52.1 (FP)

ENHANCING STUDENT EXPERIENCE: 'FLOATING HEADS' IN THE CLASSROOM

Pywell S, Jarvis K, Clampin A, Milston A, Imms R, Collins L
UCLan

Introduction: Integrating digital technologies within the contemporary occupational therapy curriculum is essential to prepare pre-registration occupational therapists for future practice (RCOT 2015). Staff and students of a new MSc (pre-registration) Occupational Therapy programme worked together to integrate digital technologies to develop novel, exciting and inspiring teaching. 'Floating heads' enable practitioners to contribute virtually to classroom-based sessions whilst remaining in their work environment. Methods: Immersion in real world contemporary practice is a core philosophy at UCLan. External practitioner experts were invited to contribute 'virtually' to taught sessions within the programme. Skype enabled practitioners to become a focus for a taught session, through blended learning strategy (Friesken 2012, McLoughlin & Lee 2008). Students were provided with information on a topic, then met the 'floating head' and were able to ask questions to further their understanding. The inclusion of 'floating heads' was evaluated by staff and students. Findings: The sessions were well received by the 16 students enrolled on the programme. Evaluations indicated 1. Strengths: 'floating heads' enhanced teaching, adding perspective, authenticity and depth to learning; 2. Needs: excellent IT support, time to plan and a commitment to 'give it a go'; 3. Threats: risks included ensuring the technology was sufficiently robust; 4. Opportunities: a wide variety of potential topics that could be developed to incorporate 'floating heads'. Conclusion: The use of 'floating heads' offers a

means to enhance learning. It worked well with a small cohort of post-graduate pre-registration students. Further pedagogical research is required, including the feasibility of connecting practitioners with academic environments.

References

COT (2015) Managing Information: 2015–2020. College of Occupational Therapists: London. Available at: <https://www.rcot.co.uk/sites/default/files/COT-Managing-Information-Implementation-Plan-June2015.pdf>

Friesken N (2012) Report: Defining Blended Learning. Available at: http://learningspaces.org/papers/Defining_Blended_Learning_NF.pdf

McLoughlin C & Lee MJW (2008) The Three Ps of Pedagogy for the Networked Society: Personalization, Participation, and Productivity. *International Journal of Teaching and Learning in Higher Education*. Volume 20, Number 1, 10–27. Available at: <https://files.eric.ed.gov/fulltext/EJ895221.pdf>

Keywords

Education and students

Author Information

Sam Pywell is a Practice Learning Support Tutor at the University of Central Lancashire (UCLAN). Sam has won the Institute of Social Psychiatry Award three times for her PhD research into anxiety and stress discourses in palliative care and is currently writing up her PhD.

Kathryn is the course leader for the new MSc Occupational Therapy course at UCLan.

Session S52.2 (FP)

SMART DEVICES: DO THEY OR COULD THEY HELP YOUNGER PEOPLE WITH DEMENTIA MAINTAIN OCCUPATION?

McGarvey N Coventry and Warwickshire Partnership Trust and Coventry University

People with young onset dementia (YOD) experience complex occupational needs that differ from those experienced by the older population. Research shows that technology plays a role in supporting people living with dementia (Law, Baptiste and Mills 1995), but until now this has focused on keeping people

safe as opposed to supporting people's holistic wellbeing. Experiences gathered thus far are from professionals' and carers' perspectives, not from people living with dementia (Robinson et al. 2009). Living in a digital era presents a unique opportunity, where the vast majority of those under 65 years living with dementia own devices such as phones or iPads. Essentially, there is a gap in knowledge where everyday smart device technology is concerned in relation to supporting people with YOD to live well (Small et al. 1999). This research will draw attention to the experiences of people with YOD in using devices, and whether

they are implicitly or explicitly used in the context of managing occupations whilst navigating dementia. The research is also designed to highlight perspectives regarding the use of smart devices, the benefits, opportunities and barriers that may exist. This data will be the foundation of future co-creation and development with people with dementia to improve services, adapt current devices and innovate towards greater continuance of meaningful occupations through technology, despite living with dementia. Outcomes of the research will be valuable for improving the lives of people with YOD and will apply to other populations where smart technology can be explored and applied more meaningfully.

Ethical approval: IRAS project ID: 240274. REC reference: 18/WM/0155. Sponsor: Coventry University. IRAS approved 12th July 2018.

References

Law, M., Baptiste, S. and Mills, J. (1995) Client-centred practice: What does it mean and does it make a difference? *Canadian Journal of Occupational Therapy*, 62(5), 250–257.

Robinson, L., Brittain, K., Lindsay, S., Jackson, D. and Olivier, P. (2009) 'Keeping in Touch Everyday (KITE) Project: Developing Assistive Technologies with People with Dementia and their Carers to Promote Independence'. *International Psychogeriatrics*, 21(3), 494–502.

Small, S.A., Stern, Y., Tang, M. and Mayeux, R. (1999) Selective decline in memory function among healthy elderly. *Neurology*, 52(7), 1392–1392.

Keywords

Dementia

Author Information

The author has been a memory and dementia occupational therapist for the last 15 years and recently began a clinical academic career, with a place on an NIHR/HEE MRes programme at Coventry University. Interested in linking knowledge from clinical practice, literature and new research to highlight gaps worthy of investigation.

Session S52.3 (FP)

GOING ON A GOOSE CHASE – PRACTICAL EQUIPMENT SKILLS IN A COMPETITIVE LEARNING ENVIRONMENT

Grant T University of Worcester

This presentation aims to improve the practical equipment knowledge gained by student occupational therapists during pre-registration education. Learning how to safely use and effectively prescribe equipment is a vital occupational therapy skill. Like any practical skills, this takes time and repetition, which may be limited during placement. The increasing diversity of placements, whilst broadening students' experience and providing diverse practice opportunities, reduces reliability that all students will encounter adaptive equipment (Glenn & Gilbert-Hunt, 2012). This can risk limiting the new graduate's confidence and competence in performing core skills such as raising a bed or providing the appropriate toilet equipment. Setting up appropriate classroom learning to meet this need can be challenging. Whilst the benefits of experiential learning approaches are widely recognised, these require significant time to set up appropriately and can add to the student's feelings that theory and practice do not interact, as they can lead students to overlook the theory base and focus solely on the practical skills (Laurillard, 2010). By employing a freely available smartphone app, an interactive workshop has been designed at University of Worcester using game-based theory (Crocco, Offenholley & Hernandez, 2016) to support more traditional pedagogies to enable the students to develop the required skills in a safe and supported environment. The workshop has been found to

identify hitherto unnoticed errors and to lead to extremely high student engagement, allowing students ample opportunity to enhance their equipment knowledge. This technique could be applied to any practical task in order to increase student confidence.

References

Crocco, F., Offenholley, K. and Hernandez, C. (2016) 'A Proof-of-Concept Study of Game-Based Learning in Higher Education', *Simulation & Gaming*. SAGE Publications, Los Angeles, CA, 47(4), pp. 403–422.

Glenn, E. K. and Gilbert-Hunt, S. (2012) 'New graduate occupational therapists' experience of showering assessments: A phenomenological study', *Australian Occupational Therapy Journal*. Wiley/Blackwell (10.1111), 59(3), pp. 188–196.

Laurillard, D. (2010) 'An Approach to Curriculum Design', *Education*, (April), pp. 1–35.

Keywords

Adult physical health, Education and students, Older people, Social care

Author Information

Terri Grant is a Senior Lecturer in Occupational Therapy at the University of Worcester who is committed to providing high-quality student experiences which will be remembered as fun as well as informative. She seeks to do this by blending real practice situations with engaging and competitive learning activities.

Session S53.1

OUTCOMES OF OCCUPATIONAL THERAPY IN MENTAL HEALTH – WHAT ARE THEY AND HOW DO WE MEASURE THEM?

Birken M City, University of London Connell C Birmingham and Solihull Mental Health NHS Foundation Trust
Graham M Leeds Beckett University

Aim: Participants will critically evaluate

- the range of outcomes of occupational therapy interventions in mental health clinical practice
- meaningful outcome measurement to demonstrate the impact of occupational therapy interventions

Background: Occupational therapists are required to incorporate evidence-based outcome measures into their practice (College of Occupational Therapists, 2015) in order to routinely evaluate the impact of their interventions for service users and service aims (Pentland et al, 2018). According to the World Federation of Occupational Therapists (2010), the primary goal of occupational therapy is to enable people to participate in everyday life.

However, there is no agreement about how to measure this and what other outcomes to measure in mental health occupational therapy clinical practice. Of occupational therapists working in adult community mental health, 41% (41) of survey respondents did not measure the outcomes of their interventions (Birken et al, 2017). Critical analysis: The authors will present a critical

examination of the types of outcomes that can be reported following an occupational therapy intervention in adult mental health practice. Facilitated discussions in this workshop will focus on what outcomes are priorities to capture clinically meaningful change and support of service aims, and what outcome measures could be used. Conclusion and relevance to practice: Occupational therapists will be able to make informed decisions regarding use of outcome measures in mental health to capture service user changes and contribution to service outputs.

References

Birken M, Couch E and Morley M (2017) Barriers and facilitators of participation in intervention research by mental health occupational therapists, *British Journal of Occupational Therapy* 80 (9) 568–572.

College of Occupational Therapists (2015) Code of Ethics and Professional Standards. London College of Occupational Therapists.

Pentland D, Kantartzis S, Clausen MG and Witemyre K (2018) Occupational therapy and complexity: defining and describing practice. London: Royal College of Occupational Therapists.

World Federation of Occupational Therapists (2013) Definitions of occupational therapy from member organisations. Forrestfield, AU: WFOT. Available at: <http://www.wfot.org/resourcecentre.aspx> Accessed: 2nd November 2018.

Keywords

Mental health

Author Information

Dr Mary Birken developed and evaluated occupational therapy intervention during her PhD and has experience of working clinically in adult mental health services. She is a research fellow at City, University of London.

Catrina Connell is NIHR/HEE Clinical Doctoral Research Fellow in forensic mental health and forensic occupational therapist at Birmingham and Solihull Mental Health NHS Foundation Trust.

Session S54.1

WORKING WITH DISPLACED PEOPLE: EXPLORING AND NAVIGATING THE COMPLEX ISSUES SURROUNDING OCCUPATIONAL THERAPY PRACTICE IN REFUGEE CAMPS

Altman D Sheffield Hallam University

Currently there are around 2000 displaced people living outdoors around Calais and Dunkirk (Help Refugees, 2018). These people face numerous physical and mental health issues (Dhesi et al, 2018) resulting from traumatic experiences and daily survival against natural elements and state sanctioned cruelty. They also experience extreme occupational deprivation (Whiteford, 2005), stripped of their rights to engage in even the most mundane activities we take for granted. Viewed alongside the rising number of people being forcibly displaced (UNHCR, 2018) this represents an emerging area of practice for occupational therapy that requires attention now. However, there is a current lack of occupational therapy presence in refugee camps and limited advice, guidelines or frameworks. This is possibly due to surrounding moral, ethical and political dilemmas. For example, how could we retain a presence in Calais whilst navigating the difficult legalities regarding camp permanence? How do we act in someone's best interest knowing they will attempt an illegal and life-threatening border crossing? How can we ethically practise in an area with around 200 unaccompanied children (Help Refugees, 2018) with no safeguarding procedure to follow? During the workshop the presenter will facilitate delegates in debate and discussion

surrounding such critical issues, using insights from first-hand voluntary experience in camps in Northern France. Through this workshop, delegates will assist in creating practical strategies to inform and enable occupational therapists to manage their ethical and practice responsibilities in the field, as well as their resiliency, pushing forward this pressing area of practice.

References

Help Refugees (2018) Calais and Dunkirk. Available at: <https://helprefugees.org/calais/> Accessed on 05/22/18.

Dhesi S, Isakjee A and Davies T (2018) Public health in the Calais refugee camp: environment, health and exclusion. *Critical Public Health*, 28(2), 140–152.

Whiteford GE (2005) Understanding the occupational deprivation of refugees: A case study from Kosovo. *Canadian Journal of Occupational Therapy*, 72(2), 78–88.

UNHCR The UN Refugee Agency (2018) Figures at a Glance. Available at: <http://www.unhcr.org/uk/figures-at-a-glance.html> Accessed on 05/22/18

Keywords

Disadvantaged people

Author Information

Debi is a final year MSc Occupational Therapy student studying at Sheffield Hallam University and has spent some time volunteering in the refugee camps around Northern France.

Session S55.1

CHANGING PRACTICE THROUGH RESEARCH: BUT I'M NOT AN ACADEMIC!

Simpson S The Walton Centre NHS Foundation Trust

In 2008 the NHS reviewed trauma care pathways across England following evidence advising the need for more coordinated care (Sleat and Willett, 2011). Strong emphasis was placed on rehabilitation (National Audit Office, 2010). As part of these changes, the trauma therapy co-ordinator role was introduced in many trauma centres and networks. Their role was to screen and co-ordinate the rehabilitation of patients. In this neurological hospital this role is held by a physiotherapist. Brain injury does not always manifest itself in physical problems and many patients can appear to be fully recovered in a ward based environment (Puente et al, 2014). Although extremely

experienced and knowledgeable, a physiotherapist is not trained in the identification of cognitive deficits. In 2013 senior occupational therapists and the trauma therapy co-ordinator supported the development of a pre-screening measure to identify potential cognitive functional deficits and inform referral to occupational therapy. The resulting measure has been adopted by the trauma therapy team and vascular nurse specialists, enhancing communication and knowledge of cognitive deficits. Patients receive an enhanced assessment, accessing occupational therapy when cognitive deficits are suspected. This seminar will share learning and personal reflections on a service development project that resulted in research. It will give an honest account of how research can enable opportunities for patients, services and an individual. Benefits to patients: Enhanced clinical assessment MDT with

knowledge of cognitive deficits. Benefits to occupational therapists: Increased knowledge of research, stronger voice. Benefits to the service: Raised profile of occupational therapy, opportunities for research.

References

National Audit Office, 2010. Major trauma care in England. UK: Stationery Office Limited.

Puente, A.N., Terry, D.P., Faraco, C.C., Brown, C.L. and Miller, L.S., 2014. Functional Impairment in Mild Cognitive Impairment Evidenced Using Performance-Based Measurement. *Journal of Geriatric Psychiatry and Neurology*, 27(4), pp. 253–258.

Sleat, G. and Willet, K., 2011. Evolution of trauma care in the UK: Current developments and future expectations. *Injury*,

International Journal of the Care of the Injured, 42(8), pp. 838–840.

Keywords

Long term conditions, Managers, Neurological practice, Education and students

Author Information

Suzanne qualified in 2004 from Salford University having completed a Psychology degree at the University of Central Lancashire in 2001. She has worked predominantly in neurosciences in a variety of settings. Suzanne continues to engage in research and hopes to apply for an NIHR ICA doctoral fellowship in the future.

Session S57.1

RELEVANT OUTCOMES FOR A GROWING WORLD: MEASURING THE IMPACT OF PARTICIPATING IN COMMUNITY FOOD CULTIVATION

Coetzee S University of Essex **Taylor S** Organiclea

There is a growing need to demonstrate outcomes in community-based food growing environments (Elsey, 2016). Funders request meaningful and proportionate outcomes that match the goals of individuals involved and the wider organisation. Services and outcomes developed in collaboration with key stakeholders are more effective and result in stronger ownership in and sustainability of the organisation (NHS England, 2015). The community food growing enterprise Organiclea, in consultation with an occupational therapist researcher, developed the Organiclea Wellbeing Log (OWL) in response to their need for a more accessible, contextually and occupationally relevant outcome measure than those already available, e.g. the Short Warwick-Edinburgh Mental Wellbeing Scale (NHS Scotland; University of Warwick; University of Edinburgh, 2008), the Nature-Relatedness Scale (Nisbet et al, 2009). This presentation considers the process of developing the OWL from consultant and organisational perspectives, some early findings in the validation research and consideration of its usefulness in other contexts. In the near future, the OWL will be validated in a quantitative study (UoE ethics ref: 17048) using a community sample of adults against the above-mentioned existing measures as well as the Short Depression Happiness Scale (Joseph et al, 2004). Community food growing enterprises have demonstrated an impact on social inclusion, skill development, physical activity, connection to nature, healthy eating and motivation (Coetzee, 2016). This presentation addresses how the OWL measures these and discusses its value and prospects as a context- and occupation-specific measure in community food growing and related projects.

Ethical approval from University of Essex School of Health and Social Care (Ref 17048).

References

Coetzee, S. (2016) 'Connecting people and the earth': the occupational experience of people with different capabilities participating in an inclusive horticultural social enterprise. Brunel University London. Available at: <http://bura.brunel.ac.uk/handle/2438/14754>

Elsey, H., Murray, J. and Bragg, R. (2016) 'Green fingers and clear minds: prescribing "care farming" for mental illness', *British Journal of General Practice*, 66(643), pp. 99–100. doi: 10.3399/bjgp16X683749.

Joseph, S. et al. (2004) 'Rapid assessment of well-being: The Short Depression-Happiness Scale (SDHS)', *Psychology and Psychotherapy: Theory, Research and Practice*.

Wiley/Blackwell (10.1111), 77(4), pp. 463–478. doi: 10.1348/1476083042555406.

NHS England (2015) How to ... understand and measure impact ISSUE 04. Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/06/bcf-user-guide-04.pdf>.pdf (Accessed: 5 November 2018).

NHS Scotland; University of Warwick; University of Edinburgh (2008) Short Warwick-Edinburgh Mental Wellbeing Scale, Short Warwick-Edinburgh Mental Wellbeing Scale. Available at: <https://warwick.ac.uk/fac/med/research/platform/wemwbs/development/swemwbs/>

Keywords

Learning disability, Mental health, Disadvantaged people

Author Information

Simone is a lecturer in occupational therapy at the University of Essex. Her PhD used PAR to examine the experience of participating in a market garden. This research strengthened her interest in food growing as an occupation that can further social and occupational justice through participation.

Sunniva is a programme manager and environmentalist, focusing on work that promotes sustainability. She currently works with Organiclea Workers Co-operative as the lead on Health and Wellbeing projects in their community food-growing organisation.

Session S58.1**THERAPEUTIC RELATIONSHIPS IN CANCER REHABILITATION: USING SELF-DETERMINATION THEORY AS A FRAMEWORK FOR UNDERSTANDING SEMI-STRUCTURED INTERVIEWS**

Wilkinson W Abertawe Bro Morgannwg University Health Board/Swansea University/Wales Cancer Network

The long-term needs of people living with, or after, cancer are of increasing importance to health and social care across the UK (Macmillan Cancer Support, 2015). Research literature largely reports evaluation of dedicated self-management programmes. Few studies explore how self-management behaviours (SMBs) can be supported during rehabilitation and the role therapeutic relationships (TRs) play in this. This qualitative study aimed to understand if cancer rehabilitation participants felt that TRs were important in the development of SMB, and if so, to describe behaviours which characterise these relationships. This research was developed in collaboration with rehabilitation participants in practice. Following ethical approval, semi-structured interviews captured the experiences of 22 past and present cancer rehabilitation participants. All interviews were digitally recorded and transcribed. A selection of transcripts was shared with participants to confirm accuracy. A thematic analysis was undertaken, framed by Self Determination Theory (SDT) (Deci and Ryan, 2012). Participants' characteristics were representative of the local cancer rehabilitation population. Participant responses validated the importance of aspects of the SDT designed to build autonomy and competence in managing health conditions. Participants also described the role that TRs had in creating or preventing a sense of relatedness; the impact

this had on their development of SMB; and identified behaviours which characterise these relationships. This cancer rehabilitation sample described TRs as either facilitator or barrier to the development of SMB but did not fully explain how TRs work. These results will inform a modified Delphi technique to explore how TRs impact on SMB development.

This study received favourable ethical opinion from Wales Research Ethics Committee 6 (15/WA/0331) in April 2016.

References

Macmillan Cancer Support (2015). Hidden at home: The social care needs of people with cancer. London: Available at: https://www.macmillan.org.uk/_images/hidden-at-home-report_tcm9-300461.pdf

Deci EL, Ryan RM (2012). Motivation, personality, and development within embedded social contexts: An overview of self-determination theory. In: RM Ryan ed. *The Oxford Handbook of Human Motivation*. Oxford: Oxford University Press. 85–107.

Keywords

Adult physical health, Long term conditions

Author Information

Wendy started her Professional Practice Doctorate in 2013 while working as an advanced practitioner occupational therapist in cancer rehabilitation. She started work as Macmillan Lead Allied Health Professional with the Wales Cancer Network in 2016. This research is one of three projects completed as part of her doctoral candidature.

Session S58.2**SUPPORTING YOUNG PEOPLE TO DEVELOP INDEPENDENCE IN MANAGING THEIR LONG-TERM CONDITION: A ROLE FOR OCCUPATIONAL THERAPY?**

Nightingale R Great Ormond Street Hospital, London/ University of Leeds

Developing self-management skills is part of growing up for many young people with long-term conditions (LTCs), such as chronic kidney disease (CKD) (Kieckhefer and Trahms 2000); however, young people can find it challenging to become independent at managing their LTC and there is limited evidence for how health-care professionals (HCPs) can support this process. The research aims to find out how young people with CKD take on responsibility from their parents for managing their LTC and the HCP's role during this process. Using a social constructivist grounded theory approach (Charmaz 2014), interviews are being conducted with young people aged 13–18 years with CKD, their parents and HCPs. Preliminary findings suggest the parent-to-child transfer of self-management responsibility is often an 'invisible' social process which may only become visible when a problem arises. Young people, parents and HCPs have differing understandings and expectations around 'effective' self-management and what it means to be responsible. HCPs aim to support young people to become more involved in their health-care; however, as this tends to happen within a transition framework, it means 1) timing of input is service-led rather than by the needs of families and 2) the focus is on the transfer from child to adult services, rather than being viewed within the wider context of growing up and gaining independence. As none of the children's kidney teams includes occupational therapists, this paper will explore and discuss the potential role for occupational therapists in supporting young people to develop independence in managing their LTC.

The Yorkshire & The Humber – Sheffield Research Ethics Committee has given ethical approval for the project on 31.5.18. REC reference: 18/YH/0210. The Health Research Authority has approved the study.

References

Charmaz K (2014) *Constructing grounded theory*. London: Sage.

Kieckhefer GM, Trahms CM (2000) Supporting development of children with chronic conditions: from compliance towards shared management. *Pediatric Nursing*, 26, 354–381.

Keywords

Children and families, Long term conditions

Author Information

In 2011, after having worked as an occupational therapist for over 10 years, Ruth took the step into research, working on studies with the UK children's kidney teams. Ruth has been awarded a Kidney Research UK Allied Health Professional Fellowship and is in the second year of her PhD.

Session S59.1**A PRACTICAL INTRODUCTION TO THE MODEL OF HUMAN OCCUPATION EXPLORATION LEVEL OUTCOME RATINGS (MOHO-EXPLOR)****Cooper J** Zgether NHS Foundation Trust

The recently published MOHO-ExpLOR (Cooper et al. 2018) is a theory-driven assessment tool for gathering and summarising information about the occupational lives of people who have significant cognitive and/or physical challenges leading to significant difficulties participating in meaningful everyday activity. Developed in a partnership between practitioners and academics, the MOHO-ExpLOR is built upon the principle of 'getting to know your client and their environment' and allows a range of data collection methods which can be used in a variety of intervention settings. It provides a framework for evaluating subtle skills exhibited during performance and the environmental supports needed to facilitate these skills. In the context of increasing demands for evidence-based outcome measures from service commissioners, it is designed to allow therapists to communicate their findings clearly and to document progress following intervention. Therapists using the research version have reported using the MOHO-ExpLOR terminology to articulate service users' occupational needs during service evaluation and redesign. Following a UK study to test the reliability and validity of the research version, the MOHO-ExpLOR was revised to reflect

the finding that two scales provided the best explanation of the dataset. Further items were added to expand the measurement range. This practical workshop will provide participants with the opportunity to work through a case example (or bring one of their own to consider) to learn about the two measurement scales and to complete ratings on each of the items forming these scales.

References

Cooper JR, Parkinson S, de las Heras de Pablo CG, Shute R, Melton J, Forsyth K (2018) A user's manual for the Model of Human Occupation Exploratory Level Outcome Ratings (MOHO-ExpLOR) Version 1.0. Edinburgh: NHS Lothian (NHS) & Queen Margaret University (QMU).

Keywords

Learning disability, Dementia, Mental health

Author Information

John Cooper has worked as an occupational therapist in learning disability services in Gloucestershire for over twenty years. He has worked alongside established Model of Human Occupation (MOHO) authors within a scholarship of practice towards increasing the range of tools available for people with significant challenges and complex occupational needs.

Session S60.1**THE APPLICATION OF LEARNING FOR CPD****Lawson S** Wrexham Glyndwr University and TRAMmCPD
Hearle D Cardiff University and TRAMmCPD

The TRAMm (Tell, Record, Apply, Monitor and measure) model has been developed to provide a framework for continuing professional development (CPD). To be most effective we need to Tell others, Record and Apply what we have learnt, Monitor our progress and measure the impact of CPD (Hearle et al 2016; Lawson 2018). Two doctoral studies are currently exploring the nature and process of CPD and the implications for development of the TRAMm model. Following an extended literature review (Lawson 2018) and a concept analysis (Hearle & Lawson 2019), the significance of application of learning following CPD is considered imperative. As a result, the TRAMm model and its tools (TRAMm Tracker and TRAMm Trail, collectively known as TRAMmCPD) have been updated. The new Principles for CPD and Lifelong Learning (Broughton & Harris 2018), healthcare policies (eg. Prudent Healthcare in Wales; English NHS Business Plan, NHS 2017) and current literature indicate that the application of new knowledge and skills in practice to benefit stakeholders/service users is the underpinning reason for mandatory CPD. There appear, however, to be few explicit links between learning activities and evidencing application of learning in practice. This workshop will encourage participants to explore the true meaning of application in practice. Following a short presentation about the findings of our research, subsequent changes to TRAMmCPD and creative ways to apply learning, delegates will be encouraged to share examples of how their learning from a variety of activities has been applied in practice and how the impact can be evidenced.

D Hearle: Ethical approval was gained from Cardiff University Ethics Committee. S Lawson: Ethical approval was granted for the research study by Glyndwr University Research Ethics Committee.

References

Broughton W. and Harris G. (2018) (Eds) on behalf of the Interprofessional CPD and Lifelong Learning UK Working Group.

Principles for Continuing Professional Development and Lifelong Learning in Health and Social Care. Bridgwater: College of Paramedics.

Hearle, D., Lawson, S. and Morris, R. (2016) A Strategic Guide to CPD for Health and Care Professionals: The TRAMm Model. Keswick: M&K Publishing.

Hearle, D. and Lawson, S. (2019) Continuing Professional Development (CPD) Engagement – A Concept Analysis. Journal of Continuing Education in the Health Professions. In press.

Lawson, S. (2018) Occupational Therapists' understanding of and engagement in Continuing Professional Development. Royal College of Occupational Therapists Annual Conference and Exhibition Belfast.

National Health Service (NHS) (2017) Next Steps on the NHS: Five Year Forward Review. Available online at: <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/> Accessed 19/10/18.

Keywords

Managers, Education and students, Support workers

Author Information

Deb Hearle (@HearleD) is the Professional Head for Occupational Therapy at Cardiff University. She has been teaching undergraduate and postgraduate health and care professional students for over 20 years, including all aspects of professional development. Deb is currently working towards her Professional Doctorate researching CPD engagement and TRAMmCPD.

Sarah Lawson (@SLawsonOT) is an occupational therapist, MPhil/PhD student, graduate lecturer at Wrexham Glyndwr University and a volunteer for the Royal College of Occupational Therapists Conference Development Team and North West Regional Committee. Sarah is part of the TRAMmCPD team. Her PhD is concentrating on continuing professional development and TRAMmCPD.

Session S63.1**RESPONDING TO THE SOCIAL PRESCRIBING AGENDA WITH OCCUPATIONAL SCIENCE****Bodell S, Lawlor C, Martin R** University of Salford

The Salford Social Prescribing Hub, based in the University of Salford, is exploring the value of occupational therapy and occupational science for social prescribing. Social prescribing – generally understood as prescribing activities for health benefits – is increasingly being seen as a solution to a range of health and social problems; however, given the variety of professionals, organisational contexts and models involved in its delivery, outcomes are often unclear or unpredictable (Bertotti et al 2018). In order to inform and improve social prescribing outcomes, the Hub is developing a model of social prescribing underpinned by occupational science and is designing a complementary assessment tool that could be used by a range of practitioners. We believe that occupational science has something important to offer social prescribers, given its focus on person, occupation and environment, and thus identifying meaningful activity that is most likely to invoke benefit in relation to health and wellbeing. We also believe that working in this way contributes to the call for occupational therapists to engage with the public health agenda at a population level (Dahl-Popolizio, Doyle and Wade 2018). This paper presents our approach to the development of the tool, the underpinning

evidence base, preliminary findings from prototype testing activities, and the response from the occupational therapy and social prescribing community. These findings may be of use to occupational therapists who are interested in using their skills to support the social prescribing agenda, improving their practice and/or exploring working at population level.

References

Bertotti, M., Frostick, C., Hutt, P., Sohanpal, R. & Carnes, D. (2018) A realist evaluation of social prescribing: an exploration into the context and mechanisms underpinning a pathway linking primary care with the voluntary sector. *Primary Health Care Research & Development*, 19(3), 232–245.

Dahl-Popolizio, S., Doyle, S. & Wade, S. (2018) The role of primary health care in achieving global healthcare goals: Highlighting the potential contribution of occupational therapy. *World Federation of Occupational Therapists Bulletin*, 74(1), 8–16.

Keywords

Adult physical health, Mental health, Older people, Social care

Author Information

Sarah is a Senior Lecturer in Occupational Therapy.

Cormac is a Research Fellow based in the Directorate of Occupational Therapy at the University of Salford.

Session S64.1**EVIDENCE-BASED PRACTICE (EBP): ARE YOU PUTTING EVIDENCE INTO PRACTICE? CHALLENGES AND STRATEGIES****Christie D** Retired Occupational Therapist, NICE Fellow

This seminar discusses the importance of EBP in delivering quality health and social care by exploring challenges faced by practitioners in developing an evidence-based approach. It will define EBP (Bannigan K, Birlsdon A 2007) and discuss factors identified by practitioners that impact on their ability to become evidence-minded. These were identified as part of a project conducted by the author as a Fellow of the National Institute for Health and Care Excellence (NICE) and presented in 2018. Setting the presentation in the context of key drivers from a range of policy directives (NHS England 2018/19), regulatory and professional responsibilities will be highlighted (HCPC 2013, RCOT 2018). The project identified a range of issues that impacted on EBP, including the use of NICE guidelines, limitations to finding, understanding and applying evidence to practice, and participants' concerns about utilisation of evidence due to lack of skill, lack of support and most importantly lack of time. The findings of the project will be summarised and three themes that have significant impact will be highlighted and discussed. These are:

- Time
- Research and practice wisdom
- Leadership and support.

Strategies that support professional development and EBP will be highlighted. The use of existing processes such as workplace appraisal, setting developmental targets and team projects will be promoted as positive tools for development of an evidence-based approach (NHS England 2016–2021, RCOT 2018). In conclusion, the author will engage participants in questions and discussion of their experiences of developing an evidence-based approach.

References

Bannigan K and Birlsdon A 2007 Getting to Grips with Evidence Base – The Ten Commandments. *British Journal of Occupational Therapy* V70 pp 345–348.

Department of Health and Social Care 2018–2019 The Government's Mandate to NHS England.

NHS England 2016/7–2020/21 Allied Health Professionals into Action.

Royal College of Occupational Therapists 2018 The Career Development Framework: Guiding Principles for Occupational Therapy.

Health and Care Professions Council 2013 Standards of Proficiency Occupational Therapists.

Keywords

Adult physical health, Managers, Mental health, Education and students

Author Information

Dee Christie is a retired occupational therapist who worked in the NHS and social care in a range of practice, leadership and management roles. She has continued to pursue her interest in EBP in her retirement by chairing a NICE guideline committee and is currently a NICE Fellow.

Session S65.1**HOME SPACE AS A SAFE PLACE – OR IS IT?****Clark N** Canterbury Christ Church University

Aims: The aim of this phase of the doctoral scoping study was to identify issues raised by lesbian, gay, bisexual and transgender (LGBT) non-heterosexual people within literature in relation to housing issues for this ageing community. **Background:** Current policy and practice focus on discharge home. Where is home and what does home consist of have been discussed within occupational therapy literature, along with transitional points of change. Little has been included in relation to the LGBT community and their concerns. **Critical analysis:** Literature highlighted areas of alienation occurring within neighbourhoods, care settings, staff and 'family'. Unintended bias, heteronormative assumptions and homophobic experiences were reported. Using Nussbaum's Central Human Functional Capabilities Approach (Nussbaum, 2000), sited within social justice, frames one way of working for occupational therapists. **Conclusion:** Occupational therapists across health, housing and social care are involved with accommodation and/or discharge.

Raising awareness for inclusive practice to happen sits within codes of ethics and standards of practice and reflects core values of the profession. Relevance to occupational therapy practice: Occupational therapists are well placed to highlight inclusive practice and challenge areas of heteronormativity.

References

Nussbaum, M (2000) *Women and Human Development: The Capabilities Approach*. Cambridge, England. Cambridge University Press.

Keywords

Long term conditions, Disadvantaged people, Older people, Social care

Author Information

Nancy has worked as a full time senior lecturer in Occupational Therapy at Canterbury Christ Church University for 12 years. She is also a part-time PhD student focusing on the lived experiences of informal caregivers who are from the lesbian, gay, bisexual and transgender communities.

Session S66.1**'STALKING AS A MEANINGFUL OCCUPATION' – THE DEVELOPMENT OF A ROLE FOR OCCUPATIONAL THERAPY WITHIN A FIRST-OF-ITS-KIND STALKING INTERVENTION PROGRAMME****Baker S** Southern Health NHS Foundation Trust

In March of 2018 the Suzy Lamplugh Trust received funding to implement an innovative Multi-Agency Stalking Intervention Programme (MASIP) across three different counties within the United Kingdom (Suzy Lamplugh Trust, 2017). As part of this innovative approach, an intervention service named the 'Recolo Project' has been developed within Southern Health NHS Foundation Trust, focusing on providing direct intervention specifically for stalking perpetrators – including a first-of-its-kind role for occupational therapy. This emerging role for occupational therapy has involved working collaboratively with colleagues from police, probation and victim advocacy to develop innovative direct interventions for stalking perpetrators, developing an initial assessment process and utilising the Stalking Risk Profile (MacKenzie et al, 2009), VdTMoCA (de Witt, 2014) and the Canadian Occupational Performance Measure (Law et al, 2014) to shape occupational formulation and treatment. The project has also worked closely with other mental health services to provide consultation, advice, assessment and direct intervention. The primary aims of the project are to reduce reoffending rates, enhance victim safety and improve the psychological and occupational wellbeing of the service users. This is an exciting and brand new role for occupational therapy and demonstrates the ongoing growth of the profession. Through addressing Dark Occupations (Twinley, 2013), promoting behaviour change and developing functional skills the service has enabled development of self-identity and supported community re-integration for service users. The service will continue to develop innovative interventions for

stalking perpetrators until March 2020, when it will be evaluated for wider implementation nationally.

References

de Witt P (2014) *Creative Ability: A Model for Individual and Group Occupational Therapy for Clients with Psychosocial Dysfunction*. In: Crouch R and Alers V (2014) *Occupational Therapy in Psychiatry and Mental Health (5th Edition)*. Chichester: Wiley.

Law M (2014) *Canadian Occupational Performance Measure*. 5th ed. Ottawa: CAOT Publications.

MacKenzie, R, McEwan, T, Path, M, James, D, Ogloff, J & Mullen, P (2009) *Stalking Risk Profile: Guidelines for the assessment and management of stalkers (1st ed.)*. Melbourne, Victoria, Australia: StalkInc. and Centre for Forensic Behavioural Science, Monash University.

Suzy Lamplugh Trust. (2017) *Suzy Lamplugh Trust secures funding for intervention work with stalking perpetrators*. Available: <https://www.suzylamplugh.org/News/suzy-lamplugh-trust-receives-funding-to-develop-and-test-new-interventions-with-stalking-perpetrators>.

Twinley R (2013) The dark side of occupation: A concept for consideration. *Australian Occupational Therapy Journal* 60(4): 301–303.

Keywords

Mental health, Forensic practice

Author Information

Sam Baker is a specialist occupational therapist currently in a first-of-its-kind service, working directly with stalking perpetrators in Hampshire. The service is a pilot multi-agency service and is funded until March 2020.

Session S67.1**OCCUPATIONAL ISSUES IN PLANNING FOR RETIREMENT: A NARRATIVE INQUIRY****Renton L** Queen Margaret University

Introduction/Rationale: This project was carried out as part of the thesis component of a Professional Doctorate. **Aim:** To

focus on recently retired individuals' narratives on the value of occupational issues in planning for retirement. **Design and methods:** The ontological positions of interpretativism and relativism and an epistemological underpinning of constructivism were used and following ethical approval, a narrative inquiry methodology was carried out. Purposive and snowballing

sampling were used to recruit and interview nine participants (three providers of and three past participants in pre-retirement courses and three retired individuals). Narrative enquiry and an inductive approach supported narrative interviews, which were recorded, transcribed and analysed, using a reflexive approach. Iterative analysis fed into ensuing interviews, which underpinned the development of an occupationally focused booklet on pre-retirement. Further narrative interviews with recently retired participants followed. Analysis: Interviews were transcribed and initial readings/revisiting of the texts took place. Coding and note taking on themes, patterns and threads ensued and themes, plots in themes, and structure and context of plots were noted, then explored and developed (Elliot (2005), Holloway and Jefferson's (2000), Andrews et al (2008)). Feedback on the draft Preretirement Booklet was collated. Results: Yielded themes of Planning, Transition, Loss and Occupation in Retirement. The findings led to the production of the final booklet. Conclusion: The narratives provided interesting data, which alongside literature evidence, led to the design of an occupationally focused pre-retirement booklet.

Ethical approval: Submitted to Queen Margaret University. Approval was granted in December 2017.

References

Elliot, J., 2005. Using Narrative in Social Research; qualitative and quantitative approaches. London. Sage.

Holloway, W. and Jefferson, T., 2000 Doing Qualitative Research Differently: free association, narrative and the interview method. London. Sage.

Andrews, M., Squire, C. and Tamboukou M., 2008. Doing Narrative Research. London. Sage.

Keywords

Older people, Social care

Author Information

Linda worked in mental health and learning disability, then moved to Queen Margaret University, where she is a senior lecturer with specific interest in curriculum design, programme validation, European/international work and teaching and learning. She was a past UK WFOT 1st Alternate and a Merit Award winner from BAOT.

Session S67.2

HOW DO THERAPEUTIC RELATIONSHIPS SUPPORT SELF-MANAGEMENT IN CANCER REHABILITATION? THE FINDINGS FROM A MODIFIED DELPHI TECHNIQUE

Wilkinson W Abertawe Bro Morgannwg University Health Board/Swansea University/Wales Cancer Network

The expert-patient vision (Department of Health, 2001) called for a change in relationship between healthcare providers and service-users. It challenged healthcare providers to collaborate with service-users, using their expertise to inform future health services. There has been a slow cultural shift towards realising the expert-patient role beyond individual self-management. This modified Delphi technique (MDT) defined cancer rehabilitation participants as an expert-patient reference group. This MDT posed two questions:

1. Which aspects of rehabilitation are most important to you?
2. How do these aspects of rehabilitation help support the development of self-management behaviours (SMB)?

Qualitative feedback was invited to supplement quantitative responses. Following ethical approval, the MDT was completed in two rounds. Round/Question 1 was populated using themes from semi-structured interviews conducted in an earlier research phase and reported elsewhere. These findings were reflected back to the respondents and sense-checked ahead of Round/Question 2. Convergence and divergence of opinion were measured in both rounds, noting trends within the sample (Diamond et al., 2014). There was a good response rate to both rounds of MDT (n=58 and n=55 respectively from consenting sample n=65). In Round 1, participants identified therapeutic relationships (TR) within the 10 most important aspects of

rehabilitation. Concept of 'relevance' emerged, for discussion. In Round 2, respondents described 'how' TR impacts on SMB. This expert-patient cohort identified TR as within most important and relevant aspects of rehabilitation and began to explain how TRs impact on SMB development. These results will inform the continued development of cancer rehabilitation.

This study received favourable ethical approval from Wales Research Ethics Committee 6 (15/WA/0331) in April 2016.

References

Department of Health (2001). The expert patient: a new approach to chronic disease management for the twenty-first century. London: Department of Health. Available at:http://webarchive.nationalarchives.gov.uk/20120511062115/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4018578.pdf

Diamond IR, Grant RC, Feldman BM, Pencharz PB, Ling SC, Moore AM, Wales PW (2014). Defining consensus: A systematic review recommends methodologic criteria for reporting of Delphi studies. *Journal of Clinical Epidemiology*, 67, 401-409.

Keywords

Adult physical health, Long term conditions

Author Information

Wendy started her Professional Practice Doctorate in 2013 while working as an advanced practitioner occupational therapist in cancer rehabilitation. She started work as Macmillan Lead Allied Health Professional with the Wales Cancer Network in 2016. This research is one of three projects completed as part of her doctoral candidature.

Session S68.1

'HOW MUCH SHOULD I DO?' PROVIDING THE ANSWER FOR PEOPLE WITH MOTOR NEURONE DISEASE

Carey H Glyndwr University

This five year research study answered the question asked by many people with motor neurone disease (MND) to occupational therapists, 'How much should I do?' Aims: To clarify how moderate level of exercise can be translated to daily activity for

people with MND. To identify the impact of increased level of doing for people with MND. To recommend how occupational therapists enable positive outcomes through enhancing daily occupation. A case based methodological approach was applied to produce depth of study with multiple contextual variables (Yin 2014). Six participants received six week occupational therapy intervention delivering moderate rate of exercise in the form of daily occupation they chose. Mixed data was collected

before intervention, immediately and three months following. Quantitative data sources were the Amyotrophic Lateral Sclerosis Functional Rating Scale Revised (ALSFRS-R) (Cedarbaum et al 1999) and the Canadian Occupational Performance Measure (COPM) (Law et al 2014). Qualitative data were semi structured interviews which were thematically analysed. The individual cases were cross analysed. The depth of triangulated multiple data produced robust generalisations. The results demonstrate that enhanced engagement in daily occupations to a moderate challenge produces positive outcomes for people with MND. This study provides new understanding to how increasing activity level impacts positively and challenges energy conservation practice. Following this study, various occupational therapy services in the UK and internationally are now providing rehabilitation for people with MND, with positive outcomes.

Ethical approval through Glyndwr University 18th November 2014 and permission for promotion provided by the Motor Neurone Disease Association 20th November 2014.

References

Cedarbaum, J.M., Stambler, N., Malta, E., Fuller, C., Hilt, D., Thurmond, B., Nakanishi, A. (1999), 'The ALSFRS-R: A Revised

ALS functional rating scale that incorporates assessments of respiratory function. BDNF ALS Study group (Phase III)', *Journal of Neurological Sciences*, Vol. 31, No. 1–2, pp. 13–21.

Law, M., Baptiste, S., Carswell, A., McColl, MA., Polatajko, H.J., Pollock, N. (2014), *Canadian Occupational Performance Measure*. 5th ed. Ottawa: CAOT Publications.

Yin, R.K. (2014), *Case Study Research*. 5th Edition. Thousand Oaks: Sage.

Keywords

Adult physical health, Long term conditions, Neurological practice, End of life care

Author Information

Dr Helen Carey is Professional Lead for Occupational Therapy, Glyndwr University. Her research focused on rehabilitation within motor neurone disease has shaped therapy provision for people with motor neurone disease. She is a member of the Motor Neurone Disease Association and regular international presenter regarding rehabilitation for people with motor neurone disease.

Session S68.2

WHEN STATUTORY REHABILITATION ENDS: OCCUPATIONAL NARRATIVES OF WORKING-AGE MEN LIVING WITH A STROKE

Williamson N, Coetzee S University of Essex

Research purpose and aims: A rising number of working-age adults are living with ongoing symptoms of stroke, but community support remains limited. This research aimed to explore the meaning of community-based activities and the occupational experiences of working-age men towards long-term integration after stroke. These activities became key to their identity and improving community participation after rehabilitation services had ended (NICE 2013, RCP 2016). Research design: A qualitative research design employed an interpretative phenomenological analysis framework to gain in-depth narratives and personal meaning of lived experiences and to analyse the results. Research methods: Narrative data from three men aged 39–64 years living with stroke were gathered using face-to-face, audio-recorded, semi-structured interviews. These were transcribed verbatim and analysed applying Smith et al's (2009) rigorous, systematic steps of IPA, alongside the triangulation of researcher reflections and ongoing supervision. Findings: Three themes emerged, reflecting the transitions experienced by participants during their personal journey from onset to the present: realisation of stroke and the impact at working age, becoming a new self through timely community participation and moving forward after stroke with person-led support. These transitions shared similarities to occupational perspectives of health dimensions: 'doing', 'being', 'becoming' and 'belonging' (Wilcock 2006). Conclusions and practice implications: Working-age men experience changes for many years after stroke, with a desire for normality. Participation in community-based activities offered self-appraisal and a need for person-led support at the right time. A person-led approach and cross partnership working alongside survivors is key to establishing local priorities for informing future community provision.

Ethical approval was obtained from the University of Essex, Science and Health Committee prior to recruiting human participants. Ethical approval number [17017].

References

National Institute of Clinical Excellence (2013) *Stroke rehabilitation guidelines CG162* Available at: <https://www.nice.org.uk/guidance/cg162> [accessed online 17 November 2017]

Royal College of Physicians (2016) *National clinical guideline for stroke prepared by the Intercollegiate Stroke Working Party 5th Edition* Available at: <https://www.strokeaudit.org/Guideline/Full-Guideline.aspx> [accessed online 17 November 2017]

Smith J A, Flowers P, Larkin M (2009) *Interpretative phenomenological analysis: Theory, method and research*, London: Sage Publications

Wilcock A (2006) *An occupational perspective of health* 2nd edition, Thorofare, NJ: SLACK Incorporated

Keywords

Long term conditions, Neurological practice

Author Information

Nikki is a lecturer at the University of Essex and has previously worked as a team lead, managing an NHS community-based intermediate care service. She was motivated to undertake a post-graduate Masters research project through her involvement with a local collaborative stroke group and is committed to partnership working.

Simone has a PhD and is the MSc Pre-Registration Occupational Therapy Programme Lead at the University of Essex. She provided supervision support for this post-graduate Masters.

Session S70.1**DOING IS BELIEVING... A PROGRAMME FOSTERING SELF-BELIEF IN ACHIEVING ONE'S POTENTIAL IN THE WORK ENVIRONMENT AFTER STROKE****Aitkenhead A, Niebuhr A, Walsh-Beney F CPFT**

A core element of an occupational therapist's practice is to use activity as a treatment medium to develop a patient's mastery over disability. During this session participants will experience the challenges of the workplace and subsequently develop a self-awareness of how to respond to such challenges going forward. This will be an exploratory taster session of the Work Rehab programme that therapists in Cambridge have been running with stroke patients who are preparing to return to work. Team building games are used to build confidence and foster collaboration and peer support amongst the participants in order to develop strategies in responding to common challenges

experienced in returning to the workplace after a stroke. With the 'work question' becoming everyone's business in the current climate of supporting people to remain in work, occupational therapists are ideally placed to be at the forefront of creative initiatives to support people with long-term conditions remain in work, and what better way than through the experience of 'doing'. Come along and be prepared to learn something new about how you respond to the pressures of work!

Keywords

Adult physical health, Long term conditions, Mental health, Neurological practice

Author Information

A Aitkenhead is Therapy Lead, Cambridge Community Neuro Rehab Service Health and Work Champion.

A Niebuhr is an occupational therapist for ESD.

Session S71.1**USING LEGO® TO ASSESS EXECUTIVE FUNCTIONING AND COMMUNICATION SKILLS IN AN INPATIENT ADULT MENTAL HEALTH CENTRE****Dennis J, Walker B Midland Partnership Foundation Trust**

Aim: For delegates to gain direct experience of how LEGO® can be used to assess executive functioning and communication skills. Background: LEGO® based therapy has been shown to build social competencies and communication skills (LeGoff et al 2014). Schizophrenia, anxiety and depression are known to affect communication skills but also executive functioning skills (Fossati, Ergis and Allilaire 2002; Orellana and Slachevsky 2013). We identified that none of our groups was designed to assess executive functioning or communication skills. Based upon work pioneered by our learning disability and forensic allied health professions colleagues, we introduced a LEGO® based assessment group. Service users have described the group as engaging and fun. Session plan: Introduction – explanation of why we have introduced this group with some background.

Activity – participants will split into groups of 3, each will take on a role: planner (has instructions and gives verbal instructions to the finder and builder – can't touch the bricks); finder (has the bricks and follows verbal instructions from the planner to locate the correct brick to then give to the builder – can't see the instructions); or builder (follows verbal instructions to build the model but can't see the instructions). They will have 30 minutes to work together to build a LEGO® model. Regroup for feedback.

Keywords

Mental health

Author Information

Jody Dennis is the clinical lead occupational therapist for acute inpatients at The Redwoods Mental Health Centre in Shrewsbury, Shropshire. They have been using LEGO® to assess executive functioning and communication skills for a little over a year.

Session S72.1**AN EXPLORATION OF OCCUPATIONAL THERAPISTS' PERCEPTION OF THEIR ROLE WITHIN PALLIATIVE CARE****Cowpe L, Woods J, Leckie K, Murdoch C, Whitton S, Wosahlo P Royal College of Occupational Therapists Specialist Section for Oncology and Palliative Care**

Palliative and end of life care is an increasing priority for healthcare in the UK (NHS England 2015, Welsh Government 2017); however, there are significant challenges in ensuring those individuals who require specialist palliative care are able to access the services they need (Hughes-Hallett et al 2011). Throughout a patient's journey they can often find themselves transitioning from various generalist to specialist services. The Royal College of Occupational Therapists' specialist section for Oncology and Palliative Care aimed to explore the challenges of delivering palliative rehabilitation and palliative care for occupational therapists. A 'CAT2 – Evaluation, Development, Audit Project Ethics Form' was completed and approval obtained. A purposeful sample was chosen of occupational therapists based in the UK as they were of specific interest in this study (Bloor and Wood 2006). Data was collected from seven engagement events using focus groups. Questions were open ended and interaction generated data (Bowling 2014). A thematic analysis was used to analyse the data collected.

Occupational therapists were viewed as having the core skills to deliver palliative care; however, they need to feel confident and competent to do so. Several barriers to delivering palliative care were identified, including resources, geographical variations in services and education. This project has shed light on the role of specialist and generalist occupational therapists in palliative care and highlighted their invaluable role in enhancing an individual's quality of life. Recommendations were made for further exploration, including the concept of palliative rehabilitation in relation to occupational therapy practice.

A 'CAT2 – Evaluation, Development, Audit Project Ethics Form' was submitted to the RCOT research and development team and approval gained in November 2017.

References

Bloor, M. and Wood, F. (2006) *Keywords in Qualitative Methods*. London: SAGE Publications.

Bowling, A. (2014) *Research Methods in Health: Investigating Health and Health Services*. (4th ed.) Maidenhead: Open University Press.

Hallett-Hughes, T., Croft, A., Davies, C., Mackay, I., Neilsson, T. (2011) *Funding the Right Care and Support for Everyone. Creating a Fair and Transparent Funding System; the Final Report*

of the Palliative Care Funding Review. Palliative Care Funding Review. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215107/dh_133105.pdf accessed 27/8/2018

NHS England. (2015) Achieving world-class cancer outcomes. A strategy for England 2015–2020. Available at: https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf Accessed on: 7/10/2018

Welsh Government (2017) Palliative and End of Life Care Delivery Plan. Available from: <https://gov.wales/docs/dhss/publications/170327end-of-lifeen.pdf> accessed on: 2/11/2018

Keywords

Long term conditions, End of life care

Author Information

Lara started her role in lecturing at Cardiff University in 2017 and has a special interest in oncology, palliative care and long-term conditions. Lara is currently the research and development lead for the Royal College of Occupational Therapists Specialist Section for Oncology and Palliative Care.

Jennifer is a senior occupational therapist at the Christie NHS Foundation Trust with a specialist interest in frailty and oncology of later life. Jennifer is vice-chair for the Royal College of Occupational Therapists Specialist Section for Oncology and Palliative Care.

Session S73.1

OCCUPATIONAL THERAPISTS WORKING IN FIRE AND RESCUE SERVICES: EXPLORING THE BENEFITS AND OPPORTUNITIES

Breeze P Greater Manchester Fire and Rescue Service
Walker L Healthy London Partnership and London Fire Brigade

Last year the Royal College of Occupational Therapists (RCOT) published a document recognising the value of occupational therapists working with fire and rescue services (FRS). This document was endorsed by the National Fire Chiefs Council. Prior to this a joint consensus statement was written by PHE, NHS England, CFOA and LGA, which set out a national commitment to improve health and wellbeing through better partnership working (NHS England 2015). The profiles of individuals involved in fire incidents share common characteristics and these characteristics are often the same as those who have long term physical, mental health and social care needs (Breeze & Marsden, 2015). Understanding the relationship between the person's environment, what the person does in the home (occupations) and how illness or disability impacts upon the person is key to assessing fire risk – the Person, Environment, Occupation (PEO) model (Law et al, 1999). Growing numbers of occupational therapists are being employed/seconded by FRS in both clinical and strategic roles. They are supporting FRS to reach and work with people at increased risk of fire and to help them to shape their prevention work. During the seminar two occupational therapists employed by Greater Manchester Fire and Rescue Service and London Fire Brigade will talk about their non-traditional roles and how the PEO model has influenced the prevention work within their FRS. Evaluations from two different models of 'Safe and Well' delivery

will be shared and cultural challenges will be explored using the PEO model.

References

NHS England, Public Health England, Local Government & Chief Fire Officers Association (2015). Working Together – how health, social care and fire and rescue services can increase their reach, scale and impact through joint working.

Law, M, Cooper, B, Strong, S, Stewart, D, Rigby, P, Letts, L (1996). Person, Environment Occupation Model: A Transactive Approach to Occupational Performance. *Canadian Journal of Occupational Therapy*. 63(1) 9–23.

Breeze, P & Marsden, D (2015). Health and Social Care Fire Safety Guidance.

Keywords

Long term conditions, Dementia, Mental health, Older people

Author Information

Paula qualified as an occupational therapist in 1999 and has worked in a range of clinical settings. In 2011 she left the NHS and now works in an innovative, non-traditional role as the Health and Social Care Coordinator for Greater Manchester Fire and Rescue Service.

Lauren qualified as an occupational therapist in 2012 and she developed specialisms in housing, accessible design and major adaptations. Lauren has worked for the Healthy London Partnership since 2017 and this involves working with the London Fire Brigade to pilot Fire Safe and Well visits in five London boroughs.

Session S74.1

HIP PRECAUTIONS AFTER HIP OPERATION (HIPPIYHOP): RESULTS OF THE HIPPIYHOP STUDY

Lightfoot C, Drummond A, Coole C University of Nottingham
Sehat K, Drury G, Brewin C Nottingham University Hospitals NHS Trust

Hip dislocation following total hip replacement (THR) is a well-recognised complication (Restrepo et al., 2011). To reduce this risk, patients are advised to observe 'hip precautions' (i.e. restrict certain movements) for several weeks post-surgery. Although routinely provided, the evidence to support the use of precautions in preventing dislocation is inconclusive. The aim of the study was to evaluate the effectiveness of hip precautions following THR, using before and after study with a nested qualitative component. In the before phase, patients were routinely advised to follow hip precautions; in the after

phase, patients were encouraged to move as they were able (i.e. no routine prescription of precautions). Outcome data (pain, functional performance, sleep, mood, quality of life, satisfaction) were collected at baseline (preoperative assessment), one week, six weeks and three months postoperatively. Qualitative interviews were conducted with both staff and patients in both phases to explore perceptions and experiences. Statistical analyses were conducted to determine any differences in the other patient outcomes. Thematic analysis was used to identify and report themes within the interview data. Results indicated that patients who received hip precautions had similar outcomes to those who did not at six weeks and three months postoperatively. However, findings from the interviews suggested that diverging clinical opinions remained amongst staff about the use of hip precautions and their impact on patients' recovery. This study lends evidence to support the removal of precautions

following primary THR but highlights that mixed opinions about this remain.

Ethical approval obtained from the East Midlands – Nottingham 2 Research Ethics Committee (Ref: 16/EM/0318).

References

Restrepo C, Mortazavi SJ, Brothers J, Parvizi J and Rothman RH (2011) Hip dislocation: are hip precautions necessary in anterior approaches? *Clinical Orthopaedics and Related Research* 469(2): 417–422.

Keywords

Adult physical health, Older people

Author Information

Courtney Lightfoot is a Ph.D. student at the University of Nottingham, with a background in sport and exercise science, and exercise rehabilitation.

Avril Drummond is an academic occupational therapist and Professor of Health Care Research at the University of Nottingham. Avril has a long-standing interest in the use of hip precautions and has conducted several studies on the topic.

Session S74.2

THE SUCCESSES AND CHALLENGES OF DEVELOPING A TRUSTED ASSESSOR ROLE TO REDUCE THE NUMBER OF HOSPITAL ADMISSIONS

Krain S The Rotherham NHS Foundation Trust

In NHS England's 'Next steps on the NHS five year forward' it reminds the reader that 'by October 2017, every hospital and its local health and social care partnerships must have adopted good practice to enable appropriate patient flow, including 'trusted assessor' (NHS England, 2017). A trusted assessor is someone who helps patients 'move from hospital back home or another setting speedily, effectively and safely' (NHS England, 2018). Occupational therapists are the only professionals educated to work across health and social care and within physical, psychological and mental health areas (NHS, 2015). They are therefore well placed to take up roles as trusted assessors and lead within this field. This study looks at the experiences of developing a trusted assessor pilot over six months, together with a physiotherapist as a job share. The occupational therapist and physiotherapist work in an urgent therapy team in the community as well as in urgent care and on the acute medical unit in hospital. The pilot was developed as an 'in-reach' service and as an extension of their community role. In the first three months of the pilot, data showed that discharge

home was facilitated for 113 of the 144 patients assessed (the vast majority same-day discharges). Positive feedback came from patients and carers, who particularly valued the continuity of care between hospital and home. Nursing staff, frailty nurses, consultant and in-patient therapy colleagues all reported on the positive impact the scheme was having and bed days saved. It is currently being extended.

References

NHS England (2017) Next steps on the NHS Five Year Forward View. London: NHS.

NHS England (2018) Trusted assessor scheme. London: NHS.

College of Occupational Therapists (2015) Urgent care: the value of occupational therapy. London: COT.

Keywords

Adult physical health, Older people

Author Information

The author works for the Rotherham NHS Foundation Trust, half the week as an occupational therapist in the community and half the week in a development role as a Trusted Assessor in the Urgent and Critical Care Centre at Rotherham Hospital. She job shares with a physiotherapist.

Session S75.1

THE COLLECTIVE VICTORY: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF THE EXPERIENCES OF PEOPLE WITH SEVERE MENTAL HEALTH CONDITIONS, PARTICIPATING IN AN OCCUPATION MATTERS PROGRAMME

Newport A Surrey and Borders Partnership NHS Foundation Trust

The Occupation Matters Programme (OMP), adapted from Lifestyle Redesign® (Clark, 2015), has become established within Surrey and Borders Partnership NHS Foundation Trust, for people with severe mental health conditions. There was anecdotal evidence of participants finding this programme useful and therefore this research wanted to robustly capture participants' experiences of the OMP, adding the service user voice to the literature and developing the adapted version for mental health services. Qualitative research using interpretative phenomenological analysis (Smith, Larkin & Flowers, 2009) was used to provide a rich account of the experience of participating in an OMP. A reflexive journal engaged the researcher with their own subjectivity and effect on the study. Funding was received from the National Institute for Health Research and ethical approval was gained. In-depth semi-structured interviews were conducted with four participants following session ten and at completion of the 20-week programme. Data analysis followed the step-by-step IPA guidelines, enabling themes to be identified that reflected participants' experiences. The programme

provided a transition from a world of isolation to a deep sense of connection to others, from a closed, controlled world to a larger opened-up world and from an 'ill' self to a new way of 'being,' although one participant experienced less of these findings. This study suggests the OMP adapted from Lifestyle Redesign® was influential in the four participants' recovery. The study promotes occupation-centred practice and proposes that the 'doing' facilitated the 'being, belonging and becoming' in Wilcock's framework (Wilcock and Hocking, 2015).

Ethical approval was received for IRAS: 203423, The Occupation Matters Experience, from

- Health Research Authority on 17th November 2016
- London-Surrey Borders Ethics Committee on 1st November 2016
- Surrey and Borders Research and Development Department on 21st October 2016
- University of Brighton, External REC review on 9th September 2016, Ref: REGC-16-013

References

Clark, Blanchard, Sleight, Cogan, Florindez, Gleason, Heymann, Hill, Holden, Murphy, Proffitt, Shepens Niemiec, Vigen. 2015. Lifestyle redesign: The intervention tested in the USC well elderly

studies. 2nd Edition. United States of America: The American Occupational Therapy Association, Inc.

Smith, J.A., M.H. Larkin and P. Flowers. 2009. Interpretative phenomenological analysis: Theory, method and research. London: SAGE.

Wilcock, A.A. and C. Hocking. 2015. An occupational perspective of health. Third. Thorofare: SLACK.

Keywords

Long term conditions, Mental health

Author Information

Qualifying in occupational therapy in 1989, Alison has experienced clinical, managerial and practice development posts within mental health NHS settings. She is currently working as education lead for allied health professions in Surrey and Borders Partnership NHS Trust. Having completed a Masters in Clinical Research, Alison is keen to pursue a clinical academic career.

Session S78.1

EVIDENCING THE EFFECTIVENESS OF ASSISTIVE TECHNOLOGY AND TELECARE FOR DEMENTIA: RESULTS OF THE ASSISTIVE TECHNOLOGY AND TELECARE TO MAINTAIN INDEPENDENT LIVING AT HOME FOR PEOPLE WITH DEMENTIA (ATTILA) MULTI-CENTRE RANDOMISED CONTROLLED TRIAL

Hooper E University of Manchester/Lancashire Care NHS Foundation Trust **Gathercole R** King's College London **Talbot E** Norfolk and Suffolk NHS Foundation Trust

Purpose and aims: There is no current evidence base to support the use of assistive technology and telecare (ATT) for people with dementia (Van der Roest et al 2017). The ATTILA trial is the first pragmatic randomised controlled trial to investigate the efficacy of ATT for people living with dementia in England. Design: ATTILA compares outcomes for people with dementia who receive ATT and those who receive equivalent community services but not ATT, for up to 5 years (Leroi et al 2013). Methods: Assessments were undertaken by research practitioners (including occupational therapists) with the person with dementia and a family caregiver at weeks 0, 12, 24, 52 and 104, or until admission to institutionalised care or study withdrawal. The primary outcome measures are time in days from randomisation to institutionalisation and cost effectiveness. Secondary outcome measures include caregiver burden, health-related quality of life, and data on acceptability, applicability and reliability of ATT intervention packages. Results: 495 eligible participants and their informal caregivers took part in the trial. All were living with dementia in the community, had a professionally identified need for ATT and were not in receipt of ATT beyond a standard community pendant alarm at the point of entry. The trial results, available in March 2019, will be

presented and discussed. Conclusions: ATTILA meets a pressing need for robust evidence to inform the commissioning and utilisation of ATT in dementia care. This will have implications for the practice of occupational therapists working with people who are living with dementia.

Ethical approval was obtained from the Queen Square London National Research Ethics Committee (Study reference: 12/LO/1816). Trial registration number: ISRCTN86537017. The trial is funded by the Department of Health's Health Technology Assessment programme.

References

Leroi I, Woolham J, Gathercole R, Howard R, Dunk B, Fox C, O'Brien J, Bateman A, Poland F, Bentham P, Burns A, Davies A, Forsyth K, Gray R, Knapp M, Newman S, McShane R and Ritchie C (2013) Does telecare prolong community living in dementia? A study protocol for a pragmatic, randomised controlled trial. *Trials*, 14 (1), 349.

Van der Roest HG, Wenborn J, Pastink C, Dröes RM, Orrell M (2017) Assistive technology for memory support in dementia. *The Cochrane Database of Systematic Reviews*, 6 (6), CD009627.

Keywords

Dementia, Social care

Author Information

Emma Hooper and Emma Talbot are clinical specialist occupational therapists who worked as research practitioners on the ATTILA trial.

Rebecca Gathercole is the ATTILA trial manager.

Session S79.1

OCCUPATIONAL DEPRIVATION IN HOSPITAL – WHAT CAN WE DO ABOUT IT?

Taylor C, Lee K, Cockwell A Dorset County Hospital

There is a wealth of evidence (Boltz et al, 2011) indicating that older patients experience deconditioning, loss of mobility and loss of independence as a result of inactivity when they are admitted to acute medical units. Lack of activity within the hospital environment has a negative impact on feelings of wellbeing, resulting in feelings of passivity, boredom and alienation, leading to a lack of routine and a loss of normal roles, independence and functional ability (Byron et al, 2007). The limitations caused by hospital admission and the characteristics of the hospital environment can be viewed not only as occupational disruption but as occupational deprivation. Qualitative findings (Clarke et al, 2018) indicated that patients find hospitals alien and confusing environments, which means that they tend to become passive and to rely on staff, perceived as 'the experts', to give permission to engage in function or activity, leading to occupational deprivation. This presentation

will explore the issue of occupational deprivation, presenting findings from a small audit of occupational behaviour on two care of the elderly wards and discussing service development proposals aiming to begin the process of alleviating occupational deprivation. Monitoring of patient activity levels found that patients spend the majority of their time doing nothing and alone. If occupational therapy services on the elderly care wards are to be truly occupation focused then there needs to be provision of opportunities for patients to engage in meaningful activities, particularly those activities which encourage routines, normal roles and opportunities for engagement.

References

Boltz, M., Capezuti, E., Shabbat, N., Hall, K. (2010). Going home better not worse: Older adults' views on physical function during hospitalization, *International Journal of Nursing Practice*, 16: 381–388.

Bynon, S., Wilding, C. and Eyres, L. (2007). An innovative occupation-focussed service to minimise deconditioning in

hospital: Challenges and solutions. *Australian Occupational Therapy Journal*, 54: 225–227.

Clarke, C., Stack, C. and Martin, M. (2018). Lack of meaningful activity on acute physical hospital wards: Older people's experiences. *British Journal of Occupational Therapy*, 81: 15–23.

Keywords

Older people

Author Information

Having retired from the world of academe, Clare decided to return to the world of practice.

Kirsty is a Band 7 occupational therapist in care of the elderly.

Session S80.1

PRIMARY CARE HAS RICH SOIL: GROWING A FUTURE WORKFORCE THROUGH ROLE EMERGING PLACEMENTS

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Education Unit, University Hospital Southampton Pike A
NHS West Hampshire CCG

Primary care is in crisis, with difficulties retaining and recruiting general practitioners (GPs) within the context of increasing demand and financial pressures. The NHS Five Year Forward View (NHS England 2014) and the General Practice Forward Review (2016) are trialling the delegation of activities to other professionals to provide innovative solutions to this crisis. Naylor et al (2016) have identified the cost savings and benefits to individuals of facilitating the integration of physical and mental health care needs. Occupational therapists offer a unique occupational perspective that supports the use of meaningful occupations that promote health and wellbeing, facilitating individuals to 'live' rather than merely 'existing' (Royal College of Occupational Therapists 2017). Few occupational therapists in the United Kingdom are based within primary care settings. With no established workforce, any proof of concept, financial, clinical or person-centred benefit is hard to establish. This work will describe how role emerging placements have demonstrated meaningful outcomes for individuals and GPs, which highlights the added value that occupational therapists can bring to this new setting. It will consider the facilitators and barriers of using student placements and provide feedback from students and the primary care team on how students were able to facilitate a clearer understanding of the occupational therapy contribution to this setting. Occupational therapists have a unique skill set to offer primary care, and role emerging placements and the

placement of students offer a robust way to demonstrate the added value that the profession can offer.

References

NHS England (2014) Five Year Forward View. London: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> Accessed on 05.11.18.

NHS England (2016) General practice forward review. London: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfr.pdf> Accessed on 05.11.18.

Naylor C, Das P, Ross S (2016) Bringing together physical and mental health. A new frontier for integrated care. London: The King's Fund.

Royal College of Occupational Therapists (2017) Living not existing: Putting prevention at the heart of care for older people in England. London: RCOT.

Keywords

Long term conditions, Mental health, Education and students

Author Information

Juliette led the development of diverse and role emerging placements at the University of Southampton, where she evaluated four placements in primary care. In 2018 she joined Bournemouth University where she continues to build on her work in primary care to highlight the work of occupational therapists.

Emily is a GP who undertook a GP CEPN (Community Education Provider Networks) Fellowship 2017–2018 where she evaluated the role of occupational therapy in primary care settings and the benefit of placements in this setting for occupational therapy students.

Session S80.2

SUPPORTING OCCUPATIONAL THERAPY STUDENTS TO BECOME 'AGENTS OF CHANGE' IN THEIR LOCAL COMMUNITIES

Harvey S Canterbury Christ Church University

The Royal College of Occupational Therapists' debate 2018 focused on whether occupational therapy needs to be based in public health rather than secondary or tertiary services in order to best position itself in the changing healthcare system (RCOT, 2018). Occupational therapy students at Canterbury Christ Church University are being challenged to consider what occupational therapy would look like without any alignment to traditional health care systems. By taking an occupation based approach, the students are engaging communities in collective occupations, in real life contexts (Kronenberg et al, 2011). The conventional person-centred approach will be re-focused to consider community wellbeing as a whole. Civic engagement helps inform students' 'social responsiveness' linking higher education to the 'public good' (Kronenberg et al, 2011, p13). It also provides the student with essential learning within their curriculum that will enhance their professional competence to thrive in the workplace (Fortune, Ryan and Adamson, 2013). The

occupational therapy students design a project that addresses an occupational need within their local community. The module aims to enhance the students' graduate employability by building their entrepreneurial and professional skills (Thew, Thomas and Briggs, 2018). Students will produce a poster to conference standard to demonstrate their learning. A module evaluation and personal reflection will inform future delivery. Changing the traditional methods of module delivery feels, as Baptiste and Molineux (2011) predict, both 'onerous' and a little 'risky' (p. 154), but overall exciting. Hopefully the students' experience will allow them to visualise a new perspective for their future occupational therapy role.

References

Baptiste, S. and Molineux, M. (2011) The way Forward, In: Thew, M., Edwards, M., Baptiste, S. and Molineux, M. (2011) Role Emerging Occupational Therapy: Maximising Occupation Focused Practice. Hoboken: John Wiley & Sons, Incorporated. pp. 149–155.

Fortune, T., Ryan, S. and Adamson, L. (2013) 'Transition to practice in supercomplex environments: Are occupational

therapy graduates adequately prepared?', *Australian Occupational Therapy Journal*, 60(3), pp. 217–220. doi: 10.1111/1440-1630.12010.

Kronenberg, F., Pollard, N. and Ramugondo (2011) Introduction: courage to dance politics. In: Kronenberg, F., Pollard, N., Sakellariou, D. (Eds) *Occupational Therapies Without Borders – Volume 2*. 2 edn. GB: Churchill Livingstone. pp. 1–16.

Royal College of Occupational Therapists (2018) The Debate: This house believes that occupational therapy needs to be predominantly based in public health, not in secondary or tertiary services. Published on 24 Jul 2018 available at: <https://www.youtube.com/watch?v=qsWXuhn3jIU#action=share> (downloaded 02.11.18).

Thew, M., Thomas, Y. and Briggs, M. (2018) 'The impact of a Role Emerging Placement while a student occupational therapist, on subsequent qualified employability, practice and career path', *Australian Occupational Therapy Journal*, 65(3), pp. 198–207. doi: 10.1111/1440-1630.12463.

Keywords

Education and students

Author Information

Sarah Harvey is a senior lecturer in Occupational Therapy at Canterbury Christ Church University. She has 18 years' experience working in mental health services.

Session S81.1 (FP)

HOW DO WE BUILD A PICTURE OF A PATIENT IN A PROLONGED DISORDER OF CONSCIOUSNESS?

Wilford S Royal Hospital for Neuro-disability

Accurate diagnosis of prolonged disorders of consciousness can be challenging and requires input of a specialist occupational therapist and interdisciplinary team using validated standardised assessments (Royal College of Physicians 2013). The Royal College of Physicians' National Clinical Guidelines for prolonged disorders of consciousness (2013) suggest that one or more of three tools should be used to assist in diagnosis: the Wessex Head Injury Matrix (Shiel et al 2000); the Sensory Modality Assessment and Rehabilitation Technique (Gill-Thwaites 1997); the JFK Coma Recovery Scale Revised (Giacino et al 2004). There is limited guidance on the selection of these assessment tools and therefore the author carried out research to examine the factors involved in a team's choice making and how choice of assessment helps build a picture of a patient. The outcome of the research was that decisions over choice of assessment(s) are multifactorial, based on three main themes, namely patient characteristics, assessment characteristics and pragmatics. In addition, it was found that no one assessment tool is perfect. The reality of assessment with this patient group is that therapists are trying to 'build a picture' of the patient through the assessments that they carry out. To do this, it has been shown that at least two assessment tools are used rather than 'one or more' as recommended in the Royal College of Physicians' guidelines (2013).

References

Royal College of Physicians. (2013) Prolonged disorders of consciousness: National Clinical Guidelines. London, Royal College of Physicians.

Shiel A, Horn SA, Wilson BA, Watson MJ, Cambell MJ, McLellan DL. (2000) The Wessex Head Injury Matrix (WHIM) main scale: a preliminary report on a scale to assess and monitor patient recovery after severe head injury. *Clin Rehabil.*; Aug; 14(4): 408–16.

Gill-Thwaites H. (1997) The Sensory Modality Assessment Rehabilitation Technique – a tool for assessment and treatment of patients with severe brain injury in a vegetative state. *Brain Inj.*; Oct; 11(10): 723–34.

Giacino JT, Kalmar K, Whyte J. (2004) The JFK Coma Recovery Scale Revised: measurement characteristics and diagnostic utility. *Arch Phys Med Rehabil*; Dec; 85(12): 2020–9.

Keywords

Adult physical health, Long term conditions, Neurological practice, End of life care

Author Information

An experienced senior occupational therapist. Areas of expertise: working with adults with acquired brain injury and neurodegenerative disorders. Specialism in assessment and treatment of individuals with severe physical and cognitive impairments, including development of assessment and treatment tools for use with individuals in prolonged disorders of consciousness.

Session S81.2 (FP)

THE EARLY SUPPORTED DISCHARGE (ESD) TEAM: THERAPY-LED DISCHARGE IN NEATH PORT TALBOT (NPT), SOUTH WALES. EVALUATING THE IMPACT OF OCCUPATIONAL THERAPY

DArcy E ABMU

The unnecessary delay in discharging patients from hospital is an increasing systemic problem in the NHS. According to the National Audit Office, this accounted for 1.15 million bed days in 2015. In addition, particularly for older people, longer stays in hospital can lead to poorer health outcomes, potentially increasing long-term care requirements. The Abertawe Bro Morgannwg University Health Board wanted to explore the effectiveness of a novel, occupational therapy-led discharge model resourced by freeing rehabilitation beds and redistributing associated funds into a community based, ESD service. This service looks to provide home-based intensive therapy to those patients who have been medically optimised, for up to

three weeks, with a view to reducing long-term care need and ultimately readmission. The average length of stay for patients (suitable for the Early Supported Discharge Team) prior to launch was 46.5 days, reduced to 16 days for those patients treated by the ESD team. After less than 1 month in operation, the ESD implementation has demonstrated a cost avoidance of 141 bed days, equating to a projected cost avoidance of £256,620 per annum based on the minimum bed cost of £130 per day. Furthermore, outcome measures show a clear improvement in patients' function and satisfaction, reflecting patients' desire to be treated at home wherever possible. Based on these initial results, expansion of the service is currently under consideration in order to support more complex patient discharges.

References

Department of Health (2015) Discharge to Assess. London: DH. Available at: <https://www.nhs.uk/NHSEngland/keogh-review/Documents>

Health Care Inspectorate Wales (2018) Patient discharge from hospital to general practice: Thematic Report. Available at: <http://hiw.org.uk/docs/hiw/reports/180808dischargeen.pdf>

National Audit Office, Department of Health (2016) Discharging older patients from hospital. London: DH. Available at: <https://www.nao.org.uk/wp-content/uploads/2015/12/Discharging-older-patients-from-hospital.pdf>

Keywords

Adult physical health, Long term conditions, Managers, Older people

Author Information

Occupational therapist and team lead for the Early Supported Discharge Team, Neath Port Talbot, South Wales. 15 years' experience within rehabilitation, learning disabilities and older persons' mental health.

Session S81.3 (FP)

FRAILITY AND OCCUPATIONAL THERAPY – THE FUTURE

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Hospitals NHS Foundation Trust **Silby C** University of East Anglia

Frailty is a progressive, degenerative long term condition characterised by loss of physical and/or cognitive resilience (Clegg A, 2011). People experiencing severe frailty are four times more likely to experience hospitalisation, care home admission or death than those who are not frail (Vernon, 2018); frailty is more effective than age as a way of identifying people with increased risks. We have been using the KAWA model to analyse the role of occupational therapy with frailty. Occupational therapy helps remove the boulderous burdens of frailty from the river of well-being (Iwama, 2002) by improving functional ability, enhancing accessibility of living environment, increasing resilience and addressing individual concerns. The 2018 Budget Statement has pledged a further £20.5 billion for the NHS, with the Secretary of State for Health clearly ring-fencing the majority for prevention and health promotion (Hancock M, 'The Today Programme', Radio 4, 5/11/2018). Frailty offers an increasingly significant opportunity for occupational therapy. Frail people benefit from holistic review based in the Comprehensive Geriatric Assessment (2014). Occupational therapy uses holistic interventions in all settings to facilitate well-being, addressing the physical, emotional and psychosocial aspects of frailty, supporting individuals to help themselves. The development of advance care practitioner roles will enable occupational therapy-led comprehensive geriatric assessment and intervention strategies for those experiencing frailty, as well as a key role for those in more traditional occupational therapy. The impact of

this area of development can be measured using a Clinical Frailty Index and further critically analysed using the KAWA model.

References

- Clegg, A. (2011) The Frailty Syndrome Clinical Medicine doi: 10.7861/clinmedicine.11-1-72 Clin Med February 1, 2011 vol. 11 no. 1 72–75.
- British Geriatrics Society (2014) Managing Frailty – Comprehensive Geriatric Assessment [retrieved on 20/03/2018 from www.bgs.org.uk].
- Hancock, M. (2018) 'The Today Programme' Radio 4 broadcast 5th November 2018 07:15.
- Iwama, M.K. (2002) The Kawa Model: Culturally Relevant Occupational Therapy, 1st ed, Churchill Livingstone.
- Vernon, M. (2018) National Frailty Approach. Frailty Conference Midlands and East: Improving Care for People with Frailty.

Keywords

Adult physical health, Long term conditions, Older people, Social care

Author Information

Annie is the operational and clinical lead occupational therapist for Front Door Services at the Norfolk and Norwich University Hospitals NHS Foundation Trust. She has a long-standing interest in the role of occupational therapy in prevention, promoting well-being and maintaining independence.

Caroline is currently a Masters Occupational Therapy Student at the University of East Anglia.

Session S84.1

BENEFITS, ENABLERS AND BARRIERS TO ENGAGING IN PEER SUPPORT FOR PEOPLE WITH MACULAR DEGENERATION: IMPLICATIONS FOR OCCUPATIONAL THERAPY

Collins B University of Liverpool **Thetford C, Storey H** University of Central Lancashire

Aims: Age-related macular degeneration (AMD) is associated with psychosocial issues and reduced quality of life (Dawson et al., 2014). Support is increasingly provided through peer support groups (PSGs), but with limited research about these groups for people with low vision. Methods: Grounded theory research (Glaser and Strauss, 1967) aimed to explore ways to improve PSGs. 24 Macular Society PSGs were theoretically sampled, their leaders were interviewed and 7 groups were visited. 20 group members and 19 non-attenders were interviewed by telephone. All interviews were recorded and coded using NVIVO. This paper reports three emergent themes: benefits, enablers and barriers to engaging in PSGs. Findings: Benefits of PSGs included: learning about AMD and how to manage occupations 'knowing you are not alone' and social contact. Enablers to attending included: knowing about the group; accessibility/

transport; motivation to attend; and individual health and personal circumstances. Challenges were often the reverse of enablers: groups in rural locations with poor transport were less accessible; comorbid health issues and perceptions that PSGs are for 'other people' were reasons for non-attendance. Conclusions: Participants with AMD highlighted the importance of knowing how to perform daily occupations. For some, their main support came from informal chats and 'tricks' shared in PSGs. While PSGs certainly do perform a function, it may be that some people who could benefit most are least able to attend. Occupational therapists are needed to support people with AMD, alongside peer support, to enable occupational participation and to maximise quality of life.

Ethical approval was granted by both the University of Central Lancashire Research Ethics Committee and the Research Ethics Committee of the University of Liverpool in October 2017.

References

- Dawson, S. R., Mallen, C. D., Gouldstone, M. B., Yarham, R. & Mansell, G. (2014) The prevalence of anxiety and depression in people with age-related macular degeneration: a systematic

review of observational study data. *MBMC Ophthalmology*, 14(78). doi:doi:10.1186/1471-2415-14-78.

Glaser, B. G., Strauss A. L. (1967) *The discovery of grounded theory: Strategies for qualitative research*, New York: Aldine de Gruyter.

Keywords

Adult physical health, Long term conditions, Older people, Social care

Session S85.1

CAN THE USE OF THE MOBILE APPLICATION OCCUBUZZ INFLUENCE NURSING STUDENTS' UNDERSTANDING OF HOW OCCUPATION IMPACTS WELLBEING?

Brown L Greater Manchester Mental Health NHS Foundation Trust

The increasing use of mobile applications by consumers to manage their own health (Kratzke & Cox 2012) brings with it a significant opportunity to educate the public about how occupations can impact on wellbeing. OccuBuzz is an app designed by occupational therapists and embraced enthusiastically by those in the profession that have been exposed to it (Hook, Bodell, & Griffiths 2013, Kisters & Simon 2017, Stanley 2015). However, there has been no research on whether the app meets its intended purpose of raising awareness of the link between occupational balance and wellbeing. The purpose of this research is therefore to explore whether using the mobile application OccuBuzz influences understanding of the relationship between occupation and wellbeing. Aims: To explore participants' understanding of occupational balance and its impact on their wellbeing after using the mobile application OccuBuzz; to explore how specific aspects of the application OccuBuzz contribute to this understanding. This research study took a critical realist perspective and a phenomenological approach to understand the meaning of occupational balance to OccuBuzz users after trialling the application for a period of four weeks. Semi-structured interviews were carried out with six mental health nursing students and thematically analysed to describe how the application contributed to an understanding of occupational balance. The key themes emerging from this study will be presented alongside a discussion of the transferability of the findings to other populations, and implications for the use of the

Author Information

Bethan is Senior Lecturer in Occupational Therapy in the University of Liverpool. Bethan is research-active and has been conducting this funded research about peer support groups for people with macular disease.

Dr Thetford has spent most of her career at the University of Liverpool, where she has developed an extensive interdisciplinary network of academics in sociology, psychology, vision science, allied health professionals and extensive links with community groups in the North West working with people in the vision impairment sector.

app by occupational therapy practitioners and the public as well as for further research.

Ethics approval is in process with the University of Salford where the Masters study is being undertaken. Reference: HST1819-015.

References

Hook A, Bodell S, Griffiths L (2013) Occubuzz: a mobile app for occupational balance and wellbeing. *British Journal of Occupational Therapy*, 76, 132–132.

Kisters L, Simon S (2017) Eine app als wegbegleiter zur 'occupational balance' – vorvalidierungsstudie der App 'Occubuzz'. Paper presented at the Afstudeerpresentatie en Diplomerings: Opleiding Ergotherapie, Zuyd Hogeschool. https://www.zuyd.nl/~media/Files/Studeren/Opleidingen/Bachelors/ergotherapie/presentatiegids_juli2017.pdf

Kratzke C, Cox C (2012) Smartphone technology and apps: rapidly changing health promotion. *Global Journal of Health Education and Promotion*, 15(1).

Stanley K (2015) What's the Occubuzz about MS fatigue and occupational balance? Paper presented at the MS Trust Annual Conference, London.

Keywords

Mental health, Education and students

Author Information

Lisa Brown is an occupational therapist with a background in mental health who currently works as a practice education facilitator. She has an interest in digital health and is undertaking a research study on the mobile application OccuBuzz for her MSc in Advanced Occupational Therapy.

Session S86.1

INTEGRATING AN OCCUPATIONAL SYSTEMS APPROACH TO THE SCIENCE OF FITNESS, HEALTH AND WELLNESS IN THE NEW HEALTHCARE PARADIGM

Bracciano A, Stollberg J, Kaipust M Creighton University Bracciano E Des Moines Orthopedic Surgeons

Successful contextual engagement in occupation is necessary for independence and quality of life in aging. Integrating physiological concepts and evidence-based research related to health and wellness, movement, fitness and impact on independence is critical in the new healthcare paradigm emphasizing ageing in place and community approaches. Occupational therapy faces challenges and opportunity due to societal needs and changes in service delivery. The new healthcare paradigm is a combination of the medical model and community engagement, and is based on the needs of

patients, families and communities, incorporating evidence-based research and advances in clinical medicine, public health and healthcare delivery (Burwell, S., 2015). Fundamental to participation and engagement are physiological functions of body systems which allow capacity to perform a task or action (ICF, WHO, 2001). Client factors (OTPF, 2014) are body functions and structures, the physiological aspects of body systems unique to the individual. Integrating client factors systematically which undergird performance in response to contextual demands is critical to engagement in valued occupations and supports and acknowledges the effect of our unique therapeutic approach. This workshop will identify physiological systems underlying performance, health and wellness and will provide a framework for integrating evidence-based research and systematic processes to guide, support and facilitate integration of concepts and components of fitness and healthy lifestyle practices to facilitate

independence in the aging population and the new healthcare paradigm. A discussion of the impact of occupational selection as therapeutic intervention will provide reflection to foster clinical reasoning and analysis.

References

- Occupational Therapy Practice Framework: Domain and Process (3rd Edition). (2014). *American Journal of Occupational Therapy*, 68(Supplement_1). doi:10.5014/ajot.2014.682006.
- Burwell, S. (2015) Fulfilling the Promise: Supporting Participation in Daily Life. *Archives of Physical Medicine and Rehabilitation*, 92(2), 169–175. doi:10.1016/j.apmr.2010.12.010.
- (2001) International classification of functioning, disability, and health: ICF. Geneva: World Health Organization.

Keywords

Adult physical health, Long term conditions, Older people, Social care

Author Information

Dr Bracciano is a clinician and academician. He is a Fellow in the American Occupational Therapy Association (AOTA) for his work in Asia and education. He speaks extensively on physical agents, orthopedics and hybrid distance education and is content expert to AOTA and US Department of Defense.

Dr Stollberg has lectured extensively on aging and on industrial rehabilitation and work conditioning. He is recognised for his work in industrial rehabilitation and has presented internationally and nationally.

Session S87.1

PLAYING TOGETHER: ANALYSING THE CO-OCCUPATION OF A PERSON WITH DEMENTIA AND CARERS WITHIN A FAMILY GAME

Wey S, Edwards L, Gallighan K, Crisford A, Hill L, Rivers E
York St John University

Occupational engagement and meaningful social interaction are fundamental to the well-being and personhood of people with dementia (Morgan-Brown et al, 2018). However, there has been limited research into how social occupations are co-created by people with dementia and others such as carers or friends (Majlesi & Ekstrom, 2016). This seminar discusses findings from an ongoing research project involving staff and students, analysing how people with dementia and family carers collaborate as occupational partners in co-creating shared occupations as meaningful enacted processes (Wey et al, 2017). Video journals of occupations recorded by the participants are analysed using Grounded Theory microanalysis (Griffiths, 2013) to identify subtle actions and interactions. This seminar will focus on the analysis of a Scrabble game played by three family members, one of whom has dementia. In contrast to the analysis of a baking co-occupation reported previously (Wey et al, 2017), the game of Scrabble poses a qualitatively different set of demands, particularly on process skills, declarative cognition and linguistic competencies. The analysis explores strategies used by participants to maintain the agency of the person with dementia, and despite challenges, the meaningfulness of the occupation. It explores how the embodied, transactional and intersubjective nature of co-occupation (Pickens & Pizur-Barnekow, 2009) creates conduits for participants to attune themselves to one another in order to promote mutual participation and meaning. This study has implications for occupational therapy practice, particularly in relation to enabling people with dementia and their occupational partners to maintain valued occupations, and wider implications for occupational science.

Ethical approval was agreed by the York St John Health Ethics Committee on 12/10/2017 (Research ID: Wey_ 12/10/2017).

References

- Griffiths, C. (2013) Using Grounded Theory to Analyze Qualitative Observational Data that is Obtained by Video Recording. *Grounded Theory Review: An International Journal*. 14(1).
- Majlesi, R., Ekstrom, A. (2016) Baking together; the coordination of actions in activities involving people with dementia. *Journal of Ageing Studies*, 38, pp. 37–47.
- Morgan Brown, M., Brangan, J., McMahon, R., Murphy, B. Engagement and social interaction in dementia care settings. A call for occupational and social justice. *Health Soc Care Community*. 2018;00:1–9. <https://doi.org/10.1111/hsc.12658>
- Pickens, N. D. & Pizur-Barnekow, K. (2009) Co-occupation: Extending the dialogue. *Journal of Occupational Science*, 16(3), 151–156.
- Wey, S., Brewster, C., Tuffs, J., Williams, K., Egdell, K., Dennehy, A. & Theocharous, E. (2017) Working Together: Shared occupations of people with dementia and carers, presented at RCOT Annual Conference 2017 available from <http://rcotannualconference.org.uk/wp-content/uploads/2017/06/Session-91.pptx>

Keywords

Dementia, Neurological practice, Older people

Author Information

Stephen Wey is senior lecturer in Occupational Therapy at York St John University and completing doctoral research at Sheffield Hallam University. He has worked as a clinical practitioner in occupational therapy for over 25 years, mostly with people with dementia and learning disabilities.

Laura is a student in her third year on the occupational therapy undergraduate programme at York St John University.

Session S88.1

RE-THINKING REABLEMENT SERVICES: ARE WE SUPPORTING PEOPLE AS SOCIAL PARTICIPANTS?

Dibsdall L Wiltshire Council **Ebrahimi V** University of Chester

The right to social participation is often referred to in the guise of health and social care initiatives as well as in policy. The Care Act statutory guidance (DoH, 2018) states that the purpose of adult social care is to promote wellbeing and work with people on outcomes that matter to them. This is reflected

in occupational therapy philosophy, working to promote occupational engagement in all aspects of a person's life. Social prescribing has recently been highlighted as a means to refer people to community groups and organisations to promote health and wellbeing. The evidence for positive outcomes from social prescribing is increasing and occupational therapists have made some in-roads in this field (Thew, Bell and Flanagan, 2017). Reablement services have been successful in facilitating independence and reducing the need for paid support. These nonetheless tend to prioritise goals related to personal care,

domestic occupations and mobility around the person's home. Focusing on these occupations may fail to address issues of social inequality and 'being' and 'belonging' in the community (Greenwood, Ebrahimi and Keeler, 2018). This is important as Age UK (2014) has contended that loneliness is a serious issue for older people. The aim of this workshop is to discuss how occupational therapy might contribute to the successful and measurable development of reablement-led social participation. Participants will be invited to share their experiences of good practice. They will be encouraged to consider how they will take these ideas forward in their respective fields of practice.

References

AGE UK (2014) Loneliness a 'serious issue' for older people. Available at: <https://www.ageuk.org.uk/latest-news/archive/loneliness-and-isolation-a-serious-issue-for-older-people/> Accessed 1.11.18.

Department of Health (2018) Care and support statutory guidance. Available at: <https://www.gov.uk/government/>

publications/care-act-statutory-guidance/care-and-support-statutory-guidance Accessed 1.11.18.

Greenwood J, Ebrahimi V and Keeler A (2018). Reablement Models of Service Provision. In: Ebrahimi VA and Chapman HM, ed. Reablement Services in Health and Social Care. London: Macmillan Education – Palgrave. Ch. 3.

Thew M, Bell F and Flanagan E (2017) Social prescribing: An emerging area for occupational therapy. *British Journal of Occupational Therapy*, 80(9), 523–524.

Keywords

Long term conditions, Mental health, Older people, Social care

Author Information

L Dibsall is principal occupational therapist for adult care at Wiltshire Council. PhD research examined the role of occupational therapists in reablement services.

V Ebrahimi is an educator at the University of Chester and author of Reablement Services in Health and Social Care.

Session S89.1

DEVELOPING CLINICAL RESEARCHERS IN OCCUPATIONAL THERAPY

Corr S Leicestershire Partnership NHS Trust

Leicestershire Partnership NHS Trust is a large community and mental health service with 5500 staff. Fifteen percent of the workforce are allied health professionals (AHP), with occupational therapists being the largest AHP professional group. Since 2013, there has been a strategic push to build research capacity and capability amongst all professional groups. A goal within the Trust's Research and Development Strategy 2018–2023 is to attract, develop and retain research leadership and skills based on the knowledge that clinical academic roles can transform care (AUHUK 2016). To date, over £509,000 worth of continued professional development has been secured by staff to enable them to undertake a wide range of development, from 20 day research internships to studying for a PhD. To date, five occupational therapists have secured a selection of these, with two securing the first ever Clinical Research Associate roles in the Trust. These are two year secondments, with 50% of time clinical and 50% research. These are enabling occupational therapists to influence and develop practice in a variety of ways, including through instigating journal clubs, attracting national occupational

therapy led studies into the Trust, supporting service users to be participants in studies, and raising the understanding and implementation of evidence to improve care through research notice boards. We hope to build on these opportunities in the future.

References

AUKUH (2106) Transforming healthcare through clinical academic roles in nursing, midwifery and allied health professions https://www.bda.uk.com/professional/research/transforming_healthcare_through_clinical_academic_roles_in_nursing_midwifery_and_allied_health_professionals

Keywords

Adult physical health, Long term conditions, Managers, Education and students

Author Information

Professor Susan Corr is Head of Research and Development at Leicestershire Partnership NHS Trust where she is strategically leading the growth of research within one of the biggest integrated mental health, learning disability and community health services trusts in the UK. Her professional background is in occupational therapy.

Session S90.1

AUGMENTING FUNCTIONAL PERFORMANCE FOLLOWING DEEP BRAIN STIMULATION WITH A COGNITIVE APPROACH FOR INDIVIDUALS WITH HYPERKINETIC MOVEMENT DISORDERS

Gimeno H Evelina London Children's Hospital Brown R King's College London Lin JP Evelina London Children's Hospital Cornelius V Imperial College London Polatajko H University of Toronto

Research purpose and aims: A proof-of-concept feasibility trial examined the potential of the Cognitive Orientation to daily Occupational Performance (CO-OP) approach to improve outcomes following deep brain stimulation (DBS). Research design: Multiple baseline, single case experimental design (N-of-1 trial) comprised of 10 intervention sessions, with replications across participants (n=10). Research methods: Treatment focused on three participant-selected goals. Transfer was assessed on two additional untreated goals. Individuals enrolled were between 6–21 years of age, had DBS in place and

with enough manual ability. Primary outcome was functional performance change on the Performance Quality Rating Scale-Individualized (PQRS-i) measured before, during, post-treatment and at 3-months follow-up. Outcome assessors were blinded to treatment allocation, session number and assessment time. A non-overlapping index, Tau-U, was used to measure effect size. Feasibility parameters were captured. Results: One participant withdrew before baseline assessment. All nine remaining participants showed improvements in PQRS-i scores for at least one trained goal, two improved on two trained goals and six on all three, with effect sizes of at least 0.66 seen both at post-treatment and follow-up. Two children showed deterioration in one trained goal each. Transfer to untrained goals was observed in three participants for a total of five goals. The intervention was feasible and acceptable to all. Conclusions and reflections on the impact for occupational therapy: A cognitive-based, task-oriented approach to support performance of personally relevant functional skills enabling participation is acceptable to young

people with childhood-onset HMD post-DBS with the potential to be an effective way to improve outcomes.

The study was approved by the NHS Health Research Authority Oxford A Research Ethics Committee (14/SC/1159) and was registered with the ISRCTN Registry (ISRCTN57997252).

Keywords

Children and families, Neurological practice

Author Information

Hortensia Gimeno is a former Clinical Research Fellow at NIHR and currently a clinical specialist occupational therapist and PhD candidate at King's College London.

Professor Brown's primary research interest is in the area of clinical neuroscience, particularly in patients with neurodegenerative diseases associated with fronto-basal ganglia systems such as Parkinson's disease.

Posters

Poster P1

CAN THERAPEUTIC RELATIONSHIPS PLAY A ROLE IN SUPPORTING SELF-MANAGEMENT SKILLS FOR PEOPLE AFFECTED BY CANCER? AN INTEGRATIVE LITERATURE REVIEW

Wilkinson W Abertawe Bro Morgannwg University Health Board/Swansea University/Wales Cancer Network

Half of people born after 1960 will develop cancer in their lifetime (Ahmad et al., 2015). Cancer rehabilitation needs to articulate how it supports self-management (SM) as more people survive their cancer, living with long-term and late-onset consequences of treatment. Better understanding of therapeutic relationships (TR) may provide an answer. This integrative literature review (ILR) aimed to describe TR research in cancer, synthesise qualitative and quantitative findings, and supplement this with learning from other long-term conditions (LTC). Integrative literature review: Seven databases were searched using a systematic strategy. Grey literature was identified from OTSeeker, hand-search of retrieved papers' references and ETHoS. Primary studies relating to the impact of TR on SM behaviours during rehabilitation for adults in cancer or chronic conditions were included. Results were limited to English language papers, published between 2003 and 2018. The literature was reviewed with support from two independent reviewers as guided by Whittemore and Knafelz (2005). QATSDD and AMSTAR tools were used for quality assessment of the papers and an Excel data extraction spreadsheet was used to synthesise and manage the data. Of the 733 records identified,

136 duplicates and 511 records were excluded after screening. Of the ten publications included, one of six review papers and three of four primary research studies were focused on cancer. Limited research has been undertaken into if/how TR affects cancer populations. Findings from other LTC suggest TR has a positive impact on the development of SM skills. Occupational therapy skills in TR are under-utilised in cancer rehabilitation.

This study received favourable ethical opinion from Wales Research Ethics Committee 6 (15/WA/0331) in April 2016.

References

Ahmad AS, Ormiston-Smith N, Sasieni PD (2015). Trends in the lifetime risk of developing cancer in Great Britain: comparison of risk for those born from 1930 to 1960. *British Journal of Cancer*, 112, 943.

Whittemore R, Knafelz K (2005). The integrative review: updated methodology. *Journal of Advanced Nursing*, 52, 546–553.

Keywords

Adult physical health, Long term conditions

Author Information

Wendy started her Professional Practice Doctorate in 2013 while working as an advanced practitioner occupational therapist in cancer rehabilitation. She started work as Macmillan Lead Allied Health Professional with the Wales Cancer Network in 2016. This research is one of three projects completed as part of her doctoral candidature.

Poster P2

IN-PATIENTS' LIVED EXPERIENCE OF THERAPY ON A MAJOR TRAUMA WARD ON EMOTIONAL WELLBEING, DAILY OCCUPATIONS AND READINESS FOR DISCHARGE – AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Throp J Leeds Teaching Hospitals Trust

This project aimed to explore and understand the lived experiences of patients who have a major trauma and received occupational therapy intervention as a hospital patient. Using interpretative phenomenological analysis, this study uniquely explored the patients' lived experience of occupational therapy within a hospital major trauma ward. Eight major trauma participants were interviewed over a 4 month period, prior to discharge from the ward. Semi-structured interviews were analysed and then interpreted by the researcher using double hermeneutic techniques to elicit understanding of the participants' experiences and the meaning behind their stories. Five themes emerged: 1) 'Gods and goddesses'; 2) 'Don't just listen to me, hear me'; 3) 'Perceptions of trauma'; 4) 'Getting used to my new sense of self'; and 5) 'Grief and loss'. Participants described how their experiences of pain affected their participation in occupation, their occupational deprivation as an injured person and the emotional impact of being in hospital. Findings revealed the need for occupational

therapists working within a major trauma ward to deliver holistic occupation focused care within an acute environment, returning to the profession's unique understanding of occupation and its influence on health and well-being. The study revealed trauma patients' understanding of the role of occupational therapy and suggested there are opportunities for occupational therapists to use their skills to help further reduce the pain experience, consider strategies to overcome problems in returning to occupations of life, and the value of giving patients time to discuss their anxieties about returning home.

Ethical approval received from NRES Committee Yorkshire & The Humber reference: 15/YH/0050 Protocol number: OT14/11359IRAS project ID: 168253.

Keywords

Adult physical health

Author Information

Occupational Therapy Clinical Services Manager for MSK specialisms at Leeds Teaching Hospitals Trust. The author manages a large group of staff ranging from trauma, orthopaedics and vascular wards to head and neck surgery and the clinical decisions unit in A&E. The author maintains a clinical role as often as possible.

Poster P3

EXPLORING THE MEANING OF SUSTAINABLE RELATED OCCUPATIONS

Russo Alesi O University of Cumbria

Background: Human activities and occupations impact on the earth's resources, upon which individuals and societies are dependent. Sustainability is an issue to consider when

contemplating the health impact this has on populations and subsequent generations. The World Federation of Occupational Therapists' (2012) position statement on environmental sustainability supports the profession's ability to develop understanding of sustainable practices as a matter of national and global health. Insight into sustainability-related occupations

was gained from a cohousing community, where communal homes and workspaces are supported by renewable energy technologies such as solar, biomass and hydroelectricity. Method: In-depth, rich qualitative data was gathered from four participants through semi-structured interviews, which were analysed thematically. Findings: Social, environmental, economic and cultural meanings were attached to shared and individual values. These supported sustainable practices and community wellbeing. Conclusion: Various skills, knowledge and abilities are required to negotiate complexities of sustainability-related occupations within the community. Cohousing, however, empowered participants to prioritise occupational engagement according to skill base, knowledge distribution and designated individual ability. This ultimately enhanced collective efficacy and offered opportunities to demonstrate such efficacy to wider communities. The study contributes to ethical debates and emerging occupational science or therapy evidence needed to support cultural and occupational change.

Full ethical approval was sought by the University of Cumbria.

References

World Federation of Occupational Therapists (2012). Position statement: Environmental Sustainability, sustainable practice within occupational therapy. Available at: <http://www.wfot.org/ResourceCentre.aspx>. (Accessed 20 November 2016).

Keywords

Adult physical health, Children and families, Disadvantaged people, Education and students

Author Information

Olivia Russo Alesi is an occupational therapist who currently works in neurosciences but has a particular interest in contemporary issues including mental health, environment and sustainability.

Poster P4

A CURRICULUM REVIEW OF RESEARCH SKILLS AND KNOWLEDGE DEVELOPMENT IN UK PRE-REGISTRATION OCCUPATIONAL THERAPY PROGRAMMES

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Temple T Formerly Project Assistant, Royal College of Occupational Therapists

Feedback gathered via the Royal College of Occupational Therapists (RCOT) Research and Development Review suggests that new graduates lack confidence in research when they move into practice, and that universities are perceived to inadequately prepare them to integrate research into practice. This study aimed to scope research-related curricula within pre-registration occupational therapy programmes and put this into context with (R)COT pre-registration educational standards (COT 2014). Using documentary analysis (Bowen 2009), this desk-based study examined the anonymised documentation of 51 accredited pre-registration programmes in the UK to identify and describe the research-related curricula. 126 modules were categorised according to type, content, weighting, assessment method. Data was analysed using descriptive statistics. Module types included: Research Introduction (32%), Developing Research/Evidence-Based Practice with Project Planning (19%), Project Planning and Execution (36%). Module specifications indicated 27 different content areas, including: Ethics (62%), Data Collection/Analysis (43%), Research Design – qualitative (37%), Quantitative (34%), Literature Searching (34%), Statistics (19%). Credit weightings varied considerably between programmes and modules utilised multiple assessment methods, including: Essay (29%), Presentation/Viva (27%), Research Proposal (21%),

Dissertation/Project (16%). Variations in terminology created some interpretive problems during data collection; however, considerable disparity was found across programmes relating to content, weighting and assessment methods. Some key research concepts (e.g. ethics) were taught frequently, whilst others such as statistics appeared less often in module descriptors. There is an opportunity to review research requirements within education standards (COT 2014) to improve research confidence and capability in occupational therapy graduates and to support more comparable pre-registration research education experiences.

This study was reviewed through the RCOT Research Governance Process and approved on 20th June 2018 (Reference number PE19/2018).

References

Bowen GA (2009) Document Analysis as a Qualitative Research Method. *Qualitative Research Journal* 9(2), 27–40.

College of Occupational Therapists (2014) College of Occupational Therapists' learning and development standards for pre-registration education. London: RCOT.

Keywords

Education and students

Author Information

Gillian is Research and Development Manager, Royal College of Occupational Therapists.

J Watson is Assistant Director – Education and Research, Royal College of Occupational Therapists.

Poster P5

EXPLORING THE EXPERIENCES OF STUDYING OCCUPATIONAL THERAPY FROM THE PERSPECTIVES OF THOSE WITH DISABILITIES: THE APPLICATION OF THE MODEL OF HUMAN OCCUPATION (MOHO) (KIELHOFNER, 1985)

Rushton T University of Derby

Whilst undertaking an interpretative phenomenological analysis (IPA) doctoral research study exploring the lived experiences of studying occupational therapy from the perspectives of those with disabilities, data emerged of a dynamic relationship between each participant, their environmental context and the occupation of studying occupational therapy. Viewing each individual participant as a unique occupational being illuminated

a journey of highs and lows, described by two participants as a 'rollercoaster' as they engaged and participated in the occupation of studying to become an occupational therapist. Those who had successfully completed the programme described therapeutic benefits to studying occupational therapy. It became evident that the individual's personal factors, including their volition and the environmental barriers and enablers, were influential in the development of occupational identity, competence and ultimately occupational adaptation. Thus, leading to the theoretical application of a conceptual model of occupational therapy, the Model of Human Occupation (Kielhofner, 1985). The use of an occupation focused model allowed a deeper interpretation alongside a theoretical

consideration of each participant's ability to participate in the occupation of being an occupational therapy student and ultimately becoming an occupational therapist (Cole and Tufano, 2008; Wong and Fisher, 2015). This poster will illustrate the relevance of MOHO (Kielhofner, 1985) to the participant's journey and will explore the relationship between the super-ordinate research themes and the concepts within MOHO (Kielhofner, 1985).

Ethical approval was given by the university in which the EdD was completed (University of Derby) and also from the university from which the participants were recruited (Coventry University).

References

Cole, M. and Tufano, R. (2008) *Applied Approaches in Occupational Therapy; A Practical Approach*. Chicago: Slack Incorporated.

Kielhofner, G. (1985) *A Model of Human Occupation: Theory and Application*. Philadelphia: Lippincott, Williams and Wilkins.

Wong Ren, S. and Fisher, G. (2015) Comparing and Using Occupation Focused Models. *Occupational Therapy in Health Care*, 29(3), pp. 297–315.

Keywords

Education and students

Author Information

Teresa is an Occupational Therapy Lecturer at the University of Derby. She completed her EdD in 2018 and explored the lived experience of being an occupational therapy student with additional support requirements.

Poster P7

IMPLEMENTING DISCHARGE TO ASSESS IN EAST LoTHIAN

Buchanan A, Pilarska J, Patterson D NHS Lothian

Discharge to Assess (D2A) is an occupational therapy and physiotherapy led alternative discharge pathway reducing avoidable inpatient stays. The model identifies patients who could be more appropriately and completely assessed at home rather than as an inpatient (NHS England 2018), reducing delayed discharges, improving patient flow and the patient experience (Barnett 2015). Unnecessary delays in discharging patients from hospital is a nationwide problem in the NHS. In 2015, an average of 1,578 medically fit patients occupied a hospital bed in Scotland, with over 75% aged over 75 years old (Scottish Government 2016). Evidence links longer hospital stays with potential harm, resulting in poorer health outcomes, increased long-term care needs, poor patient flow and avoidable use of acute resources (Kortebein et al 2008; COT 2016). In East Lothian there was a conscious decision to take ownership for those admitted to hospital, working to

- Develop an East Lothian D2A pathway.
- Deliver education and awareness sessions.
- Establish weekly in-reach contact with therapists in the acute sector, fostering collaborative working.
- Train occupational therapy/physiotherapy staff across East Lothian to ensure parity in service delivery.
- Actively screen daily admission lists to proactively 'pull' patients home from hospital.

References

NHS ENGLAND 2018 Quick Guide: Discharge to Assess, Department of Health, NHS England Publications [viewed

17/03/18] Available from <https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-discharge-to-access.pdf>

Barnett, D, 2015, From 'assess to discharge' to 'discharge to assess': What a difference a year makes! *British Journal Occupational Therapy*, August, Vol 78 Suppl 8, pp. 25–25.

Kortebein, P, Symons, TB, Ferrando, A, Paddon-Jones, D, 2008, Functional impact of 10 days of bed rest in healthy older adults, *The Journals of Gerontology Series A Biological Sciences and Medical Sciences*, 63(10) pp. 1076–81 [viewed 03/03/18] Available at https://www.researchgate.net/publication/23411126_Functional_Impact_of_10_Days_of_Bed_Rest_in_Healthy_Older_Adults

Scottish Government, 2016, *A National Clinical Strategy for Scotland* [viewed 05/11/18] Available from <http://www2.gov.scot>

College of Occupational Therapists, 2016, *Reducing the pressure on hospitals: A report on the value of Occupational Therapy in Scotland*, London, College of Occupational Therapists Ltd.

Keywords

Adult physical health, Older people

Author Information

Ali is the team lead occupational therapist for the Inpatient and Community Health Occupational Therapy Service in East Lothian. Having qualified in 1998 at Coventry University, she has worked across a variety of acute and rehabilitation inpatient settings.

Jo is a highly specialist physiotherapist who has been instrumental to the development of the D2A pathway. She is always proactive, enthusiastic and determined in her approach and has worked closely with Ali to embed and develop D2A in East Lothian.

Poster P8

REHABILITATION IN OCCUPATIONAL THERAPY FOLLOWING INJECTION OF BOTULINUM TOXIN FOR UPPER EXTREMITY SPASTICITY: SCOPING REVIEW

**Aspireault-Masse J Oxford University Hospitals Higgins J
Universite de Montreal, Canada**

Introduction: Upper limb spasticity following stroke or related to cerebral palsy limits the execution of life habits. One treatment to reduce the spasticity is the injection of botulinum toxin in the affected muscles (Demetrios et al 2013). However, the effect of the toxin generally lasts between two and four months (Garces

et al 2005). Other modalities are necessary to increase the beneficial effects of the toxin (Demetrios et al 2013). Research purpose and aims: The objective of this scoping review is to identify effective occupational therapy interventions to promote the beneficial effects of the injection of botulinum toxin in the spastic upper limb. Research design: Articles from 2000 to 2016 were gathered from the databases CINAHL, Medline, Embase, PubMed and Cochrane Database of Systematic Reviews. Also, a manual search of the bibliography of selected articles was done. The articles were analysed and summarised. Results:

16 articles were selected for analysis. Several occupational therapy interventions that can enhance the beneficial effects of botulinum toxin injections were identified. Conclusion and reflections: The results suggest that all the interventions used in the studies are effective. However, despite the small number of articles analysed, it appears that the combination of constraint-induced movement therapy, functional bimanual activities and splinting maximises the physical and functional capacities after the injection of botulinum toxin. Occupational therapists must nevertheless create their own intervention plan based on the person's capacities and objectives.

References

Demetrios M, Khan F, Turner-Stokes L, Brand C & McSweeney S (2013). Multidisciplinary rehabilitation following botulinum toxin and other focal intramuscular treatment for post-stroke spasticity. *Cochrane Database of Systematic Reviews* (6). Available from doi:10.1002/14651858.CD009689.pub2.

Garces K, McCormick A, McGahan L & Skidmore B (2005). *Etude methodique de la toxine botulinique A dans la spasticité des membres supérieurs ou des membres inférieurs*. Ottawa: Office canadien de coordination de l'évaluation des technologies de la santé.

Keywords

Adult physical health, Children and families, Neurological practice, Older people

Author Information

Justine Aspireault-Masse (M. Sc.) completed her studies at the Université de Montreal (Canada) and now works at the Oxford University Hospitals.

Johanne Higgins (Ph. D.) is a professor in Occupational Therapy at the Université of Montreal (Canada). Mrs Higgins has different research interests such as the neurophysiological mechanisms underlying recovery of the upper limb following a stroke.

Poster P10

ADDRESSING CO-PRODUCTION CHALLENGES THROUGH SOCIAL MEDIA – HOW AN OCCUPATIONAL THERAPY SERVICE USED FACEBOOK TO SUPPORT THE DEVELOPMENT OF A PERINATAL MENTAL HEALTH SERVICE

Halsall K, Glover S Lancashire Care NHS Foundation Trust

Co-production has a positive impact upon an individual's experience, service outcomes and cost effectiveness (Slay 2013). It was therefore logical for an occupational therapy team to embrace this in planning and delivering a new perinatal mental health service. Yet achieving true co-production requires both cultural and practical change. Investment in time and resources from organisations and volunteers is essential (NDTi 2016). Both NHS finances and parents with lived experience are likely to be limited in these elements. This project sought to address the challenges through the use of social media by creating a Facebook forum for discussion and consultation. A closed group of members with either lived or professional experience of perinatal mental health issues was encouraged to interact through a structured forum to discuss developments. Their knowledge, thoughts and suggestions were used to inform the project and their opinions sought about proposed design. Initial feedback collated indicated how they perceived their contribution shaped the final outcome. Results showed non-professionals felt positive about their impact upon recruitment, therapeutic programmes and patient literature. They expressed less influence over clinical pathways and occupational therapy facilities. Professionals thought they created a more person-

centred service. In conclusion, the venture achieved some elements of co-production, although co-design may be a better descriptor of the final result. It did appear to address some of the resource issues. Further research into the long term experience, cost and clinical outcomes would offer a more definite measure of the effectiveness of using this approach for future occupational therapy service developments.

References

Slay, Julia, Stephens, Lucie (2013). *Co-Production in Mental Health. A literature review commissioned by Mind*. New Economics Foundation. Available at https://b.3cdn.net/nefoundation/ca0975b7cd88125c3e_ywm6bp3l1.pdf

National Development Team for Inclusion (2016). *Embedding co-production in mental health: A framework for strategic leads, commissioners and managers*. Available at https://www.ndti.org.uk/uploads/files/MH_Coproduction_framework.pdf

Keywords

Children and families, Mental health

Author Information

A clinical specialist for occupational therapy working in inpatient and perinatal mental health in Lancashire, Kate has been developing the PNMH occupational therapy service over the past ten months, from planning to delivery.

Steph is a senior occupational therapist working in a mother and baby mental health unit.

Poster P11

PRACTICE EDUCATORS' EXPERIENCES OF OCCUPATIONAL THERAPY PRACTICE EDUCATION IN KUWAIT: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Alhamad H, Khamisha C, Green E, Robb Y Glasgow
Caledonian University

The first accredited occupational therapy undergraduate course opened in Kuwait in 2009. For it to be accredited, students must undertake 1000 hours of practice education. As practice education is the context in which students learn how to 'be' occupational therapists, it is an area that is of particular importance in order to understand occupational therapy as an emerging profession in Kuwait. Therefore, this study addresses the following question:

- What are occupational therapy practice educators' experiences of practice education in Kuwait?

An interpretative phenomenological analysis (IPA) framework was used, which deploys the double hermeneutic. Data was collected using two rounds of semi-structured interviews with six participants (occupational therapy practice educators with Kuwait University) to access and describe the participants' subjective realities and then interpret them. Second interviews were used to aid the development of themes. Initial themes which have emerged from the first analysis include communication and collaboration, fairness and consistency, curriculum and the occupational therapy profession in practice in Kuwait. These will be elaborated upon and organised into supra-themes following the application of an explicitly interpretative lens to the second interviews. The research findings may indicate

that there is a need for change in how occupational therapy education is provided. Initial recommendations from the study may include increased collaboration between the university and practice placements; a redesign of the curriculum to embrace the practice placement element; more effective use of the skills of practice placement educators; to prepare occupational therapists to be practice educators e.g. theory of teaching and assessment.

This research spans two countries and two institutions, and so ethical approval was granted from the ethics bodies at Glasgow Caledonian University and Kuwait University (gate keeper access). The two bodies have different ethical criteria due to the cultural differences between them, but both adhere to the general ethical principles of research: protection from harm, informed consent, anonymity and confidentiality, and data protection.

References

- Nichols, A., 2017. Changes in Knowledge, Skills, and Confidence in Fieldwork Educators After an Evidence-Based Practice Short Course. *The Open Journal of Occupational Therapy*, 5(1).
- Hills, C. et al., 2015. The Future in Their Hands: The Perceptions of Practice Educators on the Strengths and Challenges of

'Generation Y' Occupational Therapy Students. *The Open Journal of Occupational Therapy*, 3(4).

Rodger, S. et al., 2014. Attributes of excellence in practice educators: the perspectives of Australian occupational therapy students. *Australian Occupational Therapy Journal*, 61(3), pp.159–67.

Pietkiewicz, I. & Smith, J.A., 2012. A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology 1. *Czasopismo Psychologiczne*, 18(2), pp. 361–369.

Smith, J.A., Flowers, P. & Larkin, M., 2009. *Interpretative Phenomenological Analysis: Theory, Method and Research*, Sage, London.

Keywords

Education and students

Author Information

H Alhamad is a PhD research student.

C Khamisha is ProfD. MSc Soc Sc, BSc Hons Health Studies, DipCOT, HCPC reg, FHEA. Snr Lecturer, Occupational Therapy, International Lead for Psychology, Social Work and Allied Health Sciences, School of Health and Life Sciences.

Poster P12

ESTABLISHING A COMMUNITY BASED GROUP FOR OLDER PEOPLE TO PROMOTE SOCIAL INCLUSION

Veringa S, Willis S CNWL NHS Foundation Trust

International research shows the link between older people, social isolation and associated poor mental and physical health outcomes (Vanderhorst and McLaren, 2005; Li and Zhang, 2015). Research also tells us that the quantity of social contacts with older people can have a protective effect and reduce mortality (Ellwardt et al., 2015). Community occupational therapists working with older people are ideally positioned to contribute towards reducing social isolation through preventative interventions that avoid/delay hospital admission, including over reliance on social care support. Overall this reduces the cost burden on UK health and social care, particularly in considering the aging population (Royal College of Occupational Therapists, RCOT, 2017; Office for National Statistics OFNS, 2018). Subsequently, a social support group for older people with mental health diagnosis was developed in the London Royal Borough of Kensington and Chelsea. The group aimed to specifically reduce social isolation. This poster will describe the process of establishing the group and discuss the challenges and enabling factors in setting it up with limited resources. Furthermore it will detail the structure and format of the group sessions and comment on the changes and evolution of the group, which led to it becoming peer led – an unexpected outcome. In addition, findings of the group gained through service user feedback will be shared, including the role the group played in assisting recovery for the service users, which led to the local AGE UK service adopting this approach as a model for a social inclusion project.

References

- Ellwardt L, Van Tilburg T, Aartsen M, Wittek R, Steverink N (2015) Personal networks and mortality risk in older adults: A twenty-year longitudinal study. *PLoS ONE*, 10 (3).
- Li T, Zhang Y (2015) Social network types and the health of older adults: Exploring reciprocal associations. *Social Science and Medicine*. 130, pp. 59–68.

Office for National Statistics (2018) An overview of the UK population: how it's changed, why it's changed and how it's projected to change in the future. Coates, p.2. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/july2017> [Accessed 1 November 2018].

Royal College of Occupational Therapists (2017) Living not Existing: Putting prevention at the heart of care for older people in England. [online] London: Royal College of Occupational Therapists Ltd, p.6.; p.7. Available at: <http://www.rcot.co.uk/news/launch-living-not-existing-report> [Accessed 19 October 2018].

Vanderhorst RK, McLaren S (2005) Social relationships as predictors of depression and suicidal ideation in older adults. *Aging and Mental Health*, 9 (6), pp. 517–525.

Keywords

Mental health, Older people

Poster P13**INTERVENTIONS OCCUPATIONAL THERAPISTS OFFER PEOPLE WITH DEMENTIA AFTER DIAGNOSIS: INFLUENCES ON UPTAKE**

Field B, Coates E University of Sheffield Mountain G
University of Bradford and University of Sheffield (and
PhD supervisor to Becky Field)

Research purpose and aims: This study, partly funded by the UK Occupational Therapy Research Foundation, aims to explore how people with early-stage dementia respond to offers of psychosocial interventions, often provided by occupational therapists. Psychosocial interventions are defined as those delivered through psychological or social means, aiming for psychosocial outcomes (Oyebode and Parveen 2016). Health policy promotes post-diagnostic support (Department of Health 2016). Evidence suggests psychosocial interventions support people post-diagnosis by improving cognition, daily task performance and quality of life, and are recommended (Hodge et al 2016). However, uptake can be variable and limited research about this exists. This study will provide information to inform occupational therapists', and others', practice. Research design: A qualitative study involving people with dementia, family members and practitioners. Design and methods: Semi-structured, face-to-face interviews with people with dementia alone, or alongside a family carer, and telephone, face-to-face or group semi-structured interviews with NHS and voluntary sector practitioners. Data is being thematically analysed (Braun and Clarke 2006) to identify influences on uptake. Results: 16 people with dementia were interviewed (12 interviews involved family members, four people with dementia were interviewed alone). 11 practitioners were interviewed. Analysis is in progress. Results will be provided in this poster, in the form of a framework of influences on uptake. Conclusions: Implications will be identified so occupational therapists can consider how uptake of psychosocial interventions by people with dementia can be supported in order to benefit from the evidence based interventions available.

Ethical approval obtained from North West-Greater Manchester East Research Ethics Committee. REC reference: 17/NW/0414 IRAS 227380 (5 Sept 2017).

References

Braun V and Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. Available at: <http://www.tandfonline.com/doi/abs/10.1191/1478088706qp0630a>. Accessed on 30.01.2018

Department of Health (2016) Prime Minister's Challenge on Dementia 2020 Implementation Plan. London: DH. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505787/PM_Dementia_Acc.pdf. Accessed on 09.03.2016

Hodge S, Hailey E, Colwill A, Walker, L, Orrell, M (2016) Memory Services National Accreditation Programme (MSNAP): Standards for Memory Services. London: Royal College of Psychiatrists http://www.rcpsych.ac.uk/PDF/MSNAP_standards_5th_edition_-_web_version.pdf. Accessed on 30.01. 2018

Oyebode JR and Parveen S (2016) Psychosocial interventions for people with dementia: An overview and commentary on recent developments. *Dementia*, 0(0):1–28. Available at: <http://dem.sagepub.com/cgi/doi/10.1177/1471301216656096>. Accessed on 27.07.2016

Keywords

Dementia, Older people

Author Information

Becky Field is a PhD student researcher, occupational therapist and honorary research associate, School of Health and Related Research (SchARR), University of Sheffield.

E Coates is a trial manager (and PhD supervisor to Becky Field).

Poster P14**INTRODUCING POSITIVE BEHAVIOUR SUPPORT INTO A NEUROREHABILITATION CENTRE; THE HIGHS AND LOWS**

Jordan E, Jones M Nottingham Brain Injury Rehabilitation and Neurological Care Centre

The Department of Health policy 'Positive and Proactive Care' is a main driver for the implementation of a positive behaviour support (PBS) programme at the Nottingham Brain Injury Rehabilitation and Neurological Care Centre. There is currently limited literature exploring the impact of PBS within this client group. This practice development aimed to improve the quality of life of the residents at the centre, educate staff, change culture, encourage consistency in approach and introduce strategies to enhance resident wellbeing through combining the evidence base and theory of PBS (Gore et al., 2013) with the holistic person centred values of occupational therapy, demonstrating its value within neurological rehabilitation (Fisher et al., 2018). The practice development involved the introduction of PBS training for staff, including graded handover periods within functional situations, functional behaviour assessment and development of behaviour support plans to empower residents and carers, change culture, and result in improved wellbeing and overall quality of life of the residents in the centre (LaVigna & Willis, 2005). Its success has been evaluated through reviewing and monitoring DATIX and ABC incident logs alongside anecdotal evidence. Overall, the implementation of PBS has thus far demonstrated an improvement in quality

of life and overall wellbeing in residents in a centre who have historically presented with significantly high levels of challenging behaviours. The decreased number of incidents of maladaptive behaviours recorded therefore reducing the need for additional staffing to cover 1:1 observations alongside the promotion of engagement in meaningful activities has identified a positive impact.

References

Department of Health, 2014. Positive and proactive care: reducing the need for restrictive interventions. Guidance for all those working in health and social care settings: commissioners of services, executive directors, frontline staff and all those who care for and support people. Summary of key actions.

Fisher, A., Bellon, M., Lawn, S. and Lennon, S., 2018. The development of a positive behaviour support programme for families following acquired brain injury. *International Journal of Therapy and Rehabilitation*, 25(10), pp. 538–551.

Gore, N.J., McGill, P., Toogood, S., Allen, D., Hughes, J.C., Baker, P., Hastings, R.P., Noone, S.J. and Denne, L.D., 2013. Definition and scope for positive behavioural support. *International Journal of Positive Behavioural Support*, 3(2), pp. 14–23.

LaVigna, G. and Willis, T., 2005. A positive behavioural support model for breaking the barriers to social and community inclusion. *Tizard Learning Disability Review*, 10(2), pp. 16–23.

Keywords

Long term conditions, Neurological practice, Support workers

Author Information

Elinor Jordan is an occupational therapist specialising in slow stream neurological rehabilitation.

Poster P15**ACHIEVING POSITIVE WORK OUTCOMES IN NEUROLOGICAL REHABILITATION****McDonald C NHS Fife**

Fife Rehabilitation Service (FRS) offers multi-disciplinary rehabilitation to adults of a working age who experience cognitive, physical and psychological difficulties due to a neurological health condition. The occupational therapy service has a long history of supporting patients to achieve person centred functional goals, often with a work related outcome. Historically, the NHS has not seen vocational rehabilitation (VR) as a key outcome and service delivery was therefore carried out within existing resources, with primary focus given to the NHS strategic direction of the time. The Dame Carol Black Review (2008) suggested 'healthcare professionals should be supported to adapt the advice they provide, where appropriate doing all they can to help people enter, stay in or return to work'. This report, along with subsequent legislation (The Rehabilitation Framework, 2007 and the Scottish government's Health Works, 2009), gave strategic direction to NHS boards which encouraged health services to address work outcomes. This presented an opportunity to review existing services within FRS and develop a system which provided consistent, comprehensive VR as well as gather evidence on vocational outcomes. Funding was secured from the Scottish government, which allowed the service to undertake a study of how early intervention could positively influence work outcomes, which subsequently influenced service

development, including the development of patient satisfaction questionnaires. The poster will present the journey from 'ad hoc' vocational services to the delivery of comprehensive VR and will include the data on work outcomes, use of AHP Fitness for Work Report and statements from individual service users.

References

Working for a healthier tomorrow: Dame Carol Black's Review of the Health of Britain's working age population (2008) London The Stationery Office

Co-ordinated, integrated and fit for purpose: A Delivery Framework for Adult Rehabilitation in Scotland (2007) Scottish Executive

Health Works is a review of the Scottish government's Healthy Working Lives Strategy (2009) The Scottish Government

Keywords

Adult physical health, Long term conditions, Neurological practice

Author Information

Clare McDonald developed her clinical expertise in neuro-rehabilitation through working for the Scottish Brain Injury Rehabilitation Service. Moving to Fife in 2007, she has made a significant contribution to developing a dynamic occupational therapy and outcome focused VR service. She has contributed to national strategy groups in both VR and stroke.

Poster P16**EVALUATING THE EFFECTIVENESS OF VONA DU TOIT MODEL OF CREATIVE ABILITY-INFORMED FORENSIC OCCUPATIONAL THERAPY PROVISION****Lawrence J, Southon M Broadmoor Hospital, West London NHS Trust**

Since 2016, Broadmoor Hospital's occupational therapy team has been implementing the Vona du Toit Model of Creative Ability (VdTMoCA) (deWitt 2014) as primary model of practice. VdTMoCA is becoming increasingly popular within forensic mental health and is unique in providing clear treatment and handling principles to support growth (de Witt 2014). Distinct changes in assessment and treatment provision meant the team conducted a service evaluation using regular Outcome Measures, Activity Participation Outcome Measure (Casteleijn 2010 as cited in de Witt 2014) to measure the impact of this change and the model's effectiveness in a high secure forensic setting. The service evaluation enabled current occupational therapy practice to be measured against the secure hospital Practice Guideline (COT 2012) and benchmarking against national strategies such as HM Government's (2011) No Health Without Mental Health, The Five Year Forward View for Mental Health (The Mental Health Taskforce Feb 2016), and High Secure Services objective to support recovery and rehabilitation through engagement and self-management (NHS England 2014/2015). This service evaluation highlights how the service revolutionised practice within a high secure setting. Preliminary data analysis confirms VdTMoCA as effective in engaging increased numbers of patients in occupational therapy. Improvements in occupational performance in all interim outcome measure domains were also detected, with four of eight domains being to statistical

significance following six months of engagement in VdTMoCA treatment-focused sessions. These changes have led to recognition by the CQC (CQC 2018) and the team winning Trust Quality Awards for Quality Improvement and Innovation.

References

Care Quality Commission (CQC) (03.08.2018) West London Mental Health NHS Trust High Secure Hospitals Quality Report. Available at: https://www.cqc.org.uk/sites/default/files/new_reports/AAAH3940.pdf (accessed on 23.10.2018).

College of Occupational Therapists (COT) (2012) Occupational therapists' use of occupation focused practice in secure hospitals Practice Guideline. London: COT. Available at: http://www.arbetssterapeuterna.se/Global/Min_profession/Arbetsomraden/P172-Secure-hospitals.pdf (accessed on 23.10.2018).

de Witt P (2014) Creative Ability: A Model for Individual and Group Occupational Therapy for Clients with Psychosocial Dysfunction. In: Crouch R and Alers V (Eds) (2014) Occupational Therapy in Psychiatry and Mental Health (5th Edition). Chichester: Wiley.

NHS England (2013) 2014/15 NHS Standard Contract for High Secure Mental Health Services (Adult). Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/06/c02-high-sec-mh.pdf> (accessed on 23.10.2018).

The Mental Health Taskforce (February 2016) The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/>

Mental-Health-Taskforce-FYFV-final.pdf (accessed on 23.10.2018).

Keywords

Long term conditions, Managers, Mental health, Forensic practice

Author Information

Joanna Lawrence has supported the Mental Illness Occupational Therapy team in embedding the Vona du Toit Model of Creative

Ability (VdTMoCA) since November 2016, particularly across the assertive rehabilitation wards. Joanna has contributed to the service evaluation to measure the impact of using VdTMoCA as primary model of practice.

Martin Southon has played an instrumental part in steering the Mental Illness Occupational Therapy team in embedding the VdTMoCA. He has independently developed a range of novel treatment-focused interventions which have proven effective through the service evaluation.

Poster P19

JOINED UP THINKING: IMPROVING ACCESS TO SPECIALIST PALLIATIVE CARE OCCUPATIONAL THERAPY SERVICES WITHIN BIRMINGHAM AND SOLIHULL

Davies L, Jones K HGS as part of UHB McArthur S Marie Curie Hospice, West Midlands Collins F John Taylor Hospice, Birmingham

All palliative care patients should have access to client-centred care coordinated between acute and community settings (NHS England 2015). With increased accident and emergency presentations, pressure on acute hospital beds is growing (Murray 2016). Occupational therapists are uniquely trained to work across hospital and community boundaries and can achieve reduced length of stay and avoidance of unnecessary admission to hospital (Royal College of Occupational Therapists 2016). Dixon et al (2015) demonstrated considerable under-provision and service gaps in palliative care across the UK. Such gaps are predicted to grow as the UK population ages, with increased demands for end of life care for people with non-cancer diagnoses, chronic long term conditions and multiple comorbidities. It is therefore imperative to use available resources efficiently and effectively. John Taylor Hospice and Marie Curie Hospice have built effective partnership working with the acute hospital palliative care teams at Heartlands, Good Hope and Solihull Hospitals. Rapid, proactive communication between these community and hospital teams has improved access to specialist palliative care services in the local areas, ensuring seamless, wraparound care for patients and families. Effective partnerships between hospital and community teams have benefits for patients, for families and for the NHS, including more appropriate and timely referrals, quicker access to specialist

assessments and support, avoidance of hospital admissions and reduced length of hospital stay. We aim to share both qualitative and quantitative outcome data to evidence improved patient and carer outcomes and cost savings, essential in driving services forward in an ever-changing, pressurised NHS (Murray 2016).

References

- Dixon J, King D, Matosevic T, Clark M and Knapp M. (2015). Equity in the Provision of Palliative Care in the UK: Review of Evidence. Personal Social Services Research Unit, London School of Economics and Political Science
- Murray R. (2016). Demand and activity in the NHS: still rising. London: The King's Fund. Available at: <https://www.kingsfund.org.uk/blog/2016/12/demand-and-activity-nhs-still-rising>. Accessed on 18.10.18

NHS England. (2015). Transforming end of life care in acute hospitals: the route to success 'how to' guide. London: NHS England

Royal College of Occupational Therapists. (2016). Reducing the pressure on hospitals: A report on the value of occupational therapy in England. London: College of Occupational Therapists

Keywords

Adult physical health, End of life care

Author Information

L Davies is team lead, Macmillan Therapy Team, HGS as part of UHB. Specialising in palliative and end of life care.

K Jones is senior Macmillan occupational therapist at HGS as part of UHB. Specialist in palliative and end of life care.

Poster P20

ORAL HISTORY IN PALLIATIVE CARE

Mather C Northumbria Healthcare

Background: The Pass It On pilot project was a partnership between Northumbria Healthcare's Palliative Care Unit and RPRF history archive for North Tyneside. Patients were invited to contribute their reflections and reminiscences to RPRF's digital archive, talking about any aspect of their life that they wished to. Purpose/aims: Cath (occupational therapist) felt that patients could gain from participation in oral history sharing. She anticipated that giving patients with a terminal condition a voice to talk about the things they had done and the values that underpinned their lives would provide relief from their current 'patient' status, elevate their sense of self-worth and allow the opportunity to take pride in their achievements. Method: Cath worked alongside a community group to promote social inclusion of patients and provide an additional resource that they could continue to engage with beyond interview. Following training from Michelle Winslow – expert in oral history, palliative care – the team commenced a 12 week pilot, during

which 11 patients were interviewed and digitally recorded. Results: Findings suggest that patients enjoyed 'looking back' over their lives and found the experience of sharing their past experiences very meaningful. Conclusion: Participants found the experience enjoyable and were able to recognise the value in sharing their personal history. Interestingly, almost all participants declined to listen back to the recording on delivery of the CD. This suggests that they found the process of sharing more relevant than listening – perhaps indicating that the opportunity to have a voice is valued greatly by patients.

Keywords

Long term conditions, End of life care

Author Information

The author is a senior Macmillan occupational therapist in palliative care. Qualified in 2003 with an MSc Health through Occupation/PGDip Occupational Therapy. Over 15 years of practice experience, covering settings ranging from learning disabilities to paediatrics and most recently oncology. Has own hydrotherapy service.

Poster P21**USING OCCUPATION TO DECONSTRUCT AND RECONSTRUCT THE 'IDENTITY' OF HIGH SECURE FORENSIC PATIENTS****Guite J, Humpston R** Nottinghamshire Healthcare

This presentation will outline the importance of personal identity work completed in a high secure forensic hospital. An individual's identity is central to self-actualisation and fully developing as an occupational being. High secure forensic patients face compounded stigma due to mental disorders and criminal convictions (West Yanos and Mulay, 2014). Admission to high secure forensic care is an inherently stigmatising process, which is accompanied by labelling that has lifelong implications in terms of a patient's future rehabilitation and recovery (Williams et al., 2011). At Rampton Hospital, occupational therapists are working with patients to deconstruct previous identity, which may relate to negative life experiences as well as anti-social values and perceived status from criminal pasts. In doing so patients are encouraged to recognise positive aspects of their life to reconstruct a positive self-worth. This is achieved using creative methods in a graded way to meet the needs of individual patients at varying stages of care. This has included introductory scrapbooking for patients in long term segregation, while patients further along in their care have chosen to use babushka doll images, which help to illustrate how all our personalities are multifaceted, and help individuals to recognise skills and achievements, which sometimes go unrecognised. The internalisation of stigma can result in poor engagement and negative treatment outcomes (Yanos et al., 2008). However, helping patients to challenge self-stigmatisation and labelling can influence an individual's view of themselves,

ultimately impacting on self-worth and motivation to take part in treatment (West, Yanos and Mulay, 2014).

References

West, M. L., Yanos, P. T. & Mulay, A. L. (2014). Triple stigma of forensic psychiatric patients: Mental illness, race, and criminal history. *International Journal of Forensic Mental Health*, 13(1), 75–90.

Williams, A., Moore, E., Adshead, G., McDowell, A. & Tapp, J. (2011). Including the excluded: High security hospital user perspectives on stigma, discrimination, and recovery. *The British Journal of Forensic Practice*, 13(3), 197–204.

Yanos, P. T., Roe, D., Markus, K. & Lysaker, P. H. (2008). Pathways between internalized stigma and outcomes related to recovery in schizophrenia spectrum disorders. *Psychiatric Services*, 59(12), 1437–1442.

Keywords

Criminal justice, Mental health, Forensic practice

Author Information

John Guite is an occupational therapist working in learning disability and deaf services at Rampton Hospital. John is also a PhD student at the University of Nottingham researching the effectiveness of high secure forensic care.

Rachael Humpston is a senior occupational therapist at Rampton Hospital, working with patients across all services. Rachael has vast experience of working with patients in high secure care, with the use of creative activities being her particular area of expertise.

Poster P22**FALLS AND FRAILTY RESPONSE SERVICE – A JOINT INITIATIVE WITH THE ROYAL BERKSHIRE NHS FOUNDATION TRUST AND SOUTH CENTRAL AMBULANCE SERVICE****Ricko I, Williams C** Royal Berkshire Hospital

A joint initiative between South Central Ambulance Service and the Royal Berkshire NHS Foundation Trust to better serve the needs of the older population that would otherwise attend the accident and emergency department (A&E). Research had suggested that falls and frailty in the older adult can lead to adverse outcomes, as well as the challenges that the NHS now faces with an older population with an increasing number of co-morbidities that people are living with (Nevitt, 1991). All of these challenge the health and social care systems in place. This also includes an increasing demand on acute hospital beds for the older patient (Vieira et al., 2016). The purpose of the Falls and Frailty Response service was to reduce the number of frail elderly patients attending A&E if their needs could be met in the community. Targeted patients are those who are 65 and above who are frail, have fallen but are thought to have no injuries other than an inability to get off the floor, or those associated

with a geriatric syndrome of confusion, immobility, feeling generally unwell. Service covers the Berkshire West CCG area. There is a mixture of paramedics and specialist paramedics on the team and occupational therapists are advanced specialists in their field.

References

Prevention of falls in older people living in the community; Edgar R Vieira, Richard C Palmer, Paulo H M Chaves, *BMJ* 2016; 353

Nevitt MC. Risk factors for injurious falls: a prospective study. *J Gerontol.* 1991; 46(5):164–170

Keywords

Adult physical health, Long term conditions, Older people

Author Information

I Ricko is an advanced specialist occupational therapist, Masters in Physiotherapy, student coordinator for occupational therapy in Royal Berkshire Hospital.

C Williams is Falls and Frailty Team Lead Advanced Specialist Occupational Therapist, Royal Berkshire Hospital.

Poster P23**AN EXPLORATION OF SHARED VALUES AND PERSPECTIVES OF PEOPLE WITH LONG TERM CONDITIONS AND THEIR CARERS REGARDING HOME TECHNOLOGY AT NIGHT TIME****Gunning J** Coventry University

Research question: What are the shared values and perspectives of people with long term conditions and their carers regarding home technology at night time? Research aims: 1. Obtain

views on values and perspectives regarding home technology at night time from people with long term conditions and their carers. 2. Map the values and perspectives to gain a sense of priority regarding home technology at night time. 3. Explore the shared values and perspectives of home technology at night time. Research output: Co-created recommendations for a technology enabled night time home care service. Research design: Study 1: Focus group for healthcare staff and dyadic

WITHDRAWN

semi-structured interviews for care recipient and informal carer. Study 2: Quantitative stage. To conduct a survey to rank themes from study 1 to gain a sense of priority. Study 3: Focus group for healthcare staff, care recipient and informal carer to co-create recommendations for a technology enabled night time home care service. Research methods: Thematic analysis. Aim to commence fieldwork 01/2019 and complete by 07/2019. The aim of this research is to co-create recommendations that may be implemented when introducing technology at home to enable continued community living.

Currently in the process of obtaining ethical approval from Coventry University and may also need IRAS approval. No problems are anticipated with gaining ethical approval.

Keywords
Adult, Physical health, Long term conditions, Older people, Social care

Author Information

Worked as an occupational therapist since gaining a First Class BSc (Hons) in 2006. After 12 years' experience in an acute hospital setting working in Band 5–7, the research world grabbed the author's attention and made the transition into academia. Aims to teach Occupational Therapy post PhD.

WITHDRAWN

Poster P24

ACCIDENTAL AUTHORS: REFLECTIONS ON AN UNEXPECTED JOURNEY (KAWA STYLE)

Parker R Lincolnshire County Council **Badger J** NRS
Healthcare

Practising occupational therapists have a wealth of knowledge and experience to share with those joining the profession. However, it is not always possible to share this valuable resource due to workplace pressures. Evidence-based practice is supported through research and academic publications, but understanding how theoretical knowledge and placement experience gained as students translate to everyday practicalities often relies on the availability of colleagues. The Essential Guide for Newly Qualified Occupational Therapists sought to provide support for this transition through the voices of practising occupational therapists who illustrated the realities of their chosen speciality with clarity and passion. This alongside information outlining how aspects such as models of practice, information governance and CPD retain relevance and should remain key considerations within their new role. Utilising the metaphor of a river's flow from the Kawa Model of Occupational Therapy (Iwama et al., 2009), the authors reflect on the process of collaborating on this publication, evidencing the learning opportunities both for themselves and contributors to the book. Subsequently feedback has been sought from readers, managers

and educators exploring the effectiveness of this publication in supporting students' transition to practice. This poster highlights the positive outcomes from this project and aims to encourage others to adopt this approach to publication through demonstrating the benefits of collaboration and emphasising how this activity meets the CPD requirements for occupational therapists.

References

Iwama, M., Thomson, N. & Macdonald, R. (2009). The Kawa model: The power of culturally responsive occupational therapy. *Disability and rehabilitation*, 31(14), p.1125–1135.

Keywords

Managers, Education and students

Author Information

R Parker is an occupational therapy practice supervisor with the Lincolnshire Children with Disabilities Occupational Therapy, supporting children and young people in their home environment. Co-author and editor of a book supporting newly qualified occupational therapists transition into practice.

J Badger is an occupational therapist at the Grantham ICES depot in Grantham supporting the provision of equipment across Lincolnshire. Co-author and editor of a book supporting newly qualified occupational therapists transition to practice.

Poster P25

RECOVERY THROUGH EMPLOYMENT AS A PEER WORKER IN ADULT MENTAL HEALTH SERVICES: IS THERE A ROLE FOR OCCUPATIONAL THERAPISTS?

Di Bona L Sheffield Health and Social Care NHS Foundation
Trust

Background/occupational therapy relevance: Within mental health services peer workers are employed to use personal experiences of ill health to help others, improve their own recovery and positively influence the services in which they work (Gillard et al., 2014). Occupational therapists are often responsible for recruiting and supervising peer workers and despite no specific training or guidance, appear well equipped for the role (Boisvert et al., 2008). English mental health policy recommends expanding the role of peer support (Mental Health Taskforce, 2016). If occupational therapists are to champion this expansion, they need to ensure peer working is beneficial to those employed in these roles. Aims: To identify

- What is known about the current role and scope of peer working in English mental health services?
- What are the experiences and outcomes of peer workers?
- How can these be optimised?

Methods: A scoping review of practice, policy, research and grey literature using a systematic approach, following Arksey and O'Malley's (2005) guidance, is under way. Critical analysis/ Conclusion: Findings suggest peer workers are common in English mental health services, but there is wide variation in their role and provision of support. Peer working is not always beneficial to recovery. Emerging evidence of potential ways of optimising the outcomes and experiences of peer workers and approaches to supporting them will be presented. This submission asks whether it is the role of an occupational therapist to champion and support peer workers and if it is, are we ready to overcome the implementation challenges?

References

Arksey, H & O'Malley, L (2005) Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*. 8(1): 19–32.

Boisvert, RA, Martin, LM, Grosek, M, Clarie AJ (2008) Effectiveness of a peer-support community in addiction recovery: participation as intervention. *Occupational Therapy International*, 15(4): 205–220.

Gillard, S, Edwards, C, Gibson, S, Holley, J, Owen, K (2014) New ways of working in mental health services: a qualitative,

comparative case study assessing and informing the emergence of new peer worker roles in mental health services in England. Health Services and Delivery Research. 2 (19) ISSN 2050-4349 DOI 10.3310/.

Mental Health Taskforce (2016) The Five Year Forward View for Mental Health. Available at: www.england.nhs.uk/mental-health/taskforce/ Accessed 26th October 2018.

Keywords

Mental health, Social care, Support workers

Author Information

Occupational therapist/engagement manager at Sheffield Health and Social Care NHS Foundation Trust; honorary research fellow/clinical research academy member at the University of Sheffield; chair of Sheffield Occupational Therapy Clinical Academics. Work focuses on improving health services by learning from those who use them, and research.

Poster P26

ARTICULATING EXPERTISE AND PROFESSIONAL ARTISTRY: NEW METHODOLOGICAL PRINCIPLES FOR CRITICAL CREATIVE RESEARCH

Kinsella N, Pentland D, McCormack B, Burns J Queen Margaret University

This poster presents a critical perspective of a methodology for research that facilitates articulation of professional artistry and expertise in practice with persons living with dementia. This critical perspective was developed during research which intended to explore the principles and philosophy underpinning professional artistry or expert practice with occupational therapists. Existing literature in occupational therapy reflects a concern with developing and expressing the principles of professional artistry, practice expertise and professional judgement (Mattingly 1991, Turner and Alsop 2015) for the purpose of raising consciousness of the value of occupational therapy and supporting development of role clarity and professional identity (Unsworth and Baker 2016). The argument that there is a need to develop research methodologies that support articulation of artistry and expertise related to professional philosophies will be presented in this poster. The case for research strategies incorporating critical creativity (McCormack and Titchen 2006) and creative methods as a way of articulating practice principles that are often deeply embodied in a practitioner's being will be presented in this poster. A critical creative case study methodology will be described, and reflective dialogue about this critique facilitated with poster viewers. The key messages presented in this poster are: philosophical and

methodological principles of creativity can facilitate expression of expert knowledge that is inherently tacit and embodied; and incorporating such principles facilitates practice development and research that is consistent with, and reflective of, our professional philosophy.

References

Mattingly C (1991) What is Clinical Reasoning? *American Journal of Occupational Therapy*, 45, 979–986.

McCormack B, Titchen A (2006) Critical creativity: melding, exploding, blending. *Educational Action Research*, 14(2), 239–266.

Unsworth C, Baker A (2016) A systematic review of professional reasoning literature in occupational therapy. *British Journal of Occupational Therapy*, 79(1), 5–16.

Keywords

Managers, Dementia, Education and students

Author Information

Niamh Kinsella is a PhD candidate at Queen Margaret University. The critical perspective presented here was developed during her research into professional artistry and context in practice with people living with dementia.

Duncan Pentland is a lecturer in occupational therapy at Queen Margaret University. He supervised the PhD research related to the critical perspective presented here.

Poster P27

DEVELOPING PROFESSIONAL ARTISTRY AND IDENTITY FOR AUTHENTIC OCCUPATIONAL THERAPY WITH PERSONS LIVING WITH DEMENTIA

Kinsella N, Pentland D, McCormack B, Burns J Queen Margaret University

This poster presents the findings of research that explored the principles underpinning occupational therapy with persons living with dementia and the context components that influence this practice. This research used a critical creative case study methodology (McCormack and Titchen 2006; Simons 2009). The underpinning theory and methodology facilitated expression of particular principles expert occupational therapists embody in their practice through methods of creative expression and dialogue. The study findings indicated that feelings of anxiety about evidence-based practice and sharing practice influenced occupational therapists' ability to develop their practice. As a consequence, practice often became task-orientated or focused on compliance with a research protocol. This prevented therapists from being true, or authentic, to their professional philosophy, their own expertise and the needs of the person living with dementia. Understanding of principles of practice and development of professional identity was hindered as a result of these challenges. Development of relationships that attended

to the personhood of the occupational therapist facilitated expression of artistry. The conceptual framework developed from this study presents the underpinning components of a flourishing context in which professional artistry and identity are realised. These components include: psychologically safe spaces for dialogue about practice (Brown and McCormack 2011), facilitative leadership (Schein 2010) and conceptualisations of evidence-based practice that are considerate of complexity (Fish and Boniface 2012). Such contexts support an occupational therapist to balance being and doing, to develop understanding of self, and to create energy for flexible, creative and expert practice.

This research received ethical approval in March 2017. REC ref: 16/SS/0218IRAS no: 213790.

References

Brown D, McCormack B (2011) Developing the practice context to enable more effective pain management with older people: an action research approach. *Implementation Science*, 6(9).

Fish D, Boniface G (2012) Reconfiguring professional thinking and conduct: a challenge for occupational therapists' practice. In: G Boniface, A Seymour. *Using Occupational Therapy Theory in Practice*. Oxford: Wiley-Blackwell, 9–20.

McCormack B, Titchen A (2006) Critical creativity: melding, exploding, blending. *Educational Action Research*, 14(2), 239–266.

Schein E (2010) *Organizational Culture and Leadership*. San Francisco, CA: Jossey-Bass.

Simons H (2009) *Case study Research in Practice*. London: Sage.

Keywords

Managers, Dementia, Education and students

Poster P28

WHY DO YOU RIDE? A CHARACTERIZATION OF MOUNTAIN BIKERS, THEIR ENGAGEMENT METHODS, AND PERCEIVED LINKS TO MENTAL HEALTH AND WELL-BEING

Roberts L LYPFT Brooks R, Jones G Leeds Beckett University

Abstract: Mountain biking is an increasingly popular outdoor activity on the extreme sport continuum. Extreme sports have been investigated using a variety of motivational theories, with sensation seeking a dominant theme; however, homogeneity within these types of populations should not be assumed. Recent studies have highlighted the therapeutic potential of extreme sports and similar outdoor activities. The aim of this study was to describe the characteristics of mountain biking participants, their engagement methods, and perceived benefits to mental health and well-being. This was a cross-sectional survey and participants were recruited via social media. An online questionnaire specific to the domain of mountain biking was developed. Analysis of the full sample (n=1,484) and of three independent paired sub-samples was conducted using SPSS. The sub-samples compared the results of males and females; younger and older riders; and those who have recently engaged in downhill mountain biking and those who have not. The results have succeeded in identifying some disparities

Author Information

Niamh Kinsella is a PhD candidate at Queen Margaret University. The findings presented here were developed during her PhD research into professional artistry and context in practice with people living with dementia.

Duncan Pentland is a lecturer in occupational therapy at Queen Margaret University. He supervised the PhD research presented in this poster.

in mountain biker characteristics and engagement methods. The results suggest that some riders found pleasure in higher risk engagement. The study proposes various explanations for the disproportion of women in mountain biking. Irrespective of the confounding factors related to rider characteristics or engagement methods, mountain bikers reported copious benefits to mental health and well-being related to their engagement. There was a high reported usage of mountain biking as a coping strategy. As such, this study provides insights that could inform the development of outdoor activities as interventions for mental health.

Ethical approval gained from Leeds Beckett University in 2016 prior to data collection.

Keywords

Mental health

Author Information

L Roberts is an occupational therapist currently working in acute mental health.

R Brooks is course leader of the Leeds Beckett University Occupational Therapy Pre-Registration Masters programme.

Poster P29

PRODUCTIVE THERAPIES – USING JOB PLANNING TO EVIDENCE CLINICAL CAPACITY IN AN ACUTE HOSPITAL SETTING

Garratt L Nottingham University Hospitals NHS Trust
Chatterjee H Nottingham University Hospitals

Background: Occupational therapists have a vital role in facilitating hospital discharges. At Nottingham University Hospitals we have increasing internal pressures to improve flow and reduce length of stay. With limited workforce, 'good productivity' is essential. Carter (2016) recommended that acute hospitals should remove unwarranted variation to improve productivity and external drivers. NHS Improvement recommends that all allied healthcare professionals have a job plan (NHSI 2017). Transformational Change Project: Occupational therapy leaders were recruited as project managers. The aim was to demonstrate visibility of therapists' use of time and reduce unwarranted variation. Technology has been used to create an in-house job planning tool, aligning with NHSI recommendations. Completed job plans have enabled leaders and managers to have evidence to quantify clinical available hours, compared with activity dashboards. Confirm and challenge groups have evaluated job plans, using a transparent culture, to capture themes for improvements. Evaluation: Benefits to managers, staff and patients; data can be used for workforce planning and deployment. Increasing productivity and clinical capacity improves financial recovery. Capturing externally funded activity shows evidence of income generation and metrics can be used for the Model Hospital. The

tool can be used for team performance to demonstrate where additional resource is needed. The tool can be used to describe therapist activities which add value and quality. Conclusion and recommendations: The right staff should be in the right place, at the right time. Improving productivity and removing unwarranted variation will improve patient care and experience. The recommendations can be spread to other departments.

References

Carter, P., 2016. Operational productivity and performance in English NHS acute hospitals: unwarranted variations. Department of Health.

NHS Improvement, 2017. Allied health professionals' job planning: a best practice guide.

Keywords

Adult physical health, Managers

Author Information

L Garratt is team leader Occupational Therapist Elective Orthopaedics. Project lead Productive Therapies Phase 2.

H Chatterjee is team leader Occupational Therapist for Stroke Services. Project lead- Productive Therapies Phase 1.

Poster P30**COLLABORATING WITH CITIZENS AND THIRD SECTOR PARTNERS TO CO-PRODUCE AN EXERCISE CLASS THAT DELIVERS MORE THAN EXERCISE****Thompson J NHS Grampian**

In the current climate, collaborative working, self management and co-production are essential elements of practice, and financial considerations continue to present a challenge. This project involved service users, occupational therapy staff and sports trust Sport Aberdeen (SA) in co-producing a different approach to falls prevention. It embedded occupational therapy support workers into SA's 'Carers Stable and Able Group', providing continuity for service users, forging a link with SA and spreading understanding about occupational therapy practice. Participants in NHS Grampian's 'Carers Exercise and Information Group', a group for couples where one or both parties had care needs associated with dementia, fed back that they struggled to make the transition to a community class and identified key obstacles:

- Feeling unfamiliar with the new venue and staff.
- Worry about standing out in a 'mainstream' class.
- Loss of support networks and friendships made in the NHS group.

After discussion we co-designed the 'Carers Stable and Able Group'. This group is open to service users who have completed the 12 week NHS group.

- At week 10 an advisor from SA visits to talk about transition.
- The format is the same at both groups, making it familiar to participants.
- The same outcome measures are used to monitor improvement.
- The same occupational therapy staff provide support to the SA group.

References

Royal College of Occupational Therapists, 2017 Living, not Existing: Putting prevention at the heart of care for older people in Scotland. The Royal College of Occupational Therapists Ltd

Care Inspectorate 2016 Joint inspection of services for older people in Aberdeen city. The Care Inspectorate

Keywords

Adult physical health, Dementia, Older people, Support workers

Author Information

The author has worked in collaboration with other agencies across Aberdeen city and has taken a keen interest in the co-production of services with service users. She is currently working as a Band 7, specialising in falls prevention, and leads an AHP run falls clinic in Aberdeen.

Poster P31**TRANSITIONS IN CARING: THE OCCUPATIONAL NARRATIVES OF FAMILY CARERS WHOSE LOVED ONE LIVING WITH DEMENTIA HAS MOVED TO A CARE HOME****Szekely T University of Brighton Allen L University College London Hospital (UCLH)**

With increasing numbers of people living with dementia in the UK, relatives play an important role as carers for their loved ones at home (Alzheimer's Society 2014). This research explores how family carers perceive the transition of a loved one with dementia having moved into a care home, in terms of the carers' construction of their own occupational identities and the meanings they may attach to their experiences since the move. Method: This qualitative study employed semi structured interviews with a purposive sample of 6 participants consisting females (n=5), males (n=1) spouses (9= 4), adult daughter (9=1), daughter in law (n=1). Data was analysed using thematic analysis (Braun and Clark 2006). Findings: Three primary themes were generated, each with a number of sub themes: Evolution of carer role identity, Adjusting to a new reality and Future prospects. Conclusion: The reconstruction of occupational identity following the disruption of placing a loved one with dementia in care requires a uniquely experienced process of occupational adaptation for family carers. A proposed conceptual model demonstrates the occupational transition of

having relinquished care to a care home. Occupational therapists could improve carers' ability to navigate this transition through optimisation of volition (including self efficacy), performance capacity and opportunities for support and participation.

Ethical approval was granted by the University of Brighton, School of Health Sciences Research Ethics and Governance Panel.

References

Alzheimer's Society (2014) Dementia 2014 infographic – text only version. Available at www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2761 Accessed on 21.05.17

Braun V, Clark V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77–101

Keywords

Dementia, Older people

Author Information

Tracy Szekely is a senior lecturer and research supervisor at the University of Brighton.

Lizzy Allen, who carried out this research, was a pre-registration MSc student at the University of Brighton. She now practises as a qualified occupational therapist in London.

Poster P32**LIVING WITH VERY TALL STATURE IN AN AVERAGE HEIGHT WORLD****Booth J, Rihtman T Coventry University**

Research purpose and aims: Human height is linked with environmental, health-related and genetic factors. Humans are 'occupational beings' and it has been suggested that very tall stature (above the 97th percentile) may inform occupational

identity. This study aimed to consider if very tall stature impacts on occupational choice, occupational engagement and performance. Research design and methods: An interpretative phenomenological research study explored the experiences of everyday life for young British adults with a very tall stature. After gaining ethical approval, 8 participants (4 male) between the ages of 18–35 were recruited using purposive sampling.

Unstructured interviews of an approximate duration of 1 hour were undertaken with each participant. Results: Findings uncovered challenges to occupational engagement and performance. Such challenges have necessitated strategies involving compromise. In some instances, reduction in occupational choice has occurred because tall stature has precluded engagement. 'Living in an average height world' is one of the super-ordinate themes from the research and will be illustrated within the poster, through consideration of the sub-ordinate themes of 'making compromises' and 'shopping struggles'. In addition, findings from the research resonate with Hocking's (1997) consideration of the importance of object use within occupations, with the recognition that ill-fitting objects can impact on occupational performance (Hocking, 1997) and self-identity (Hocking, 2000). Conclusions and impact for occupational therapy: The occupational narratives of very tall young people raise awareness to others of challenges and strategies for managing diversity of height within everyday life.

Ethical approval granted by Coventry University.

References

Hocking, C. (1997). Person-Object Interaction Model: Understanding the use of everyday objects. *Journal of Occupational Science: Australia*, 4(1), 27–35.

Hocking, C. (2000). Having and using objects in the western world. *Journal of Occupational Science*, 7(3), 148–157.

Keywords

Disadvantaged people

Author Information

Julie Booth is a senior lecturer in Occupational Therapy at Coventry University and also a part time PhD student, studying diversity of height.

Dr Tanya Rihtman, senior lecturer in Occupational Therapy at Coventry University and Occupational Therapy Children's Service Manager for Norwood Charity, has over 15 years of clinical experience.

Poster P33

'IT IS EVERY MINUTE OF EVERY DAY. IT IS EVERY TINY CREVICE AND EVERY PART OF YOU': WHAT OCCUPATIONAL THERAPISTS NEED TO KNOW ABOUT SEXUALITY IN THE CONTEXT OF RECOVERY FROM ANOREXIA NERVOSA

Warburton E Worcestershire Health and Care NHS Trust
Eva G Oxford Brookes University

Purpose: Sexuality is integral to daily living and is accepted as directly relevant to occupational therapy practice (Hocking 2017). For women with anorexia nervosa, sexuality is particularly challenging and perceived to be side-lined by health professionals (Holmes 2017). This study sought to understand what occupational therapists need to know about sexuality in the context of anorexia nervosa, from the perspectives of women who have recovered. Design: A qualitative semi-structured in-depth interview design was used, the lead researcher having the position of 'insider' (Taylor 2011), being in recovery from anorexia nervosa herself. This enabled a collaborative approach, generating richness in the data. Given the sensitivity of the topic, strategies were used to ensure psychological safety of the researcher and participants. Method: Six women were recruited through snowball sampling and interviewed either face-to-face or via video call. Braun and Clarke's (2006) six steps of thematic analysis were used to analyse the data. Results: Participants gave vivid accounts of the all-encompassing nature of anorexia nervosa. They described four sexuality-related tasks: valuing oneself and enacting this through occupation; understanding and accepting a healthy body; self-compassion; and managing a changing body in physical and social spaces. Although well-intentioned, therapists often thwarted these, reinforcing repressive ideologies of 'femininity' and 'beauty' (Warin 2010). Conclusion and implications for practice: Occupational therapists need to signal that sexuality is a legitimate and relevant dimension of

treatment, supporting service-users in sexuality-related recovery tasks and being mindful of sociocultural influences.

Ethical approval was obtained from Brunel University London Department of Clinical Sciences. REC Ref_7469-MHR-Nov/2017-8998-1.

References

Braun, V. & Clark, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp. 77–101.

Hocking, C. (2017) 'Occupational justice as social justice: The moral claim for inclusion', *Journal of Occupational Science*, 24(1), pp. 29–42.

Holmes, S. (2017) 'The role of sociocultural perspectives in eating disorder treatment: a study of health professionals', *Health*, 22(3), pp. 1–17.

Taylor, J. (2011) 'The intimate insider: negotiating the ethics of friendship when doing insider research', *Qualitative Research*, 11(1), pp. 3–22.

Warin, M. (2010) *Abject Relations: Everyday Worlds of Anorexia*. New Brunswick, NJ: Rutgers University Press.

Keywords

Long term conditions, Mental health

Author Information

This abstract is based on dissertation research conducted in part fulfilment of a Masters in Occupational Therapy. E Warburton now works as a qualified occupational therapist.

G Eva is the dissertation supervisor for the research that this abstract is based upon, a qualified occupational therapist and lecturer in occupational therapy, previously at Brunel University and now at Oxford Brookes.

Poster P34

SUPPORTING THE PATH TO TOILET TRAINING USING A TIERED APPROACH IN A SPECIAL SCHOOL

Bayles Z, Betsakou M Royal Free London NHS Foundation Trust

For parents, toilet training can seem a challenge, especially if their child has special needs. Toilet training in this population

can be a tricky, unpredictable and time-consuming. Failure to toilet train has been found to result in reduced quality of life for families and children. Occupational therapy can support families to look at all aspects of toileting and build on the child's strengths. Occupational therapists can work with families to identify a baseline and provide useful advice to support a young person to manage using the toilet at their own level.

Swiss Cottage occupational therapy team has developed a continence management pathway, working with local nursing teams to identify individual needs and barriers, support joint goal setting with families and ensure everyone involved is using the same strategies. It provides a structured way to help manage incontinence and on-going toileting needs of children with complex needs. Through using a tiered based service model we aim to improve outcomes for many more children and young people in the school. Following universal training on continence management, school staff and parents report increased confidence in initiating the toilet training process and problem solving when issues arise. Targeted strategies relating to steps and social rules of toileting hygiene are discussed with groups of young people themselves. At a specialist level, the occupational therapists work with school and families to develop an individualised toileting plan to support participation. There is growing evidence that using combinations of provision can be used to meet different participation challenges.

References

Royal College of Nursing (2013) Assessment of toilet training readiness and issue of products: An RCN care pathway. London.

Hutton E, Tuppeny S, Husselbusch A (2016) Making a case for universal and targeted children's occupational therapy in the United Kingdom. *British Journal of Occupational Therapy*, 79(7), 450–459.

Kay-Raining Bird, Sorensen R (2010) A parent training model for toilet training children with autism. *Journal of Intellectual Disability Research*, 54(6), 556–567.

Richardson D (2016) Toilet training for children with autism. *Nursing Children and Young People*, 28(2), 16–22.

Sansome A (2011) Bladder and bowel management in physically disabled children. *Paediatrics and Child Health*, 21(10), 454–458.

Keywords

Learning disability, Children and families, Long term conditions, Disadvantaged people

Author Information

Z Bayles is Senior Paediatric Occupational Therapist, Special School Service, Camden. Chair of Physical Disability Forum, Children's and Young People Specialist Section.

M Betsakou is Senior Paediatric Occupational Therapist Special, School Service Camden. Special interest in autism.

Poster P35

REMOVING THE OBSTACLES TO EXPAND ASSISTIVE TECHNOLOGY IN WARWICKSHIRE

Gill K, Taylor L Warwickshire County Council

Background: The continued increase in service demands, reduced resources and the need for preventative approaches, in addition to out-of-date and low uptake of assistive technology (AT) products across Warwickshire, highlights a significant need for innovative alternatives and improved systems that empower customers to self-manage their physical and psychological difficulties. Aim: To establish whether high and low tech AT can be a viable alternative to traditional care services. Methods: Selections of smart and clever AT products that can reduce risks and assist with daily living tasks (i.e. prompting and orientation) were identified. A training package for health, social care and third sector staff was developed and delivered to enable them to prescribe AT products. Eligible customers were asked to trial a product for 8 weeks and provide feedback on their experiences. Results: Less complex and low-cost AT products were better received by customers. Qualitative data suggests that customers found AT products helpful and provided them with a unique addition to their everyday routine. 74% of customers have continued to use the products since trialling. Successful AT products were added to the Warwickshire Integrated Community

Equipment catalogue. Conclusion: Selected AT appears to play an integral role in customers' lives because it promotes individual wellbeing and autonomy. This has considerable significance for future services and in contributing to the Prevention Agenda. Furthermore, this continuing work has highlighted the need for new countywide processes and system changes and has been instrumental in challenging traditional thinking and effecting change across Warwickshire (Care Act 2014).

References

Department of Health & Social Care. (2016) Care Act Guidance Factsheets. Available from <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>. [Accessed 4th November 2018].

Keywords

Adult physical health, Long term conditions, Older people, Social care

Author Information

K Gill is Occupational Therapist Team Manager for Warwickshire Integrated Community Equipment Service (ICE) and Assistive Technology.

L Taylor is Occupational Therapist, Warwickshire Community Equipment Service (ICE) and Assistive Technology.

Poster P36

OCCUPATIONAL THERAPISTS USE SMARTPHONE APPLICATIONS WITH SERVICE USERS: IMPLICATIONS FOR CLINICAL PRACTICE

Crouch R East London Foundation Trust

Research purpose: Smartphones and their applications (apps) provide service users with opportunities to participate and engage in meaningful daily activities. Although occupational therapists deliver therapy to service users, the use of smartphone apps in clinical practice has not been extensively researched. This research reports on the results of a study to explore the perceptions of occupational therapists who use smartphone apps with service users and to identify whether smartphones might be of wider benefit to the profession. Research design and method: This study uses a qualitative descriptive design and

semi-structured interviews to elicit the views of occupational therapists from various settings about their perceptions of smartphone app use with service users. Thematic analysis was used to identify key latent themes. Occupational therapists were recruited through the Royal College of Occupational Therapists and purposely created social media profiles and pages. Results: Participants described the use of core occupational therapy skills to clinically justify the appropriateness of smartphone app use with service users. Smartphone apps were identified as potential tools to support occupational therapists with their practice and as tools to enable service user participation and engagement. Conclusion: Smartphone apps can have important implications for clinical practice. However, any occupational therapist choosing to use smartphone apps with their service users need

to be informed, critical and safe. Until this intervention becomes more mainstream, self-directed learning is essential in enabling therapists' ability to offer opportunities and support to service users who are motivated to use these tools.

This study was approved by the University of Brighton School Research Ethics and Governance Panel as a Masters dissertation project completed in 2017.

References

Erickson K (2017) App-based mobile devices in the occupational therapy process. *OT Practice*, September, 22(17).

Jamwal R et al (2017) Electronic assistive technology used by people with acquired brain injury in shared supported accommodation: Implications for occupational therapy. *The British Journal of Occupational Therapy* 80(2): 89–98.

Stow J and England S (2016) The rise of inclusive mainstream technology: Implications for occupational therapists. *The British Journal of Occupational Therapy* 79(8): 457.

Verdonck MC and Ryan S (2008) Mainstream technology as an occupational therapy tool: Technophobe or technogeek? *The British Journal of Occupational Therapy* 71(6): 253.

Verdonck MC and Maye F (2015) Enhancing occupational performance in the virtual context using smart technology. *The British Journal of Occupational Therapy* 79(6): 385.

Keywords

Adult physical health, Children and families, Neurological practice, Older people

Author Information

Rebecca Crouch qualified as an occupational therapist in September 2017. She is currently on the Homerton Hospital Band 5 rotation. This research was completed as part of her Masters dissertation, which she completed with the University of Brighton.

Poster P37

THE EMERGING ROLE OF OCCUPATIONAL THERAPY ON A PREPARATION PSYCHOLOGICALLY INFORMED PLANNED ENVIRONMENT WITHIN THE WOMEN'S OFFENDER PERSONALITY DISORDER PATHWAY

Holmes E CNWL NHS Trust

Psychologically informed planned environments (PIPEs) form a significant part of the Offender Personality Disorder Pathway (OPD) programme. This is a jointly commissioned initiative that provides a pathway of psychologically informed services for highly complex and challenging offenders, who are likely to have a personality disorder and pose a high risk of harm to others (NOMS 2015). A preparation PIPE provides a service to prepare offenders to effectively engage in future treatment, services and/or their sentence plan. An underlying theme in the enabling features of a PIPE include the therapeutic use of occupation in developing social function through encouraging involvement in activities and developing interaction between offenders and with staff (Turley et al 2013). Within the offender population, occupational therapy specifically addresses the relationship between criminality, lifestyle and personality disorder (Spearing et al 2010), providing a unique understanding of how the individual functions within a social environment. Occupational therapists are therefore well placed to meet the objectives of a PIPE through the therapeutic use of occupation and understanding individual need with regards to meaningful engagement. The evidence base for forensic occupational therapy is growing; however, forensic occupational therapists need to continue to seek opportunities to contribute and keep it relevant (Hitch et al 2016). By providing a descriptive account of the occupational therapy role in a preparation PIPE, the aim is to

highlight the unique contribution of occupational therapy to the success of a PIPE.

References

Hitch D, Hii K, Davey I (2016) Occupational therapy in forensic psychiatry: Recent developments in our understandings 2007–2013. *British Journal of Occupational Therapy* 79(4), 197–205.

National Offender Management Service (2015) The offender Personality Disorder Pathway Strategy. Gateway reference 04272. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/opd-strategy-nov-15.pdf>

Spearing C, Wastenev V, Morgan P (2010) Offenders with severe personality disorder and 'lifestyle paralleling behaviour', In: M Daffern, L Jones, J Shine eds. *Offence Paralleling Behaviour: A Case Formulation Approach to Offender Assessment and Intervention*. West Sussex: Wiley-Blackwell. 261–274.

Turley C, Payne C, Webster S (2013) Enabling Features of Psychologically Informed Planned Environments. National Offender Management Service. Ministry of Justice Analytic Series. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/211730/enabling-pipe-research-report.pdf

Keywords

Criminal justice, Mental health, Forensic practice

Author Information

Occupational Therapist at HMP Send Preparation and Progression PIPE (Womens OPD Pathway).

Poster P38

QUALITATIVE DATA ANALYSIS: UNWRAPPING LAYERS OF UNDERSTANDING

Bartlett E University of Huddersfield/Local Community Partnerships CIC

This poster will present a visual portrayal of qualitative research data analysis using hermeneutic phenomenology. My research study title is 'A picture tells a thousand words: an exploration of the lived experience of older people who are affected by multiple long-term conditions using photography'. Central to the research are participants' perspectives. I needed to gain richly detailed descriptions of their lived experiences. I've completed

eight photoelicitation interviews to gather my qualitative data, which I'm currently analysing using techniques consistent with hermeneutic phenomenology. The language integral to this research tradition includes terminology such as 'hermeneutic', 'phenomenology', 'reflexivity' and 'the hermeneutic circle'. These terms were all unfamiliar and daunting to me when I started out. I'd like to share some of the understanding I've gained by using a visual illustration of my analysis process. My aims are to inspire delegates to consider using this rich qualitative research method for their own research where participants' perspectives are paramount, and to demystify some of the unfamiliar terminology that is used in phenomenological research traditions.

Ethics approval granted by University of Huddersfield School of Human and Health Sciences Research Ethics Panel, 3rd March 2017. Revisions approved 29th July 2017 (SREP/2017/002_Rev1_290717).

Keywords

Long term conditions, Older people

Poster P39

PULSE: IS REPETITIVE UPPER LIMB SENSORY STIMULATION EARLY AFTER STROKE FEASIBLE AND ACCEPTABLE? A STRATIFIED SINGLE-BLINDED RANDOMISED CONTROLLED FEASIBILITY STUDY

Cottrell K, Chatterjee K, Ankers B Countess of Chester Hospital

Purpose: The early-acute period is the time window during which the neuroplastic processes underpinning sensorimotor recovery are likely to occur. Repetitive sensory stimulation (RSS) of the upper limb may benefit motor function (Kattenstroth et al 2018), but investigations of RSS in the acute phase are required. **Design:** A single-blinded stratified randomised controlled feasibility study to determine the recruitment rate, intervention adherence, safety and acceptability of an RSS intervention in the acute phase. **Method:** Participants were recruited within two weeks of stroke and randomised to receive either RSS (by applying a therapy glove and pulse generator) and usual care or usual care alone (UC) for two weeks. Changes from baseline on the Action Research Arm Test (ARAT) were examined after completion of the intervention (2 weeks) and at 3 months. **Results:** Forty patients randomised (RSS: n=23; UC: n=17) over 11 months. Participants found the RSS intervention acceptable and adherence was good. Changes on the ARAT indicated successful outcome for 16 (70%) people in the RSS group and 8 (47%) in the UC group at 2 weeks; and 17(74%) in RSS and 11 (69%) in UC groups at 3 months. **Conclusions:** This study

Author Information

Emma is a part-time postgraduate research student at the University of Huddersfield. Her occupational therapy career has included roles in community, rapid response and community matron services. She now supports pre- and post-registration education.

indicates that recruitment to a trial of RSS in the acute period after stroke is feasible. The intervention was well tolerated and appeared to provide additional benefit to therapy treatments (UC). Further work is warranted to examine the effects of varying doses of RSS upon arm function and the mechanism by which RSS induces sensorimotor recovery.

Ethical approval and consent to participate was obtained from North West-Liverpool Central Research Ethics Committee (ref no: 16/NW/07/71; IRAS ID: 215137) and Health Research Authority (HRA) prior to the commencement of the trial.

References

Kattenstroth, JC, Kalisch, T, Sczesny-Kaiser, M, Greulich, W, Tegenthoff, M, Dinse, HR. (2018) Daily repetitive sensory stimulation of the paretic hand for the treatment of sensorimotor deficits in patients with subacute stroke: RESET, a randomized, sham-controlled trial. *BMC Neurology*, (18), 1–13.

Keywords

Adult physical health, Neurological practice

Author Information

K Cottrell occupational therapist and clinical lead for PULSE trial at Countess of Chester Hospital under guidance of principal investigator Professor Kausik Chatterjee.

K Chatterjee lead principal investigator. Professor of Stroke Medicine at Countess of Chester Hospital.

Poster P41

PEER SUPPORT VOLUNTEERING IN INPATIENT ADULT MENTAL HEALTH: MULTIPLE PERSPECTIVES

Houghton S, Pollard N Sheffield Hallam University **Sidaway E** Rotherham, Doncaster and South Humber NHS Trust

Background: An NHS-based, occupational therapy-led programme, running since 2016, offering opportunities to return to the ward in a peer-support role after discharge was evaluated using realistic evaluation. The use of peer support is increasingly being advocated in mental health settings (Gillard et al., 2017); however, its mechanisms of action and the extent to which its successes and failures relate to contextual factors are often unclear (Bellamy et al., 2017). Amid concerns of peer support roles being co-opted or implemented tokenistically (Stratford et al., 2017), it is becoming increasingly important to understand these interactions. **Method:** A theory-based method of evaluation, realistic evaluation focuses on the interactions between mechanisms, context and outcomes (Pawson & Tilley, 1997). Semi-structured interviews with four current volunteers and a focus group with two patients (referred to as such at the request of the participants) were conducted. Data was analysed in relation to themes previously identified through literature searching and in consultation with the programme lead. **Results:** Initial findings suggest that through an individualised and strengths-based approach, multiple mechanisms are producing positive outcomes for volunteers and patients. Having the opportunity to revisit services experienced as a patient can be

incredibly powerful for volunteers; however, this transition requires careful management and ongoing support. Patients also highlighted the blurred line between informal and formal peer support on the ward, raising pertinent questions about advocacy and accountability. Implications: These findings will be of note to those looking to incorporate or develop peer support in adult mental health settings.

References

Bellamy, C., Schmutte, T. & Davidson, L. (2017). An update on the growing evidence base for peer support. *Mental Health and Social Inclusion*, 21(3), 161–167.

Gillard, S., Foster, R., Gibson, S., Goldsmith, L., Marks, J. & White, S. (2017). Describing a principles-based approach to developing and evaluating peer worker roles as peer support moves into mainstream mental health services. *Mental Health and Social Inclusion*, 21(3), 133–143.

Pawson, R. & Tilley, N. (1997). *Realistic evaluation*. London: SAGE.

Stratford, A. C., Halpin, M., Phillips, K., Skerritt, F., Beales, A., Cheng, V., Hammond, M., O'Hagan, M., Loreto, C., Tiengtom, K., Kobe, B., Harrington, S., Fischer, D. & Davidson, L. (2017). The growth of peer support: An international charter. *Journal of Mental Health*, 1–6.

Keywords

Long term conditions, Managers, Mental health, Disadvantaged people

Author Information

S Houghton is an MSc student (pre-registration).

N Pollard is occupational therapy lead.

Poster P42**HEALTH AND WELLBEING WITHIN INDEPENDENT RETIREMENT LIVING**

Finn E University of Worcester – Student Led Clinic, the McClelland Centre **Perry A** University of Worcester – Student Led Clinic **Ovans H** University of Worcester

The student led clinic is run by the students to promote health and wellbeing within the occupational therapy role; it's currently in its third year. One aspect of the clinic has been the development of sessions focused on health and wellbeing within independent retirement living. We research, prepare and deliver the tailored sessions to this specific client group. 'For many older residents in care homes, a lack of activities to occupy their time is the main reason for their dissatisfaction with the care they receive. Increased activity and engagement can have a positive effect on quality of life and contribute to other important outcomes including mortality rates. Meaningful activity includes physical, social and leisure activities that are tailored to the person's needs and preferences. Activity may provide emotional, creative, intellectual and spiritual stimulation' (RCOT, 2018). We facilitate communication and education within each group session and one-to-one contacts to promote health and wellbeing tailored to the individual's needs, making every contact count. In preparation we research local groups,

local resources and national strategies for wellbeing. Our sessions have provided structured group and one to one contact that has facilitated mental wellbeing, optimum daily functioning, self-esteem and a sense of belonging and support within each residential location. Using past learning experience and clinical information gathered from previous clinics (which is transferable and gradable across all participant groups), we can continue to expand the original framework for this aspect of the clinic.

References

Rcot.co.uk. (2018). Living well in care homes 2013 | Royal College of Occupational Therapists. [online] Available at: <https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/living-well-care-homes> [Accessed 30 Oct. 2018].

Keywords

Adult physical health, Dementia, Education and students, Older people

Author Information

E Finn is a second year occupational therapy student at University of Worcester.

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Poster P43**THE CONCEPT OF PERFORMANCE PROFILING AND THE EXTERNAL INFLUENCES UPON THE OCCUPATIONAL THERAPISTS' IDENTITY AND REASONING**

Perryman M, Morris K, Cox D University of Cumbria **Stoffel V** University of Wisconsin-Milwaukee **Taylor J** University of Cumbria

This research initially sought to understand the perspectives of occupational therapists of performance profiling (Butler and Hardy 1992), a technique utilised within sporting psychology which quantifies perceptions of both the client and therapist. The research used a constructionist methodology (Burr 2015). The initial data collection included a workshop on performance profiling followed by either a focus group or an unstructured interview. Nine participants from three countries were asked two questions: 1) To share their thoughts about performance profiling and 2) whether they thought it could support occupational therapy practice. The data was firstly analysed thematically and secondly through the lens of constructionism to consider the perceptions to broader themes (Burr 2015). There was agreement that performance profiling could support occupational therapy practice by enhancing communication (Perryman and Morris 2015). The second analysis nurtured a model which displays how participants were dominated with thoughts of performance profiling to justify the occupational therapy service over the potential to grasp the client's voice. Meaning, the collaboration with the client was present but the relationship was stronger with the service. Knowledge and information were not at the forefront of the occupational therapist justification and was therefore considered as leaning on this relationship over being integrated into the occupational therapists' reasoning. This led the researchers to further question the concept of performance profiling as a tool to understand the identity of the occupational therapy profession and the external

influences upon our reasoning. This research is now being carried out as a PhD to explore this further.

Ethical approval was granted by the University of Cumbria, UK.

References

Butler, R. and Hardy, L. (1992) 'The Performance Profile; Theory and Application'. *The Sport Psychologist*, 253–264.

Burr, V. (2015) *Social constructionism*. 3rd Edn, Hove, East Sussex; New York, NY: Routledge.

Perryman, M. and Morris, K. (2015) 'Occupational Therapists' Perspectives on the potential use of performance profiling in Occupational Therapy Practice' Poster. College of Occupational Therapists National Conference.

Keywords

Managers, Education and students, Support workers

Author Information

M Perryman MSc, BA (HONS) Doctoral Researcher – University of Cumbria (UK) and Visiting Scholar – University of Wisconsin Milwaukee (USA).

K Morris PhD, Principal Lecturer – University of Cumbria (UK).

Poster P44**AVOIDING INAPPROPRIATE HOSPITAL ADMISSIONS BY THE RAPID EMERGENCY ASSESSMENT COMMUNITY TEAM (REACT) IN THE EMERGENCY DEPARTMENT**

Thomson H, Colfer S University Hospitals Birmingham NHS Foundation Trust, Heartlands Hospital

Following on from winter pressures 2017–2018, the Trust's focus was to reduce the number of patients re-attending the emergency department (ED). REACT analysed the available data and put strategies in place to achieve this aim. The poster identifies the successful reduction of re-attendees based on data from December 2017 and June 2018. REACT is a multi-disciplinary team of therapists who aim to prevent unnecessary admissions to hospital, discharging these patients safely back to their usual place of residence. Patients who are over the age of 16, medically stable for discharge and with a physical, social or functional need are assessed. Equipment and/or support at home is arranged to enable a safe discharge to a community/home setting. This strategy is supported by the Royal College of Occupational Therapists working alongside ambulance services or in EDs and in primary care to reduce the number of people admitted into hospital (Royal College of Occupational Therapists, 2016). The poster explains the quantitative data which was analysed, the facilitated re-design of the REACT initial assessment form, in line with the Comprehensive Geriatric Assessment, including a falls screening tool to highlight high risk fallers. A robust falls referral pathway and follow up visits process was implemented (in line with NICE guidelines). Further

strategies were also identified and are highlighted on the poster, which will be put in place with the aim of further reducing re-attendances during the next winter pressure period 2018–2019.

References

Royal College of Occupational Therapists (2016). Reducing the pressure on Hospitals Report. London: Royal College of Occupational Therapists.

The National Institute for Health and Care Excellence. (2013). Falls in older people: assessing risk and prevention. Available: <https://www.nice.org.uk/guidance/cg161>. Last accessed 30/10/2018.

Keywords

Adult physical health, Dementia, Older people, Support workers

Author Information

H Thomson is the Therapy Team Lead within REACT/Supported Integrated Discharge team at Heartlands Hospital, Birmingham. Together with co-presenter, responsible for the development and implementation of strategies in support of the emergency department to reduce inappropriate admissions, relieving pressure and optimising patient flow where possible.

S Colfer is a senior occupational therapist within REACT/Supported Integrated Discharge team at Heartlands Hospital, Birmingham. Together with co-presenter, responsible for the development and implementation of strategies in support of the emergency department to reduce inappropriate admissions, relieving pressure and optimising patient flow where possible.

Poster P45**ARE YOU SITTING COMFORTABLY: AN EVALUATION OF A POSTURAL MANAGEMENT MASTER CLASS FOR OCCUPATIONAL THERAPY STAFF**

Lansdown K, Dawson K NHS Lothian

Poor posture in sitting and lying is a common feature of many long term conditions affecting people of all ages, particularly those with neurological conditions. This can have a long term and life changing impact on health and wellbeing (Farley et al 2003), can restrict occupational performance and engagement (Innocente 2014), and result in the need for increased care. Occupational therapists are well placed to identify poor posture and intervene to prevent or limit these consequences. Since 2011 NHS Lothian has identified the development of skills in postural management to be a priority across the workforce. In response, a regional postural management group was formed, and postural link workers from health and social care professions, including occupational therapists, participated in advanced training. They then set about disseminating this training within their own clinical area and also acting as a local expert resource. This poster describes the methods employed by two occupational therapists to up skill their colleagues within their services. The training focused on basic assessment and intervention skills, encouraging team work and knowing when to seek additional advice, using adult learning theory and subsequent evaluation. Post training, staff confidence and knowledge were shown to have improved and they were able to demonstrate application of this knowledge in practice by submitting a case study one month after training. This project demonstrates the value of designing educational interventions which have direct practical application and impact on patient care and show evidence of active and effective learning.

effectiveness of postural management? *International Journal of Therapy and Rehabilitation*, 10 (10), 449–455.

Innocente R (2014) Night Time Positioning Equipment: A review of practices. *New Zealand Journal of Occupational Therapy*, 61(1), 13–19.

Keywords

Long term conditions, Neurological practice, Education and students

Author Information

Katrina Lansdown is an occupational therapist working in an inpatient and outreach service for people with progressive neurological conditions.

Kirstin Dawson is an occupational therapist working in an inpatient service for people with acquired brain injury and other neurological conditions.

References

Farley R, Clark J, Davidson C, Evans G, MacLennan K, Michael S, Morrow M, Thorpe S (2003) What is the evidence for

Poster P46**CARERS AND CHRONIC ILLNESS INTERVENTIONS**

Noonan M, Taylor Prof, Frost Dr, Wingham Dr University of Exeter

Aim: Approximately 6.5 million people in the United Kingdom provide unpaid care for another person (Carers UK 2015). This is valued at approximately £132 billion per year (Buckner and Yeandle 2015). Chi and Demiris (2015) report that little attention has been paid to the involvement of carers in interventions. This review examines the impact of involving carers in the delivery of self-management interventions for people with heart failure (HF) or chronic obstructive pulmonary disease (COPD). Design: A meta-analysis of randomised controlled trials (RCTs) was conducted. This compared trials of patients only with trials involving patients and caregivers in self-management interventions. Methods: Search strategy: Online databases searched and citation checking of included references spanning 1st January 1990 to 30th March 2018. RCTs involving patients (>18 years) with HF or COPD. Self-management interventions comprised of two or more intervention components with or without carers involved. Results: Of 602 full papers reviewed, 26 studies were included for synthesis. Comparison of our two subgroups is $P=0.44$ and $P=0.97$. Therefore no statistically significant difference in mean effect is evident. Effectiveness of self-management interventions on health related quality of life outcomes for patients was evident. Conclusions and reflections for occupational therapy practice: Increasing understanding of carers in the intervention process enables clinicians to reflect on their practice. Occupational therapists are in a position to address carer needs for occupational balance and participation when intervening with clients (Bourke-Taylor 2016). Robust research is required to further develop the evidence base of carer involvement in interventions.

References

Bourke-Taylor H (2016) Supporting the health and occupational participation of Australia's carers. *Australian Journal of Occupational Therapy*, 63, 141–142.

Buckner and Yeandle (2015) Valuing carers 2015. The rising value of carers' support. Available at: <http://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015> Accessed on 07.07.17.

Carers UK (2015) Available at: <https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures> Accessed on 07.07.17.

Chi NC and Demiris G (2015) A systematic review of telehealth tools and interventions to support family caregivers. *Journal of Telemedicine and Telecare*, 21(1), 37–44.

Keywords

Adult physical health, Long term conditions, Social care

Author Information

Miriam is a PhD student from the University of Exeter. She is examining the lived experience of carers, their involvement in heart failure interventions and how healthcare professionals include carers when working with people with chronic illness. Miriam previously worked as an occupational therapist in Ireland, specialising in adult mental health.

Rod Taylor is Professor of Health Services Research, based in the University of Exeter Medical School, University of Exeter, UK. He is currently academic lead for the Exeter Clinical Trials Support Network and coordinates the Exeter Cardiovascular Research Network and the Cochrane cardiac rehabilitation review portfolio.

Poster P47**ARE WE MISSING A TRICK? WHY IS OCCUPATIONAL THERAPY NOT TALKING ABOUT THE ROLE AND DEVELOPMENT OF ASSISTANT PRACTITIONERS?**

Biggam A University of Derby

The aim of this poster is to present a scoping of recent literature around the role of assistant practitioners within healthcare, and to present the argument that as a profession we need to be more proactive in developing the skills and knowledge of our support staff. Recently, there has been a drive to develop the nursing associate role to help fill the gap between healthcare support workers and registered nurses. Clear guidance on standards of proficiency have been developed; with the role being registered by the NMC aligning it with the nursing family (NMC, 2018). Within allied health professions, literature reviews highlight that Radiography have embraced the formal development of their support workers, with the Society of Radiographers producing a scope of practice (Johnson, 2012) and a clear career pathway from assistant practitioner to registered radiographer. Occupational therapy, however, does not appear in the recent literature to be researching the impact and benefits of the assistant practitioner role. This poster will allow consideration of the barriers and opportunities for a more defined role of assistant practitioners within occupational therapy. Evidence suggests that the formalisation of an occupational therapy based assistant practitioner, with coherent training and development opportunities, ensures the success of this role (Wheeler, 2017). This poster will aim to generate discussion about how empowering existing staff to complete a

foundation degree will not only recognise our existing workforce but will positively impact on our clients' clinical outcomes.

References

Johnson, S (2012) Scope of Practice of Assistant Practitioners, Society of Radiographers

Nursing and Midwifery Council (2018) Standards of proficiency for nursing associates – Draft 2018, NMC

Wheeler, I (2017) Drivers for and barriers to the continued development of assistant practitioner roles, *British Journal of Healthcare Assistants*, Vol 11, 2 p 83–87

Keywords

Education and students, Support workers

Author Information

Amanda is a lecturer at the University of Derby, teaching on the foundation degree programmes (nursing associate and assistant practitioner). She qualified as an occupational therapist in 1990 and had a varied career within the NHS prior to moving into education.

Poster P48**OCCUPATIONAL THERAPY AND GUIDED RELAXATION**

Corrigan M, Johnson Ms North Middlesex University Hospital

Commonly associated with the diagnosis of cancer is the experience of fatigue, anxiety and stress (Cooper 2007). From an occupational therapy perspective, these experiences can have a distressing impact on a person with cancer's ability to engage in meaningful occupations, impacting significantly on their day-to-day lives and overall wellbeing (Pergolotti 2014). The aim of the relaxation group is to educate those in attendance on what are fatigue, anxiety and stress and how these can have an impact physically, psychologically and behaviourally. Through education, it is purposed that attendees can increase their knowledge and understanding of cancer related fatigue and anxiety and begin to develop self-management behaviours. One mode of management is through the therapeutic approach of guided relaxation, an approach that enables a person to switch off in one's mind and body (Hampson & Halstead 2014). Through attending the relaxation group, attendees have an opportunity

to learn, experience and practise guided relaxation which they can incorporate in their daily lives.

References

Cooper J (2007) Occupational therapy in oncology and palliative care, 2nd edition West Sussex: John Wiley & Sons INC

Pergolotti M, Williams GR, Campbell C, Munoz, LA & Muss HB (2016) Occupational Therapy for Adults With Cancer: Why It Matters, *The Oncologist*, 21(3), 314–319

Hampson NE & Halstead J (2014) The Individual Assessment of Change Questionnaire. In: Structured Rehabilitation Programmes for Neurological Conditions. Relaxation. Salford Royal NHS Foundation Trust

Keywords

Adult physical health, Long term conditions, Education and students, Older people

Author Information

M Corrigan is a Band 6 occupational therapist.

Ms Johnson is lead occupational therapist for Oncology.

Poster P49

RESEARCH CAPACITY IN OCCUPATIONAL THERAPY PRACTICE: UNDERSTANDING THE LIVED EXPERIENCE OF EARLY CAREER FIRST CLASS (HONS) OCCUPATIONAL THERAPISTS

Higginson M University of Liverpool

Purpose and aims: There is a continued need to build research capacity within occupational therapy (Royal College of Occupational Therapists, 2017). This study provides in-depth understanding of the experiences of early career occupational therapists. The study aims to contribute to the UK occupational therapy profession's knowledge about research capacity in practice; to use the research findings to inform the development of local occupational therapy undergraduate and postgraduate education. Design and methods: This study used interpretative phenomenological analysis as the discrete research approach. From using purposive homogenous sampling, eight early career first class (hons) occupational therapists who graduated from one UK university participated in this study. Data was collected using semi-structured interviews and a 'participant profile' and analysed using the interpretative phenomenological analysis step guide (Smith, Flowers and Larkin, 2009). Results: Early career occupational therapists in this study face professional challenges. These challenges impact on their current and future contribution to research capacity. This poster will focus on professional identity and professional socialisation of early career occupational therapists, and research capacity and how it is defined. Conclusions and impact on occupational therapy practice: Contributing to research capacity is not fully integrated into the professional identity of early career first class (hons)

occupational therapists. Professional socialisation within the workplace appears to have an impact on research capacity. Strategies to further embed research capacity contribution within the occupational therapy curriculum were identified. Acknowledging a continuum of research activities could help to promote a more inclusive perspective on research capacity contribution.

Ethical approval granted by the EdD Virtual Programme Research Ethics Committee (VPREC) at the University of Liverpool on the 2nd March 2014.

References

Royal College of Occupational Therapists (2017) Research and development review. Available at: <https://www.rcot.co.uk/practice-resources/research-resources/research-and-development-review> (Accessed: 2 November 2018).

Smith, J.A., Flowers, P. and Larkin, M. (2009) Interpretative phenomenological analysis: Theory, method and research. London, UK: Sage Publications Inc.

Keywords

Managers, Education and students

Author Information

Michaela qualified as an occupational therapist in 1991. She is a lecturer and Head of Occupational Therapy at the University of Liverpool. Michaela gained an MA Education in 2006. This research was undertaken in part-fulfilment of a Doctorate in Higher Education at the University of Liverpool.

Poster P51

THE ROLE OF AN OCCUPATIONAL THERAPIST AS AN EXPERT WITNESS IN THE AREA OF VOCATIONAL REHABILITATION FOR HIGH COURT PERSONAL INJURY CASES

Breen Ms Private occupational therapist

Elva Breen has completed an extensive audit on her vocational rehabilitation reports written for the Irish High Court (in relation to personal injury claims). This audit is based on 10 years' work. This poster will demonstrate the type of personal injuries that

impact on a person's ability to work. It will discuss the main types of injuries sustained and the injuries that impact most on a return to work. The poster will demonstrate the impact personal injuries have, not only on work but also on activities of daily living, self-care and recreation. It will address the key factors that impact on a person's ability to return to work and the impact taking a high court case has on an individual's motivation to return to work. It will clearly demonstrate the impact the social

welfare system coupled with taking legal action has on returning to work.

Keywords

Adult physical health, Criminal justice, Managers, Education and students

Poster P53

THE HOME BASED MEMORY REHABILITATION PROGRAMME IN DEMENTIA – AN UPDATE ON THE OCCUPATIONAL THERAPY IMPROVEMENT JOURNEY IN SCOTLAND

McKean A, Hunter E Alzheimer Scotland

Quality improvement is a key priority for the occupational therapy profession in order to continue to demonstrate impact and value. The Home Based Memory Rehabilitation (HBMR) programme (McGrath, 2006) is an ongoing QI project being implemented across Scotland. The project is aligned to key ambitions within Scotland's AHP policy document *Connecting People, Connecting Support* (Alzheimer Scotland, 2017). There is a need to enhance access for people living with dementia to AHP led targeted interventions such as HBMR, which is an evidence based occupational therapy intervention in post diagnostic support. A strategic alliance was formed between Alzheimer Scotland, Queen Margaret University and NHS Dumfries & Galloway in order to spread HBMR across Scotland. Improvement methodology was utilised with the occupational therapists; key elements involved ensuring people were comfortable with the improvement tools and regular communication during the PDSA cycles. Following completion of the first phase of the national roll out (which resulted in HBMR implemented in 13 out of 14 health board areas), further change ideas were identified and are currently being developed, including:

- National review of the HBMR resources incorporating service user feedback with focus on person-centredness, individualised tailoring and virtual information.
- Ongoing testing of outcome measures. Initial data has been collected and several measures agreed. Further testing is ongoing in relation to quality of life, activities of daily living and economic impact.

References

Alzheimer Scotland (2017) *Connecting People, Connecting Support: Transforming the allied health professionals' contribution to supporting people living with dementia in Scotland, 2017–2020*. Alzheimer Scotland, Edinburgh.

McGrath M, Passmore P (2009) Home-based memory rehabilitation programme for persons with mild dementia. *Irish Journal of Medical Science*. 178(Suppl 8), S330.

Keywords

Dementia

Author Information

Alison is AHP Post Diagnostic Lead in dementia with Alzheimer Scotland. She is a Scottish Quality and Safety Fellow with a commitment to improvement in dementia care.

Elaine is National Allied Health Professions Consultant with Alzheimer Scotland. She is Scottish Improvement Lead with a commitment to improvement in dementia care.

Poster P54

WE SHOULD ALL BE FEMINIST OCCUPATIONAL THERAPISTS

Nicholls L University of Essex

In Chimamanda Adichie's (2014) book *We Should All Be Feminists* she describes how this approach to thinking is an essential way of interrogating taken for granted assumptions about power, citizenship and the use of 'othering'. Her highly successful TED talk and its subsequent publication has been criticised as a 'fashion slogan' but she has disputed this, saying that understanding and promoting feminism is more important to her, a black woman, than working against racism. Occupational therapy, a predominantly female profession, is uniquely positioned to promote feminism as a core curriculum topic in its educational programs, promoting feminist philosophy and research methodologies (e.g. Oakley, 1981, 2016). Feminism addresses the 'ethics of care' (Gilligan, 1995, Tronto, 1993, 2010) through disrupting hegemonic historical, social, political and gendered assumptions in health and social care. Feminism is a way of viewing the world as relational, and thereby people are seen as emotionally complex and ultimately dependent on each other, i.e. communalism not individualism. The poster, drawing on the author's doctoral research, will discuss the attribution of personal responsibility that therapists can make when working in social and educational cultures that promote 'individualism'. This lack of 'feminist thinking' can create unnecessary anguish for a therapist reviewing a 'failed' treatment and/or place a burden of care on clients who lack access to social and political power. Feminism as a theory and research methodology should be a

foundation to learning in all university training programmes and can be a basis for exploring issues of occupational justice.

References

Adichie, C. (2014). *We should all be feminists*. London, Fourth Estate.

Gilligan, C. (1995). *Hearing the Difference: Theorizing Connection*, *Hypatia*, 10: 2, 120–127.

Oakley, A. (1981). *Interviewing women: A contradiction in terms*. In H. Roberts, (2013) *Doing feminist research* (pp. 30–61). London, Routledge.

Tronto, J. (1994). *Moral boundaries: A political argument for an ethic of care*. New York, Routledge.

Tronto, J. (2010). *Creating Caring Institutions: Politics, Plurality, and Purpose*, *Ethics and Social Welfare*, 4:2, 158–171.

Keywords

Mental health, Disadvantaged people, Education and students, Social care

Author Information

Dr Lindsey Nicholls is an occupational therapist, educationalist and researcher. Her doctoral work explored a psychoanalytic understanding of care through the lived experiences of therapists and their clients. She has published work on reflexivity and psychoanalytic theory in research methods and has co-authored a book on psychoanalytic thinking in occupational therapy.

Poster P55**STROKE, OCCUPATIONAL THERAPY, MOOD AND ANXIETY SCREEN AUDIT 2017/2018****Kelly A, Jackson H** NHS Greater Glasgow and Clyde

Stroke is a long term condition that impacts on an adult's physical health and their mental health and wellbeing. Depression affects one in three people who have had a stroke and is associated with slower progress in rehabilitation and a longer hospital admission (Hackett, Anderson & House 2005). The SIGN 118 guidelines state that all stroke patients should be screened for mood disturbance (SIGN 2010), therefore we aimed to screen every patient under stroke care for low mood and anxiety. The aim was to identify patients with post stroke mood or anxiety disorders in order to monitor and review changes during their journey along the stroke pathway. The audit allowed the occupational therapy team to bring the results of the individual screens to the attention of the wider multi-disciplinary team, including general practitioners. All patients were screened at a minimum of two weeks post stroke using the PHQ9 and GAD7 or the DISCS tool for patients with aphasia. All data was recorded and acted upon dependent on individual scores. Patients were then reviewed as appropriate during their hospital stay or once discharged to the community stroke team. Of the 1170 patients referred, 193 were screened. From the 13 repeat PHQ9s, seven patients' scores improved. One quarter of GAD7

scores improved. The DISCS scores showed no change. The audit was beneficial in highlighting the importance of mood screening and monitoring within the stroke service; however, a better audit tool would have improved the efficiency of data collection and interpretation of results.

References

Hackett, ML. Anderson, CS. House, AO. 'Management of depression after stroke: a systematic review of pharmacological therapies', *Stroke*, 36(5), pp. 1098–103.

SIGN (2010) 'Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning. A national clinical guideline'. Available at: <https://www.sign.ac.uk/assets/sign118.pdf> (Accessed: 1st November 2018).

Keywords

Adult physical health, Long term conditions, Mental health

Author Information

A Kelly is a specialist stroke occupational therapist working in hyper-acute stroke unit within the Queen Elizabeth University Hospital in Glasgow.

H Jackson is a specialist stroke occupational therapist working within the community stroke team in Greater Glasgow.

Poster P56**CLINICAL RESEARCH THERAPISTS: NEW ROLES AND OPPORTUNITIES****McCracken A, O'Donoghue A** University Hospitals of Morecambe Bay NHS Trust

Within University Hospitals of Morecambe Bay NHS Trust two new 'clinical research therapist' positions have been created. These positions blend clinical therapy and research activities. Both roles were available to a range of therapy professionals (physiotherapists, dieticians and occupational therapists) and two occupational therapists were appointed. Within the context of a need for increased allied health professions (AHP) research and challenges with recruitment of AHP staff to the local area, these roles aim to support the National Institute for Health Research AHPs Strategy (NIHR 2018) by strengthening research capacity and building strong partnerships to increase visibility and impact, as well as improving staffing recruitment within the Trust. Clinical research therapists have the opportunity to conduct research, support others and develop links between academics, managers and occupational therapists working in the locality. The newly created roles are currently being evaluated. Aims are to support knowledge translation and ensure that research is rooted in clinical practice, acknowledging that clinicians may be the source of the best research questions (Caldwell et al 2011, Gutman 2009). The aims for outputs from these roles are an increase in AHP research activity within the Trust and the provision of training and support for therapists interested in research. For service users the aim is to ensure that they receive the highest quality interventions possible by therapists who are informed of relevant evidence, and that service users have the opportunity to work with healthcare staff to identify research priorities and develop research projects relevant to local needs.

References

Caldwell E, Fleming J, Purcell A, Whitehead M, Cox R (2011) Knowledge translation in cancer services: implementing the research and evidence. *British Journal of Occupational Therapy* 74 (11), 535–539.

Gutman SA (2009) From the desk of the editor – Why haven't we generated sufficient evidence? Part I: Barriers to applied research. *American Journal of Occupational Therapy*, 63(3), 235–237.

NIHR (2018) NIHR CRN Allied Health Professionals Strategy 2018–2020, Available at: bit.ly/AHPStrategy. Accessed on: 30.10.18.

Keywords

Managers, Education and students

Author Information

A McCracken is a clinical research therapist at Royal Lancaster Infirmary.

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Poster P58**OCCUPATIONAL THERAPY INTERVENTIONS IN CHILD AND ADOLESCENT MENTAL HEALTH TO INCREASE PARTICIPATION: A MIXED METHODS SYSTEMATIC REVIEW****Brooks R** Leeds Beckett University **Bannigan K** Plymouth University

A number of children and adolescents experience mental health disorders or have low levels of mental wellbeing (Erskine et al., 2017). These difficulties can have a lasting effect on life satisfaction and contribution to society. This mixed methods systematic review evaluated the effectiveness of occupational therapy interventions that are occupation-based and/or occupation-focused (Fisher, 2013) on participation in everyday occupations, in children and adolescents with mental health difficulties. The Joanna Briggs Institute approach to study selection and critical appraisal were used (The Joanna Briggs Institute, 2014). Nine studies were included in the final review. The quality of the studies as a whole was very low. The results of the studies could not be pooled due to heterogeneity. The findings are presented in narrative form structured according to diagnosis and then occupational therapy intervention. Overall, no evidence was identified for the effectiveness of occupation-based and/or occupation-focused occupational therapy interventions for children and adolescents with a wide range of common mental health disorders. There is limited evidence for those with Asperger's syndrome or attention deficit hyperactivity disorder. Future studies should be designed more rigorously in order to understand whether occupational therapy is effective in increasing participation in children and adolescents with mental health difficulties (Craig et al., 2008). Due to the limited number of small-scale studies, recommendations for occupational therapists working with children and adolescents experiencing common mental health disorders are not possible.

Ethical approval was granted by Leeds Beckett University.

References

Craig P Dieppe P Macintyre S Michie S Irwin N Petticrew M et al. (2008) Developing and evaluating complex interventions: The new Medical Research Council guidance. *British Medical Journal* 337:a1655.

Erskine HE Baxter AJ Patton G Moffitt TE Patel V Whiteford HA Scott JG (2017) The global coverage of prevalence data for mental disorders in children and adolescents. *Epidemiology and Psychiatric Sciences* 26: 395–402.

Fisher A (2013) Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy* 20(3): 162–173.

The Joanna Briggs Institute (2014) The Joanna Briggs Institute Reviewers' Manual 2014 Methodology for JBI Mixed Methods Systematic Reviews. Available at http://joannabriggs.org/assets/docs/sumari/ReviewersManual_Mixed-Methods-Review-Methods-2014-ch1.pdf

Keywords

Children and families, Mental health

Author Information

Rob is the course director for Occupational Therapy at Leeds Beckett. His teaching focuses on occupational science, occupational therapy models and complex interventions. His research interests are in neurodisability and children and young people.

Katrina is an Associate Professor in Occupational Therapy at Plymouth University. She is the Deputy Director of the University of Plymouth Centre for Innovations in Health and Social Care and co-lead of the Participation in Everyday Life research group.

Poster P59**BRINGING THEORY AND PRACTICE TOGETHER FOR OCCUPATIONAL THERAPY STUDENTS****Rowe SJ, Zahedi H** London South Bank University

Research purpose and aims: Practice placements provide opportunity for students to develop their clinical skills, build professional identity, develop and apply knowledge and understanding of theory learnt in university to the specific practice setting (College of Occupational Therapists, 2014). The transfer of learning from an academic setting to practice placement learning and vice versa is not straightforward and students often report this as challenging. This frequently results in students seeing the two modes of learning as separate entities (Domakin, 2014, Steward, 1996). A new approach to curriculum design was introduced on BSc and PgDip/MSc occupational therapy programmes at a higher education institute in attempt to enhance links between taught content at university and placement learning. Students attended university for a set number of days during practice placements. This study aims to explore occupational therapy students' experiences of the university days attended during practice placement. Research design and methods: Students (n=115) completed an anonymised online questionnaire. Thematic analysis method was used to analyse the qualitative content and descriptive statistics to interpret Likert scale data. Results: 88% agreed sessions enabled them to link theory to practice. 91% reported the university sessions helped facilitate reflection on practice. Thematic analysis of the data identified three key

themes: reflection, support and theory/practice link. Conclusion: Introduction of university days during placement was overall positively received by students. This educational approach helped students to better understand theory and promote reflection on placement experiences. This may be a useful approach to bridge the gap between theory and practice.

Ethical approval was granted from London South Bank University.

References

College of Occupational Therapists (2014) College of Occupational Therapists' learning and development standards for pre-registration education. London: RCOT.

Domakin A (2014) Are we making the most of learning from the practice placement? *Social Work Education*, 33(6), 718–730.

Steward B (1996) The theory/practice divide: bridging the gap in occupational therapy. *British Journal of Occupational Therapy*, 59(6), 264–268.

Keywords

Education and students

Author Information

SJ Rowe is Senior Lecturer in Occupational Therapy Practice Placement Facilitator.

H Zahedi is Senior Lecturer in Occupational Therapy Practice Placements Lead.

Poster P62**FLAT BATTERY? EQUIPPING PATIENTS TO MANAGE CANCER-RELATED FATIGUE****Hill S** Dorset County Hospital NHS Foundation Trust

Fatigue is reported to affect up to 99% of cancer patients (Neefjes et al 2013). It is one of the highest concerns rated on the Holistic Needs Analysis during treatment. The effects are far reaching, resulting in reduced activity levels, avoidance behaviours, psychological distress and negatively impacting quality of life (Hofman et al 2007). Yet at diagnosis, or when commencing treatment, few patients are warned to expect this and don't get adequate education about fatigue (Purcell et al 2010). As part of a two-year Macmillan funded therapy project, a fatigue management programme has been set up by an occupational therapist. This consists of one session in clinic or in the patient's home, followed by a session by telephone or visit if indicated. Referrals come from cancer nurse specialists, outpatient service and self-referral. Patients selected are all struggling with fatigue, whether currently receiving active treatment or post treatment. Sessions typically include: exploring patients' baseline and daily routine, causes of fatigue, goal setting including practical tools, increasing activity levels using meaningful occupation, managing emotions and sleep hygiene. Progress is evidenced by FACIT-F scores taken at start and two

weeks later. Patient experience questionnaires are also used. This poster will consider how occupational therapy intervention can offer advice and self-management strategies in order to prevent unnecessary hospital admissions and give patients the resources to deal confidently with their own cancer-related fatigue. There is potential for group work in due course.

References

Neefjes, E et al, 'Aiming for a better understanding and management of cancer-related fatigue'. *The Oncologist*, 2013; 18(10): 1135–1143

Hofman, M et al. 'Cancer Related Fatigue: The Scale of the Problem'. *The Oncologist*, 2007; 12(S1): 4–10

Purcell, A et al. 'Development of an educational intervention for cancer-related fatigue'. *British Journal of Occupational Therapy*, 2010; 73(7): 327–333

Keywords

Long term conditions, End of life care

Author Information

Sarah Hill is a Macmillan occupational therapist (Band 6) with the Macmillan therapy team at Dorset County Hospital NHS Foundation Trust. She qualified as an occupational therapist in 2001. She has a special interest in oncology and palliative care.

Poster P63**DEVELOPMENT OF A COMMUNITY BASED VOCATIONAL REHABILITATION SERVICE FOR PEOPLE WITH NEUROLOGICAL CONDITIONS****Evans S, Knight C** Royal Free NHS Foundation Trust

Supporting people with long term conditions to access or maintain work is a national government priority, with a goal to see 1 million more disabled people in employment by 2027 (DWP, 2017). There is a recognised role for healthcare professionals to identify work as a health outcome (DOH, 2010). Vocational rehabilitation (VR) is defined as the overall process of enabling individuals with either temporary or permanent disability to access, return to or remain in employment (BSRM, 2003). A mapping study by Playford et al (2011) concluded that VR services fail to meet the needs of people who have difficulty working due to neurological disability. There remains little evidence to inform practice and a lack of shared terminology, descriptive intervention, outcome data and economic evaluation (Phillips & Radford, 2014). The Royal Free VR service is part of a community long term conditions management team. Service outcome data demonstrates that clients require specific VR pathways. We have developed three pathways to support clients to remain in, return to or start new work. The service is co-ordinated by occupational therapists who are part of a wider therapy team. This way of working enables effective communication between disciplines as well as the wider community. We have developed a model to demonstrate this service innovation. The service collects work related outcomes for every client which will be included in the poster. Service user feedback indicates that clients appreciate the flexible access to direct guidance provided to them and their employers.

References

British Society of Rehabilitation Medicine (2000). *Vocational Rehabilitation: The Way Forward*; a Working Party Report Commissioned by the British Society of Rehabilitation Medicine. British Society of Rehabilitation Medicine.

Department of Health (2010). *The NHS Outcomes Framework 2011/12*. London: The Stationary Office.

Department for Work and Pensions, *Improving Lives: The Future of Work, Health and Disability* (2017). Cm 9526.

Phillips, J. and Radford, K.A. (2014). *Vocational Rehabilitation following Traumatic Brain Injury: What is the evidence for clinical practice?* *Advances in Clinical Neuroscience and Rehabilitation*, 14(5), pp.14–16.

Playford E., Radford K., Burton C. et al. (2011) *Mapping vocational rehabilitation services for people with long term neurological conditions: Summary report*. Department of Health, UK.

Keywords

Long term conditions, Disadvantaged people, Neurological practice

Author Information

S Evans is an occupational therapist working in a vocational rehabilitation service. Currently completing a Masters module at Sheffield Hallam university in the Fundamentals of Vocational Rehabilitation. Many years of experience in working with adults with neurological conditions and worked in vocational rehabilitation for 6 years.

C Knight is an occupational therapist working in a vocational rehabilitation service. Recently completing a Masters at City, University of London in Research for Clinical Practice. Many years of experience in working with adults with neurological conditions and worked in vocational rehabilitation for over 6 years.

Poster P64**PILOTING A DEMENTIA SPECIALIST OCCUPATIONAL THERAPY ROLE IN THE ACUTE HOSPITAL SETTING**

Gallant N University of Southampton/Southern Health NHS Foundation Trust

The occupational therapist role in acute medical for older persons' wards is primarily one of discharge planning, equipment provision and cognitive assessments (Timmer et al., 2015). Occupational therapists have expressed dissatisfaction in these job roles, feeling their professional identity can be undermined (Britton et al., 2015). Dementia care is an area where occupational therapy skills in the acute hospital setting could be utilised beyond the currently accepted remit in the acute elderly wards. A pilot dementia specialist occupational therapy role was created, in line with a PhD project on improving dementia care in acute hospitals. The role lasted 8 months, for 2 days a week. It had 4 elements: groups and activities for all patients, education and training, 1:1 specialist assessments and the development of a dementia friendly day room. The occupational therapist also worked in collaboration with ward and Trust nursing leaders to roll out an enhanced care project for people admitted with dementia and/or delirium. The role was evaluated through patient experience surveys, patient well-being measured by Dementia Care Mapping, staff confidence measures and staff questionnaires. Patient experience surveys

were compared 6 months into the role; there was a clear increase in satisfaction of therapy input. Staff confidence in caring for people with dementia, and having a person to go to for support, increased by an average of 3.1 points on a scale of 1–10. General dementia patient well-being increased and patients were observed to be more regularly engaged in meaningful activity.

References

Britton, L. Rosenwax, L. McNamara, B. (2015) Occupational therapy practice in acute physical hospital settings: evidence from a scoping review. *Australian Occupational Therapy Journal*. 62(6): 370–377

Timmer, A. J. Unsworth, C. A. Taylor, N. F. (2015) Occupational therapy inpatient rehabilitation interventions with deconditioned older adults following an acute hospital admission: a Delphi study. *Australian Occupational Therapy Journal*. 62(1): 41–9

Keywords

Dementia, Older people

Author Information

Naomi is a clinical academic occupational therapist. She is completing her PhD in dementia care at meal times in the acute hospital setting. Naomi also works as an occupational therapy team lead in an inpatient frailty unit.

Poster P65**THE EFFICACY OF ACTIVITY: REVIEWING THE VALUE OF USING ACTIVITY TO REDUCE NEUROPSYCHIATRIC SYMPTOMS FOR ADULTS WITH DEMENTIA**

Devey S, Baxter T, Gibson N Sheffield Hallam University

Background: Dementia affects approximately 46.8 million people globally (Dementia Statistics Hub, 2014) and costs the UK economy an estimated £23.6 billion (Lewis et al., 2014), with the Alzheimer's Society UK Dementia Statistics Hub (2014) predicting this figure to almost triple by 2050. Neuropsychiatric symptoms such as physical aggression, agitation, shadowing, vocalisations, and passive behaviours such as apathy and withdrawal, are typical sequelae of dementia and have a profound effect on both the individual and their families (Gitlin et al., 2009). NICE guidelines on dementia (2018) acknowledge the increasing need for the use of non-pharmacological interventions for people with dementia. Aim: The poster explores the efficacy of using activity to reduce neuropsychiatric symptoms for adults with dementia and considers whether activity must be meaningful in order to be successful. Method: Three databases were used to find a reductive sample of 8 articles for review. Consideration was given to relevant grey literature and national guidelines. Results: One article found no significant impact was made to neuropsychiatric symptoms. Following activity, however, this result must be considered with caution due to issues with this study's implementation and evaluation of results. Seven articles found activity led to a short-term reduction of neuropsychiatric behaviours. Conclusion: Activity can be a successful intervention for reducing neuropsychiatric symptoms. Activity must not be standardised but meaningful and individualised to the person. The effects of activity are likely to be short-term, but continued input enables ongoing support and short-term effects are valuable when working with dementia patients (Shepherd, 2012).

References

Alzheimer's Research UK Dementia Statistics Hub. (2014). Prevalence projections in the UK. Retrieved from <https://www.dementiastatistics.org/statistics/prevalence-projections-in-the-uk/>. [Accessed 10/06/18].

Gitlin, L. N., Winter, L., Vause Earland, T., Adel Herge, E., Chernett, N. L., Piersol, C. V. & Burke, J. P. (2009). The Tailored Activity Program to reduce behavioral symptoms in individuals with dementia: feasibility, acceptability, and replication potential. *The Gerontologist*, 49(3), 428–439.

National Institute for Health and Care Excellence (2018). Dementia: assessment, management and support for people living with dementia and their carers (NICE Guideline NG97). Available from: <https://www.nice.org.uk/guidance/ng97> [Accessed 10/06/18].

Shepherd, E. (2012). Living in the Moment Aids Dementia Care. *Nursing Times*, 108(36), 11.

Keywords

Dementia, Mental health, Older people

Author Information

Suzy is a final year occupational therapy student on the practice-based learning course at Sheffield Hallam University. A paper on this topic was submitted in partial fulfilment of a BSc (Hons) Occupational Therapy degree.

Theresa has many years of experience in delivering occupational therapy education and is currently course lead for the practice based occupational therapy degree at Sheffield Hallam University, delivered on site in Grantham.

Poster P66**WHAT ARE HOSPITAL STAFF'S PERCEPTIONS OF THE OCCUPATIONAL THERAPY ROLE WITHIN A PHYSICAL HEALTH NHS SETTING?**

Collins L, Wild J, Parden-Bell S, Bradley D, Jackson C, Gradwell L, Tucker C Blackpool Teaching Hospitals NHS Foundation Trust

Anecdotally and within some studies there are reports that occupational therapists feel undervalued, overlooked and misunderstood (Wilding and Whiteford, 2008). Misunderstandings of roles within healthcare have been found to negatively impact upon service-users' outcomes and lead to conflict within the workplace. The aim of this study was to explore hospital staff's perception of the occupational therapy role in order to identify areas for improvement. Mixed-methods, semi-structured questionnaire gathered participants' characteristics (quantitative), with one open question gathering qualitative data. Analysis was undertaken using a constant comparative method in order to identify key themes within the qualitative data. 47 completed questionnaires were returned from 11 different staff disciplines over 5 wards and 2 hospital sites (acute and rehabilitation). Analysis of the questionnaire resulted in the emergence of 171 codes, which were further analysed and grouped into 9 themes;

- Functional assessments 24%
- Equipment 22%
- Rehabilitation 11%
- Cognition 4%
- Discharge planning 19%

- Advice/education 3%
- Multi-disciplinary (MDT) working 7%
- Psychological needs 2%
- Miscellaneous 8%

Most common reported themes were functional assessments and equipment, which the researchers largely felt reflected the current input provided within the surveyed settings.

Research governance approval was sought and approved from the Trust Research and Development department.

References

Wilding, C. and Whiteford, G. (2008). Language, identity and representation: occupation and occupational therapy in acute settings. *Australian Occupational Therapy Journal* [online]. Volume 55(3), pp. 180–7. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/20887460> [Accessed 5th November 2018]

Keywords

Adult physical health, Long term conditions, Managers, Older people

Author Information

L Collins is a senior occupational therapist working in a rehabilitation setting at Blackpool Teaching Hospitals NHS Foundation Trust.

J Wild is clinical lead occupational therapist for medicine and integrated assessment team at Blackpool Teaching Hospitals NHS Foundation Trust.

Poster P67**OUT AND ABOUT! THE REMOTIVATION PROCESS IN A GROUP SETTING**

Pennell O, Rimell J, Mason M, Havens F 2gether NHS Foundation Trust

Amongst the aims of NHS England (2018) for mental health service users are increased skills and higher levels of social interaction. This demonstrates a clear effort to address the isolation experienced by many of our service users. For our clients, this isolation is often a result of difficulties with motivation. The Remotivation Process (De las Heras et al, 2003) provides a framework through which individuals can overcome motivational issues in a supported environment. Guided by MOHO (Kielhofner, 2002), Remotivation focuses on how volition influences engagement. It details how individuals can be supported to change their motivation through a process of exploration, competency and achievement. Occupational therapists in Gloucester collaborated to deliver a Remotivation group to increase our service users' skills and social interaction. In addition to talks from local services, week by week the group collectively discussed their interests and goals, deciding upon activities to engage with locally, which we would then facilitate. The group enabled us to deliver a client centred, occupation focused intervention, within a socially inclusive environment, whilst also addressing aims outlined by NHS England. Our presentation will outline how we utilised Remotivation in a group setting. It will also discuss using an outcome measure based on the Volitional Questionnaire to demonstrate the benefits the group had for our clients. Finally it will highlight how Remotivation has enabled occupational therapists to use an evidence based process to meet the aims of NHS England whilst supporting our service users to increase their engagement with the local community.

References

NHS England (2018) About Mental Health. Available from: <https://www.england.nhs.uk/mental-health/about/>

De las Heras, CG., et al. (2003) A User's Manual for Remotivation Process: Progressive Intervention For Individuals With Severe Volitional Challenges. University of Illinois at Chicago.

Kielhofner, G. (2003) Model of Human Occupation Theory and Application. 4th ed. Lippincot Williams and Wilkins, Baltimore.

Keywords

Mental health, Disadvantaged people

Author Information

O Pennell is a Band 5 occupational therapist working with an Assertive Outreach Team in Gloucester for the 2gether NHS Foundation Trust.

J Rimell is a Band 6 occupational therapist working in an Assertive Outreach Team in Gloucester for the 2gether NHS Foundation Trust.

Poster P68**PATIENTS IN PROLONGED DISORDERS OF CONSCIOUSNESS (PDOC): TRACKING AND IDENTIFYING GAPS IN FOLLOW-UP SERVICES****Banner R BCHC**

90 patients were identified as PDOC patients and had been an inpatient at a Level 1b Regional Inpatient Neuro Rehabilitation Unit (INRU, Birmingham) since the unit has recorded on the UK Rehabilitation Outcomes Collaborative (UKROC) database (2008–2018). Further information was then obtained via the patients' record system and electronic records (i.e. reports and correspondence). From the information gathered, a PDOC tracker has been developed to record all patients seen on the unit that are classified as PDOC. The next stage and current ongoing work was raised by the question: Are these patients being followed up according to Prolonged Disorders of Consciousness: National Clinical Guidelines (London, RCP, 2013)? A questionnaire is being developed to send to the patients' relatives and carers with questions relating to their perceived progress of the patient in their level of awareness and to ascertain what follow-up they have had and to identify any outstanding follow-up as per the national guidelines. The aim of the research questionnaire is to understand the need for following up this patient group and to investigate the best way to review patients. Further service development could be considered as a result by linking in with other out-patient services (such as posture and mobility services, spasticity clinic) to provide a more collaborative approach and avoid patients having multiple trips to out-patient appointments.

References

Giacino JT, Kalmar K, Whyte J. The JFK Coma Recovery Scale-Revised: measurement characteristics and diagnostic utility. *Arch Phys Med Rehabil* 2004; 85: 2020–9.

Gill-Thwaites H. The Sensory Modality Assessment Rehabilitation Technique – a tool for assessment and treatment of patients with severe brain injury in a vegetative state. *Brain Inj* 1997 Oct; 11: 723–34.

Gill-Thwaites H, Munday R. The Sensory Modality Assessment and Rehabilitation Technique (SMART): a valid and reliable assessment for vegetative state and minimally conscious state patients. *Brain Inj* 2004; 18: 1255–69.

Royal College of Physicians. Prolonged disorders of consciousness: National clinical guidelines. London, RCP, 2013.

Keywords

Adult physical health, Long term conditions, Neurological practice, Education and students

Author Information

A clinical specialist senior occupational therapist with 15 years' experience of working within a neuro rehab service. Current role also provides the opportunity to work on research projects individually and with other organisations and disciplines. Has facilitated numerous clinical training sessions for a range of professionals.

Poster P69**THE EXPERIENCES OF SICK LEAVE AMONG ADULTS WITH COMMON MENTAL HEALTH PROBLEMS: A QUALITATIVE SYSTEMATIC REVIEW****Linforth J University of Liverpool**

Research purpose: This review explored the experiences of sick leave among individuals with depression and anxiety-related conditions. The study aimed to understand the challenges and facilitators of a beneficial 'sick leave experience' and suggest recommendations to improve current interventions. Research design and methods: A qualitative systematic review was undertaken using a meta-aggregative approach (Lockwood et al. 2017). Qualitative studies were identified through a search of six electronic databases. Studies were appraised using the CASP Qualitative Checklist (Critical Appraisals Skills Programme 2018). Study characteristics and findings (themes and sub-themes) were extracted. The findings were aggregated and synthesised. Results: Eight studies (seven from Scandinavia and one from Canada) of moderate to high quality that met the inclusion criteria were included. The synthesised findings identified highlighted the positive and negative impacts of sick leave on self-esteem and recovery, the importance of a person-centred approach by health professionals and the value placed on engagement in meaningful occupation. Discussion: This review suggests that focusing on individualised care, recovery planning and supported engagement in activity could enhance the efficacy of interventions offered to individuals with common mental health problems whilst on sick leave. As these skills are all central to occupational therapy practice, occupational therapists would be well placed within primary care and occupational health services to facilitate the sick leave experience to become a beneficial intervention for this population. The applicability of these findings to the UK context is unclear. Further research is needed to determine the impact of occupational therapy intervention in this area.

This review did not require ethical approval as it constituted secondary research, utilising primary research studies which had previously gained ethical approval. However, approval to carry out the review and confirmation that due governance processes had been followed were sought and granted by the Chair of the University of Chester Faculty of Health and Social Care Research Committee.

References

Critical Appraisals Skills Programme (2018) CASP Qualitative Checklist. Available at: <https://casp-uk.net/casp-tools-checklists/> Accessed on 05.11.2018

Lockwood, C, Porritt, K, Munn, Z, Rittenmeyer, L, Salmond, S, Bjerrum, M, ... Stannard, D (2017) 'Systematic reviews of qualitative evidence', In: E Aromataris, Z Munn, eds. in Joanna Briggs Institute Reviewer's Manual. Available at: <https://reviewersmanual.joannabriggs.org/> Accessed on 05.11.2018

Keywords

Mental health

Author Information

Jo Linforth is an occupational therapist and cognitive behavioural psychotherapist who has worked in both primary and secondary mental health services, including as part of a vocational team. Jo currently works as an lecturer on the BSc Occupational Therapy programme at the University of Liverpool.

Poster P70**SITUATED SELF: AN EMBODIED THEORY OF CLINICAL REASONING****Griffiths S** University of Otago/Otago Polytechnic

The research sought to understand the intersubjective relationships of an initial interview(s) between occupational therapists and their clients, the focus of the interview, the specific skill sets and particular strategies therapists used and why there was such a variety. Using classical grounded theory (Glaser, 1992; Glaser & Strauss, 1967) the research involved the conducting of semi-structured interviews with twenty one occupational therapists who were at various stages of their careers and were working in a variety of settings. All had a minimum of five years' experience with children or adults with physical disabilities. Following a process of the constant comparison, coding of data, theoretical sampling and existing theories, a new theoretical paradigm is proposed to analyse the relationships between occupational therapists and their clients: the situated self. Fundamental to all initial interviews is considered to be the establishing of the self. For the occupational therapist, this is as much part of an initial interview as is the therapist's understanding of the self of the client. The self the occupational therapist establishes is in part dependent on the therapist's perception of what is occupational

therapy and their understanding of their professional role. Some therapists maintain a rather unvarying professional self, whilst others vary their professional self to situate themselves within the relationship. This is considered to be part of the clinical reasoning processes of the therapist, which in turn will influence subsequent interactions between therapist and client.

Ethical approval gained from the Health and Disability Ethics Committee MEC/10/075/EXP University of Otago 10/047. Research for PhD – Anthropology.

References

Glaser BG (1992) Basics of grounded theory analysis. Mill Valley, Calif.: Sociology Press.

Glaser BG, Strauss AL (1967) Discovery of grounded theory. Mill Valley, Calif.: Sociology Press.

Keywords

Adult physical health, Children and families, Education and students

Author Information

Occupational therapist and educator with an interest in the part that self and identity play in professional/clinical reasoning.

Poster P71**OCCUPATIONAL AND PHYSICAL PALLIATIVE REHABILITATION****Witton S** Sue Ryder Manorlands

The occupational therapists and physiotherapists at Sue Ryder Manorlands have developed an innovative approach called occupational and physical palliative rehabilitation. It challenges occupational deprivation within the hospice and promotes the participation and engagement with 'occupations of living with dying'. Palliative rehabilitation gained prominence following the publication of a document launched by Hospice UK, 2015 (see reference). Additionally, all hospices were asked to audit and benchmark performance with regard to palliative rehabilitation. Our hospice has made great success in improving and embedding this philosophy. Palliative rehabilitation training of staff, recruitment of volunteers, changes to the physical environment and a team commitment to palliative rehabilitation mean more patients can engage in activities of value and meaning. Occupational and physical palliative rehabilitation takes many forms. The most popular and best understood activities are listed below. 1. Life story work: a simple template whereby the patient or scribe (a trained volunteer) records the parts of the life that the patient considers significant. 2. 'Worth while therapy':

where a patient is driven in a wheelchair accessible vehicle to look at a beautiful view, near the hospice, over the Worth Valley for a little while. 3. Activity volunteers to engage with patients on their chosen activity. 4. Physical and functional gym (which happens at the local hospital but is eligible for palliative patients who are not ready to access the hospice environment). The emerging practice of occupational and physical palliative rehabilitation is bringing benefits to patients, even in the last weeks to days of life.

References

Tiberini, R and Richardson, H (2015) Rehabilitative palliative care: enabling people to live fully until they die – A challenge for the 21st century, London, Hospice UK

Keywords

End of life care

Author Information

Occupational therapist at Sue Ryder Manorlands (West Yorkshire) working in palliative rehab therapy team managed by Rachael Sharples (physiotherapist) alongside Abi Jacklin (occupational therapist) and Nina Devine (physiotherapist).

Poster P72**AN APPRECIATIVE INQUIRY LEADERSHIP PROGRAMME SUPPORTING POLICY TO PRACTICE****Hunter E** Alzheimer Scotland

Background: Connecting People, Connecting Support (CPCS) (Alzheimer Scotland 2017) is the first policy of its kind outlining what allied health professionals (AHPs) can do to help people live well with dementia. The four ambitions in CPCS are being implemented locally, led by the Alzheimer Scotland AHP Dementia Forum, a group of over 40 occupational therapists and AHPs. Each member of this national dementia forum require to be agents of change, influencers of a wide range of stakeholders, and this demands high level leadership skills. Method: A 24-month appreciative inquiry leadership project has

been co designed with the Alzheimer Scotland AHP Dementia Forum and funded by the Elizabeth Casson Trust leadership grant. This poster will share the detail of the leadership programme, outlining principles of appreciative inquiry (Scottish Social Services Council 2016) the leadership resources use and anticipated outcomes for the occupational therapy clinical leaders, local integrated services and people living with dementia and their families. Conclusion: Leadership is one of the 4 pillars of practice for occupational therapy (RCOT 2017). To integrate policy to practice we need to have professional confidence, the ability to influence others, be effective communicators and persuade others of the value of the occupational therapy contribution to dementia. Being able to do this will place us at the forefront of dementia care. This innovative leadership

project, funded by the Elizabeth Casson Trust, supports the ambition that 'we can all be leaders – we should embrace this' (Hunter 2013).

References

Alzheimer Scotland 2017 Connecting people, connecting support. Transforming the contribution of allied health professionals in dementia in Scotland 2017–2020.

Hunter EP (2013) The Elizabeth Casson Memorial Lecture 2013: Transformational leadership in occupational therapy – delivering change through conversations. *British Journal of Occupational Therapy*, 76(8), 346–354.

Royal College of Occupational Therapists 2017 The Career Development Framework:

Scottish Social Services Council 2016 Appreciative Inquiry Resource Pack.

Keywords

Managers, Dementia

Author Information

Elaine is a graduate from St John's University, York, with extensive clinical experience in mental health and dementia. Elaine is leading on a commitment in Scotland's dementia strategy and working in partnership to integrate the ambitions of Scotland's new AHP dementia policy, Connecting People, Connecting Support to practice. @elaineahpmh

Poster P73

PHYSICAL ACTIVITY. A MEANINGFUL OCCUPATION FOR PEOPLE WITH LEARNING DIFFICULTIES?

O'Connor C RDASH NHS Trust

Background: People with learning disabilities typically participate in less physical activity than those without (Cartwright et al, 2017). Physical and mental health conditions that are related to physical inactivity are more prevalent in people with learning disabilities (de Winter et al, 2012). Whilst research has been carried out studying the impact on interventions as a means to increase participation (Bergstrom et al, 2014), there has been less research into what makes physical activity a meaningful occupation for people with learning disabilities (Jinks et al, 2011), which is crucial when trying to increase participation. Method: Focus groups of adults with learning disabilities were carried out at a day centre to explore the things that helped, encouraged or hindered them to participate in physical activity. Results: Participants expressed different reasons for carrying out physical activity and some reasons for not. The most common reason given was for the health benefits of physical activity. Participants also commonly expressed an enjoyment of various activities. The main reasons for not wanting to participate were finding activities too difficult and fear. Some participants also acknowledged other factors that play a role, such as transport factors, staffing levels and cost. Conclusion: Participants highlighted factors that had not been identified by previous research or considered by the researcher. This demonstrates a need to work collegiately in a person centred manner. There is a demand for grading and adapting activities, equipment and environments, thus highlighting the central tenet that occupational therapy should play.

This study went through the ethical committee procedure at the related university and gained ethical approval. Senior management at the charity that ran this day centre requested

to see the ethical approval and were then happy to approve the research to be carried out at the day centre. An ethical pro forma was completed prior to the study taking place to identify any potential risks or issues and identify appropriate courses of action where necessary.

References

Bergström, H., Elinder, L. S., & Wihlman, U. (2014). Barriers and facilitators in health education for adults with intellectual disabilities – A qualitative study. *Health Education Research*, 29(2), 259–271.

Cartwright, L., Reid, M., Hammersley, R., & Walley, R. M. (2017). Barriers to increasing the physical activity of people with intellectual disabilities. *British Journal of Learning Disabilities*, 45(1), 47–55.

De Winter, C. F., Bastiaanse, L. P., Hilgenkamp, T. I. M., Evenhuis, H. M., & Echteld, M. A. (2012). Cardiovascular risk factors (diabetes, hypertension, hypercholesterolemia and metabolic syndrome) in older people with intellectual disability: Results of the HA-ID study.

Research in Developmental Disabilities: A Multidisciplinary Journal, 33(6), 1722–1731.

Jinks, A., Cotton, A., & Rylance, R. (2011). Obesity interventions for people with a learning disability: An integrative literature review. *Journal of Advanced Nursing*, 67(3), 460–471.

Keywords

Adult physical health, Learning disability

Author Information

The author is a newly qualified occupational therapist, working in mental health inpatients, working adults. Carried out this research as dissertation on a pre-reg Occupational Therapy MSc.

Poster P74

VOCATIONAL REHABILITATION IN A HOMELESS SHELTER: SKILLS FOR REINTEGRATING THE MARGINALISED. A THIRD SECTOR PLACEMENT EXPERIENCE

Sheridan-White M Sheffield Hallam University

Rough sleeping levels have increased by 169% since 2010 (Fitzpatrick et al 2018). Homeless people experience occupational deprivation owing to a variety of detrimental biopsychosocial factors (Kronenberg et al 2004). Rather than progressing, persons in transition often shift sideways to occupational alienation due to estrangement from 'alternative' occupations and social groups. There is a need for work-

based and employment skills to support homeless people into a sustainable way of life (Nelson et al 2012). Occupational therapists have been involved in vocational rehabilitation (VR) since the inception of the profession (Munoz et al 2006). Work Right (psuedonym) is a 'next-step' service in a small city providing previously homeless people with volunteering opportunities and support-to-work schemes. An MSc student on third sector placement, the author assessed the needs of individuals who were found to have reduced knowledge of personal and interpersonal skills, and a desire to improve in this area. The author developed and facilitated four group sessions on negotiation and persuasion, assertiveness,

stress management and motivation. Topics were selected by participants, ensuring relevance and client-centredness. Sustainability was promoted by providing handouts, folders of work and copies of presentations to the service manager. Outcomes were measured by pre- and post-session Likert-scale surveys: service-users increased self-awareness and built self-esteem. Through VR, student occupational therapists may facilitate previously homeless people to become better able to make informed occupational choices, feel a sense of belonging in an occupational world and develop a sense of identity as an occupational being.

References

Fitzpatrick S, Pawson H, Bramley G, Wilcox S, Watts B & Wood J (2018) *The Homelessness Monitor: England 2018*. London: Crisis.

Kronenberg F, Algado S S & Pollard N (2004) *Occupational therapy without borders: Learning from the spirit of survivors*. Edinburgh: Churchill Livingstone.

Munoz J P, Garcia T, Lisak J & Reichenbach D (2006) Assessing the Occupational Priorities of People who are Homeless. *Occupational Therapy in Health Care*, 20(3–4), 135–148.

Nelson S E, Gray H M, Maurice I R & Shaffer H J (2012) Moving Ahead: Evaluation of a Work-Skills Training Program for Homeless Adults. *Community Mental Health Journal*, 48, 711–722.

Keywords

Disadvantaged people, Education and students

Author Information

Michaela Sheridan-White is an MSc Occupational Therapy (pre-reg) student at Sheffield Hallam University.

Poster P75

'IT'S LIKE HOPE IN A DARK ROOM': ENGAGING ASYLUM SEEKERS AND REFUGEES IN MEANINGFUL ACTIVITY

Howlett F, Spring H York St John University

Decades of sustained war and political unrest have caused unprecedented global civilian displacement. The result of this is a significant negative impact on health and wellbeing, and a lack of access to dignified and meaningful occupation among refugees and asylum seekers (Smith, 2015; World Federation of Occupational Therapists, 2014). Occupational therapists are increasingly likely to be involved with supporting the health and wellbeing of asylum seekers and refugees in their transition into UK society and culture (Humbert et al., 2011; Whiteford, 2005). In this poster we will discuss our recently completed research that focused on the value and meaning of a community drop in service for asylum seekers and refugees. This work provided a cultural insight and deeper understanding of how such services can support and sustain meaningful occupation (Spring et al., 2018). The study also identified some key messages for occupational therapists who are working with asylum seekers and refugees. These include: the need to experience a sense of community; being able to make an altruistic contribution within the community; the need for societal integration; and having the opportunity to engage in meaningful and productive occupations. The poster will highlight our research findings in demonstrating the importance of developing and sustaining meaningful occupation with asylum seekers and refugees.

References

Spring, H., Howlett, F., Connor, C., Alderson, A., Antcliff, J., Dutton, K., Gray, O., Hirst, E., Jabeen, Z., Jamil, M., Mattimoe, S., Waister, S. (2018) The value and meaning of a community drop-in service for asylum seekers and refugees. *International Journal*

of Migration Health and Social Care. In print (accepted 22nd October 2018).

Humbert, T.K., Burket, A., Deveney, R., Kennedy, K. (2011) Occupational therapy practitioners' perspectives regarding international cross-cultural work. *Australian Occupational Therapy Journal*. 58:300–9.

Smith C. (2015) An exploration of the meaning of occupation to people who seek asylum in the United Kingdom. *British Journal of Occupational Therapy*. 78(10):614–21.

Whiteford G. (2005) Understanding the occupational deprivation of refugees: a case study from Kosovo. *Canadian Journal of Occupational Therapy*. 77:78–88.

World Federation of Occupational Therapists. Position statement on human displacement (revised). 2014.

Keywords

Disadvantaged people

Author Information

Fiona Howlett is a Senior Lecturer in Occupational Therapy within the School of Health Sciences at York St John University. Her areas of teaching and clinical interest include: asylum seekers and refugees, moving and handling, long term conditions, and legislation. She has published widely in these areas.

Dr Hannah Spring is a Senior Lecturer in Research and Evidence-Based Practice within the School of Health Sciences at York St John University. Her areas of teaching and subject interest include: asylum seekers and refugees, information and health literacy, and evidence-based health practice. She has published widely in these areas.

Poster P76

TABLO-PROJECT – USING THE ARTS FOR THE BENEFIT OF PEOPLE WITH LONG-TERM CONDITIONS

Buchan T Kent and Medway NHS and Social Care Partnership Trust

Kent and Medway NHS and Social Care Partnership Trust was one of seven European organisations involved in a three year project funded by Erasmus to create a high quality on-line platform to educate and support staff and others in the use of the arts to help promote wellbeing of those working with people with long-term conditions. It is widely recognised that

the use of 'arts' as an intervention can improve the health and wellbeing of individuals with long term conditions (Van Lith et al 2013, Hasselkus 2002). This project aimed to educate and share ideas that would enable professionals, carers and others to use arts as part of the support they provide to individuals. Partner organisations visited each other's facilities and then, using combined learning, gathered these ideas and content to produce the online learning platform, ensuring that it was culturally and clinically relevant. The project outcome was the creation of the online platform (www.Tablo-project.Eu) bringing together e-learning chapters on 14 different health conditions, their

characteristics and how they affect a person's life, together with more than 400 arts-based activities. The online platform provides a multi-professional and cultural education resource to increase knowledge and confidence for healthcare staff and others in using the diversity of arts-based interventions. The project has been disseminated through online and direct events, reaching a potential 24,150 people across Europe and the US, and it is hoped to offer an accessible resource of arts for use with people with long-term conditions.

References

Hasselkus BR (2002) *The Meaning of Everyday Occupation*. London: Slack.

Poster P77

DECONDITIONING, OR A LACK OF COMMUNICATION?

Butler D, Morris J Dorset County Hospital Foundation Trust

Older people are at increased risk of physical and mental health decline due to inactivity during their hospital stay (Clarke et al, 2018). Effective communication of patient rehabilitation plans between therapy and nursing staff has often been challenging in acute hospital wards. The combined importance of these two factors is highlighted when discharges are delayed due to deconditioned patients, a phenomenon which has triggered the worldwide campaign #endpjaralysis (Dolan, 2018). This poster will look at the impact of daily goal planners on two inpatient elderly care wards, over three winter months. The daily planners will include an update of current functional status and clear patient centred discharge goals, set initially by therapists on the ward. Inclusion of a 'What matters to me' section, based on the national 'This is me' tool, will also maintain focus on meaningful activity for each patient. Placing these planners above the patient's bed should allow quick communication of occupational focused goals to facilitate productive collaboration between all members of the multidisciplinary team. We aim to capture the effect of this project by completing pre and post feedback forms and a monthly audit of functional activity levels. We anticipate this project will result in improved ward communication, in addition to increased functional activity, reduced length of stay and improvement of overall patient well-being. As the number of elderly patients rises in the UK it is vital that hospital wards become efficient in preventing avoidable loss of function, in order to sustain current service provision (RCOT, 2016).

Poster P78

DRIVING AFTER STROKE: INVESTIGATING OCCUPATIONAL THERAPISTS' KNOWLEDGE AND ATTITUDES REGARDING FITNESS TO DRIVE

Jackson L, O'Brien R Sheffield Hallam University

Purpose and aims: Stroke can cause a multitude of impairments which can significantly impact driving ability (Stapleton et al 2015). Occupational therapists play a role in providing education, assessment and intervention regarding fitness to drive post-stroke (Cammarata et al 2017). Due to limited UK research on this topic, this study investigated occupational therapists' knowledge and attitudes of fitness to drive post-stroke. Design: Concurrent mixed-methods design. Methods: Cross-sectional online survey targeting occupational therapists primarily working with people post-stroke. Both Likert scale statements and case vignettes used to collate quantitative and qualitative data. Descriptive analysis used to examine key attitudes. Spearman's correlation, Mann-Whitney U and chi-squared analyses performed to investigate relationships between variables and content analysis used to examine qualitative data. Results: 63

Van Lith T, Schofield MJ, Fenner P (2013) Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and Rehabilitation*, 35(16), 1309–1323.

Keywords

Long term conditions, Mental health, Education and students

Author Information

Practice Development Lead for Allied Health Professionals.

References

Clarke C, Stack C, & Martin M (2018) Lack of meaningful activity on acute physical hospital wards: Older people's experiences. *British Journal of Occupational Therapy*, 81:15–23

Dolan B (2018) Why we're trying to end 'PJ Paralysis'. #endpjaralysis: 70 day Challenge. Cambridge Digital Health. Available [online] at: <http://www.endpjaralysis.com/> [last assessed 01.10.18]

Royal College of Occupational Therapists (2016) *Reducing the pressure on hospitals. Occupational Therapy: Improving Lives, Saving Money*. London. Royal College of Occupational Therapists

Keywords

Adult physical health, Dementia, Older people

Author Information

Ms Butler is an occupational therapist working in Dorset County Hospital's front of house team. With a background of working with older people in community and acute settings, she is looking at developing strategies to support frail older patients to maintain current function when admitted to care of elderly wards.

Ms Morris is an occupational therapist with experience working with older people in community and acute settings. Ms Morris is currently specialising her work at Dorset County Hospital's Dementia Unit, focusing on creating daily routines and group activities for older patients with memory and cognitive challenges.

occupational therapists participated; 30 had no formal training in driving post-stroke. Overall, 36 and 41 participants reported having knowledge of and being confident in implementing driving practices respectively. Despite this, all therapists regarded fitness-to-drive practice as important. Participants were more knowledgeable of driving assessments than interventions, and knowledge of driving restrictions post-stroke was limited. Respondents reported uncertainty regarding their role of informing the Driver Vehicle Licensing Agency (DVLA) if patients were unsafe to drive. Therapists with formal training felt significantly more knowledgeable and confident around implementing driving practices than those without formal training. Conclusion: Occupational therapists lack knowledge and confidence of fitness-to-drive practices post-stroke. Further education, in addition to clarification of the DVLA guidelines (DVLA 2017), is required for therapists to expand their role and to comply with National Stroke Guidelines (RCP 2016).

The research was granted ethical approval on 07/06/2018 by the Faculty of Health and Wellbeing Research Ethics Committee, Sheffield Hallam University.

References

Cammarata, M., Mueller, A.S., Harris, J. & Vrkljan, B. 2017, 'The Role of the Occupational Therapist in Driver Rehabilitation After Stroke', *Physical & Occupational Therapy in Geriatrics*, vol. 35, no. 1, pp. 20–33.

Driver & Vehicle Licensing Agency 2017, *Assessing Fitness to Drive – A Guide for Medical Professionals*, Driver & Vehicle Licensing Agency, Swansea.

Royal College of Physicians 2016, *National Clinical Guideline for Stroke*, 5th ed, Royal College of Physicians.

Stapleton, T., Connolly, D. & O'Neill, D. 2015, 'Factors influencing the clinical stratification of suitability to drive after stroke: A qualitative study', *Occupational Therapy in Health Care*, vol. 29, no. 3, pp. 253–271.

Keywords

Neurological practice

Author Information

Lydia has recently completed an MSc in Occupational Therapy at Sheffield Hallam University and this research was part of her degree.

Dr Rachel O'Brien is a Senior Lecturer in Occupational Therapy at Sheffield Hallam and is the research supervisor for this study.

Poster P79

AWARENESS, ENGAGEMENT AND INNOVATION. OCCUPATIONAL THERAPISTS TRANSFORMING THEIR CONTRIBUTION TO SUPPORT PEOPLE LIVING WITH DEMENTIA

Hunter E, McKean A Alzheimer Scotland

Background: Connecting People, Connecting Support (CPCS) (Alzheimer Scotland 2017) is an evidence informed AHP dementia policy that outlines how allied health professionals (AHPs) can support people living with dementia to have positive, fulfilling and independent lives for as long as possible, with 4 ambitions to transform practice. This policy also fulfils a specific commitment in Scotland's National Dementia Strategies (2013, 2017). Method: The poster will share the findings of an 18-month review of the implementation of CPCS across health, social care and partner organisations sharing:

- an integrated improvement approach combining relational approaches and technical approaches
- use of social media to raise awareness of the occupational therapy role in dementia
- a creative and innovative tiered approach to access the skills of occupational therapy through awareness, universal, targeted and specialist interventions.
- the importance of bringing occupational therapists and AHPs together to ensure spread and sustainability of occupational therapy evidence informed interventions.

Conclusion: Connecting People, Connecting Support has been successful in developing visible leadership to deliver both the messages within CPCS and evidence base supporting

interventions. For people living with dementia & their families we have raised awareness of the occupational therapy role, informing people who we are and how we can help. However, we still have much to do to fully deliver the 4 ambitions of CPCS. The 18-month review has offered valuable learning on what is working well and what would make the integration of CPCS to local practice even better for people living with dementia and their families in Scotland.

References

Alzheimer Scotland 2017 *Connecting people, connecting support. Transforming the contribution of allied health professionals in dementia in Scotland 2017–2020*

Scottish Government (2013) *Scotland's National Dementia Strategy*

Scottish Government (2017) *Scotland's National Dementia Strategy*

Keywords

Managers, Dementia, Older people

Author Information

Elaine is a graduate from St John's University, York, with extensive clinical experience in mental health and dementia. Elaine is leading on a commitment in Scotland's dementia strategy and working in partnership to integrate the ambitions of Scotland's new AHP dementia policy, Connecting People, Connecting Support to practice. @elaineahpmh

Alison is an occupational therapist who previously worked in NHS Dumfries and Galloway and led in partnership the introduction of home-based memory rehabilitation and the interest and activities and toolkit. @AliAHPDem

Poster P80

PATIENTS WHO ARE PARENTS: A RESOURCE FOR OCCUPATIONAL THERAPISTS WORKING WITH PARENTS WHO HAVE A NEUROLOGICAL CONDITION

O'Flaherty R, Edwards R, Raeburn R representing **Band 6 Peer Group** The National Hospital for Neurology & Neurosurgery

Parenting is a valued occupation amongst many people who are treated by the occupational therapy service at the National Hospital for Neurology & Neurosurgery. However, occupational therapists reported reduced confidence in enabling patients to engage in this occupation. A resource was developed with the aim of improving the occupational therapy intervention received by patients who are parents through ensuring occupational

therapists have the best available resources. The NHS Institute for Innovation and Improvement (2010) handbook was used as a framework to develop the resource. The themes for the resource were identified by surveying occupational therapists within the department, completing a literature review and completing three patient interviews. The following themes were identified:

- Condition specific information relating to parenting
- A risk assessment to support with establishing an individual's ability to carry out their role as a parent
- Current legislation
- Inter-agency roles and responsibilities

- Child developmental stages
- Equipment advice

The resource is currently being piloted within the occupational therapy department for six months and a follow-up survey will then be completed to determine its value. It has also been shared externally amongst other therapists. The resource aims to improve therapists' skills and confidence when assessing and treating parents and improve patient and family experience by ensuring the provision of a more holistic service. The resource provides the therapist with numerous links to resources that can be used to help empower patients to take control over their own rehabilitation. The resource also reduces clinical time spent by therapists repeatedly searching for specific information.

References

NHS Institute for Innovation and Improvement, 2010. The Handbook of Quality and Service Improvement Tools.

Keywords

Adult physical health, Children and families, Long term conditions, Neurological practice

Author Information

All Authors: Barry-Reidy, S., Bashton, D., Edwards, R., Flanagan, P., Flavell, E., Foo, W., Hughes, K., Jeffcott, R., O'Flaherty, L., O'Grady, N., Paddock, K., Raeburn, R., Richmond, J., Rigney, L., Stanley, L. & Wallace, K. representing Band 6 Peer Group: The National Hospital for Neurology & Neurosurgery.

Poster P81

MODELS OF PLACEMENT SUPERVISION – A LITERATURE REVIEW AND FEASIBILITY ANALYSIS FOR THE UK CONTEXT

Beveridge J, Pentland D Queen Margaret University

Securing sufficient practice education opportunities for pre-registration students is a challenge. Exploring different models that could be used to deliver practice education may inform the response to this issue. This work identifies the different models of practice education and assesses their feasibility for meeting educational requirements of the World Federation of Occupational Therapists (WFOT 2016) and Health and Care Professions Council (HCPC 2017). A design influenced by the realist review processes of Rycroft-Malone et al (2012) was used to synthesize material from multiple sources, highlighting what could work in the context of UK-based occupational therapy education. The review included material from peer-reviewed journals and professional magazines reporting on practice education experiences. An accompanying framework was developed to enable the categorisation and analysis of data. Three separate collections were searched, each being selected for their coverage of a specific area: CINAHL for nursing and allied health literature, ERIC for education specific information and ASSIA for literature from the social sciences. Relevant papers were reviewed for quality and content and categorised within the framework. Each category of practice education was assessed for feasibility against WFOT and HCPC standards. 1147 papers were returned. Full results will be presented, including an overview of the different models identified, their accompanying evidence and a statement of feasibility in the UK context. The results of this review will inform the RCOT education strategy. They may also support therapists and educators to make informed decisions about how to use alternative models of placement supervision when supporting student development.

Ethical approval provided by Queen Margaret University's Research Ethics Panel (RCOT_PE_REVIEW_190918_V. 1).

References

Rycroft-Malone, J, McCormack, B, Hutchinson, AM, DeCorby, K, Bucknall, TK, Kent, B, Schultz, A, Snelgrove-Clarke, E, Stettin, CB, Titler, M, Wallin L, and Wilson, V. (2012). Realist synthesis: illustrating the method for implementation research. *Implementation Science*, 7(33). Available from: <https://doi.org/10.1186/1748-5908-7-33>

World Federation of Occupational Therapists (2016) Minimum standards for the Education of Occupational Therapists: Revised 2016. World Federation of Occupational Therapists

Health and Care Professions Council (2017) Standards of education and training. London: Health and Care Professions Council

Keywords

Education and students

Author Information

Joanna is the Professional Practice tutor for the undergraduate occupational therapy programme at Queen Margaret University, Edinburgh. Joanna's clinical passion lies in the area of palliative care and she holds an honorary contract with St Columba's Hospice, Edinburgh. She is a Fellow of the Higher Education Academy.

Duncan Pentland is a lecturer in occupational therapy at Queen Margaret University, Edinburgh. He has a special interest in complexity and working with people with neurological and long term conditions.

Poster P82

BECOMING SENSE-AWARE. COMMUNITY SENSORY HUB SUPPORTS EARLY INTERVENTION FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH IN PLYMOUTH

Rule R, Hearson J University of Plymouth

The NHS Five Year Forward View for Mental Health (NHS England 2016) states that early intervention is vital. Further evidence from Young Minds (2018) suggests that early intervention could support children and young people (CYP) to develop a more positive lifestyle by building social and emotional skills, which can prevent entry into long term treatment. Despite this, CYP still wait up to two years to access services, resulting in those struggling with their mental health not always having access to a trusted adult or professional to discuss ways of

coping in everyday life. The Sense-Aware project recognised this need for early support and aim to provide this in the community in collaboration with Routeways, a CYP charity in Plymouth. The project competitively won funding from the Aviva Community Fund in 2017 and created a purpose-built sensory hub, which has evolved into sensory based groups. The groups' aim is to engage CYP who are awaiting contact with services, to build their skills in emotional regulation and self-expression with a focus on increasing participation in meaningful occupations (Fraser et al 2017). Evidence suggests that sensory based interventions can be self-directed, non-invasive and empowering, supporting trauma informed and recovery focused occupational therapy practice (Scanlan and Novak 2015, Fraser et al 2017). Sense-Aware currently has various pilot groups in process, each

offering a different perspective dependent on the needs of the group. Feedback will be collated from these and evaluated prior to the annual conference in 2019.

References

Fraser K, MacKenzie D and Versnel J (2017) Complex trauma in children and youth: a scoping review of sensory based interventions. *Occupational Therapy in Mental Health*, 33(3), 199–216.

NHS England (2016) The Five Year Forward View for Mental Health. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> Accessed 10.10.18.

Royal College of Occupational Therapists (2018) Getting my life back: Occupational therapy promoting mental health and wellbeing in England. London: Royal College of Occupational Therapists.

Scanlan N and Novak T (2015) Sensory approaches in mental health: a scoping review. *Australian Occupational Therapy Journal*, 62(5), 277–285.

Young Minds (2018) #Fighting For Report. London: Young Minds. Available at: <https://youngminds.org.uk/media/2258/youngminds-fightingfor-report.pdf> Accessed: 12.10.18.

Keywords

Children and families, Mental health, Disadvantaged people, Education and students

Author Information

Rachel is a final year student at the University of Plymouth and has previous experience as a support worker for adults and adolescents with autism and/or mental illness.

Jade is a final year student at the University of Plymouth and has previous experience in support work at a residential school and with children with disabilities in the community.

Poster P83

THE WEEK DAY WOW FACTOR: ADDRESSING SOCIAL ISOLATION AND LONELINESS IN OLDER ADULTS THROUGH COMMUNITY PARTICIPATION

Lowe J Northumbria University Sallis P The Week Day Wow Factor

Valtorta and Hanratty (2012) define loneliness as the subjective measure of negative feelings linked to the perceived lack of a social network. As the ageing population grows it has become apparent that there is a significant group of older adults who experience loneliness and social isolation (Alpert 2017), having a negative impact on health and wellbeing (Coyle and Dugan 2012). Alpert (2017) states health and wellbeing is influenced by a number of characteristics, including access to social networks and occupational roles; due to increasing health issues and loss, these naturally become smaller with age. This leads to increased levels of social isolation, loneliness and a lack of meaningful occupation in later life, which can impact on physical and mental health and wellbeing (Hwang et al 2018). Chan, Yu and Choi (2017) postulate that shared activity groups encourage social participation, enabling people to build new social networks combatting loneliness and social isolation. The Week Day Wow Factor is an occupational therapy led social enterprise offering a range of participative activities for older adults including the development of a daytime disco for the over 55s in a city centre night club. The activities offered are led by the choices of service users aged from 55–92 and challenge stereotypes of older age, whilst working towards the public health agenda of prompting positive and healthy ageing whilst combatting social isolation and loneliness in older adults. This poster will explore the

inclusive evaluation of the day time disco through appreciative inquiry.

References

Alpert, P (2017) Self perception of social isolation and loneliness in older adults. *Home Healthcare Management and Practice*. 29 (4) 249–252

Chan, A, Yu, D and Choi K (2017) Effects of tai chi qigong on psychological wellbeing among hidden elderly using elderly neighbourhood volunteer approach: A pilot study. *Clinical Interventions in Aging* (12) 85–96

Coyle, C and Dugan, E (2012) Loneliness and health among older adults. *Journal of Aging and Health*. 24 (8) 1346–1363

Hwang, J, Wang, L, Siever, J, Del Medico, T and Jones, C (2018) Loneliness and social isolation among older adults in a community exercise programme: A qualitative study. *Aging and Mental Health* DOI: 10.1080/13607863:2018:1450835

Valtorta, N and Hanratty, B (2012) Loneliness, isolation AND the health of older adults: Do we need a research strategy? *Journal of the Royal Society of Medicine*. 105 518–522

Keywords

Mental health, Older people, Social care

Author Information

Julie-Anne is professional lead for occupational therapy and subject head for community wellbeing at Northumbria University.

Pasna is a public health independent occupational therapist and founder of the Week Day Wow Factor.

Poster P84

DONATION OF ASSISTIVE PRODUCTS TO LOW AND MIDDLE INCOME COUNTRIES FROM COMMUNITY EQUIPMENT SERVICES: MAKING IT HAPPEN

Lacy D NRS Healthcare

Only one in ten people globally have access to the assistive product(s) that they need (World Health Organization, 2016). The donation of assistive products that are no longer required in the United Kingdom could benefit many people unable to access this essential equipment from health systems in low and middle income countries. However, there are many issues to consider when donating assistive products to help ensure that the provision is appropriate and sustainable (World Health

Organization, 2000). There is a shortage of provision of assistive products in low and middle income countries, but occupational therapists in the United Kingdom could help facilitate suitable donations and make a contribution to health and inclusion in other countries. A project has been established by occupational therapists at NRS Healthcare for donation of assistive products from commissioned community equipment services. This collaborative venture involved liaison with the network OT Frontiers and development of links with the charity sector. So far, over 100 assistive products that were no longer required by commissioned services have been donated for distribution by the charity Physionet in low and middle income countries. The equipment donations included paediatric postural seating,

mobility aids and standing frames. These donations are an ongoing project supported by service commissioners. This poster will highlight the development of the donation process, and ethical and practical considerations will be outlined to provide an insight into facilitating effective donations of assistive products from equipment services.

References

World Health Organization (2000) Guidelines for healthcare equipment donations. Geneva, Switzerland: World Health Organization. Available at: http://www.who.int/medical_devices/publications/en/Donation_Guidelines.pdf Accessed on 02.11.18.

World Health Organization (2016) Priority Assistive Products List; improving access to assistive technology for

everyone, everywhere. Geneva, Switzerland: World Health Organization. Available at: http://apps.who.int/iris/bitstream/handle/10665/207694/WHO_EMP_PHI_2016.01_eng.pdf?sequence=1 Accessed on 02.11.18.

Keywords

Adult physical health, Children and families, Disadvantaged people

Author Information

David qualified in occupational therapy in 2000 and initially worked in the NHS and social services. Since 2014 he has been employed by NRS Healthcare to provide occupational therapist input for its community equipment service commissioned by Cambridgeshire County Council and Peterborough City Council.

Poster P85

USING SIMULATION TO DEVELOP OCCUPATIONAL THERAPY STUDENTS' CLINICAL REASONING AND PRACTICE SKILLS: IMPLICATIONS FOR TEACHING AND PRACTICE

Rowe SJ, Swenson R London South Bank University

Research purpose and aim: Linking theory to practice in occupational therapy education can be challenging (Tomlin, 2005); based on the feedback of students and practice educators, we identified the need to bridge clinical reasoning theory and practice to help prepare final year students for practice. Simulation with actors is commonly used within occupational therapy education in the USA and Australia (Bethea et al, 2014, Merryman, 2010); however, it is less frequently used within pre-registration occupational therapy training in the UK (Bradley et al, 2013). A clinical reasoning simulation session with inpatient and community-based patients, played by drama students, was undertaken to provide students with a safe environment where they could augment their reasoning and reflect on this process with peers and facilitators. Research design and methods: Questionnaires which collected qualitative and Likert scale data were completed by final year BSc occupational therapy students (n=20). Thematic analysis of qualitative data was undertaken. Descriptive statistics were used to interpret Likert scale data. Results: The themes of immersive reasoning and learning and safe environment were identified. Students reported that it was a valuable opportunity to develop not only clinical reasoning but communication and assessment skills and reported that the session effectively bridged theory and practice. Conclusion: Simulation may be an effective approach to enable students and novice practitioners to develop

clinical reasoning skills in an immersive, relevant and safe way. In addition to preparing students for pressurised working environments, this could contribute to preceptorship and CPD for qualified therapists.

Ethical approval for this study was granted by the London South Bank University.

References

Bethea PD, Castillo DC, Harvison N (2014) Use of simulation in occupational therapy education: way of the future? *American Journal of Occupational Therapy*, 68(2), 32–39.

Bradley G, Whittington S, Mottram P (2013) Enhancing occupational therapy education through simulation. *British Journal of Occupational Therapy*, 76(1), 43–46.

Merryman MB (2010) Effects of simulated learning and facilitated debriefing on student understanding of mental illness. *Occupational Therapy in Mental Health*, 26(1), 18–31.

Tomlin G (2005) The use of interactive video client simulation scores to predict clinical performance in occupational therapy students. *American Journal of Occupational Therapy*, 59(1), 50–56.

Keywords

Education and students

Author Information

S Rowe is a Senior Lecturer in Occupational Therapy.

R Swenson is a Lecturer in Occupational Therapy.

Poster P86

USING OCCUPATIONAL THERAPY PRACTICE SKILLS TO IMPLEMENT LARGE SCALE DIGITAL PROJECTS IN MENTAL HEALTH

Gurney R Leeds and York Partnership NHS Foundation Trust

The NHS is an increasingly technologically advanced organisation, from electronic patient records to mood monitoring apps. In the past IT projects have been applied to clinicians and service user but there is now a recognition that co-design with the users of the systems increases the likelihood of successful adoption (Rasmussen, Hughes & Hodgson, 2015). NHS innovation (2018) published 'Developing a digital career' to encourage AHPs and nurses to take leading roles in the development of digital healthcare resources. After 11 years as an occupational therapist working across physical and mental health, I now lead a digital innovation programme. Central to this programme is the principle of meaningful engagement with the system users, which mirrors the clinical philosophy of

creating occupationally meaningful interventions. The use of occupational therapy models, MOHO in particular, has helped to evaluate and predict where challenges may be during the implementation of the individual projects. Activity analysis skills have allowed me to break down tasks required for successful completion of projects. To date I have created a community of change agents to influence the development of a new electronic patient record, introduced digital peer support for AHP preceptors, developed a lone working system to increase the safety of community staff and developed protocols for SKYPE interventions. The impact of an occupational therapist, rather than a project manager, leading this programme is a greater understanding of clinical need, communication skills, in-depth knowledge of where limited resources should be used and creating a common language between clinicians and technologists.

References

NHS Innovation (2018) Developing a digital career framework, London. Available at <https://improvement.nhs.uk/resources/developing-clinically-focused-digital-workforce/>

Rasmussen, James, Hughes Janette & Hodgeson, Alistair (2015) Integrated Health and Care in Scotland – the digital link from co-production to policy, *International Journal of Integrated Care*, 15 (27), P25–27

Poster P88**LECTURER PRACTITIONER: JUGGLING BALLS TO BENEFIT ALL**

Cooke B Dorset County Hospital Foundation Trust

The role of the lecturer practitioner (LP) in university settings has previously been used to address the practice–theory gap (Tickle et al 2010). LPs support the development of students with their clinical learning, ensuring undergraduate education reflects real life clinical practice (Elcock 1998). They work alongside academic staff to provide balance between academia and clinical reality. Concerns over how the LP manages their time within the role (Stevenson et al 2004) may prevent some practitioners from pursuing such an opportunity. The value this role can bring to the LP, student development and professional clinical environment warrants further exploration. It also enables occupation, evidence based practice and implementation of theory to be revisited within clinical work, enhancing the service user experience. Despite the high demands of managing the LP role and clinical responsibilities, there are marked benefits to the university, clinical setting, students and the practitioner. The Royal College of Occupational Therapists (RCOT) has introduced the new Career Development Framework (RCOT 2017) based on the four pillars: professional practice, facilitation of learning, leadership, and evidence research and development; the lecturer practitioner role is mapped in detail to explore the benefits in all these domains. This poster will demonstrate the value of this role and help to strengthen the links that university settings have with their clinical partners. With significant relevance to both

Poster P89**THE MEANING AND VALUE OF AN EXERCISE GROUP FOR STROKE SURVIVORS: IMPLICATIONS FOR OCCUPATIONAL THERAPY**

Crofton A Sheffield Hallam University

Stroke is a major health problem, with over 1.2 million people in the UK currently living with the effects of stroke (Stroke Association 2017). Quantitative studies have shown that exercise can improve cardiorespiratory fitness, walking performance, balance and functional ability (Saunders et al 2016). There are few qualitative studies that research the experience or meaning of exercise from a stroke survivor's perspective. Indeed, it is suggested that occupations can be better understood through dimensions of meaning (Hammel 2004). This research explored the meaning and value of an exercise group for stroke survivors and the implications for occupational therapy. Ethical approval was gained. This phenomenological study involved in-depth semi-structured interviews with six stroke survivors who participate in an exercise group at a local leisure centre. Analysis was undertaken using interpretative phenomenological analysis (Smith et al 2012). Five main sub-ordinate themes emerged from the data: 1. Improving wellbeing; 2. Significance of others; 3. Progressing towards a goal; 4. Identity; 5. A life worth living. The exercise group allowed participants to progress towards

Keywords

Managers, Mental health

Author Information

Richard Gurney is an occupational therapist currently on a secondment as the Digital Exemplar Lead. Richard has 12 years' experience in physical and mental health practice. He has BSc (hons) and an MSc in Occupational Therapy as well as a BSc (hons) Computer and Network Engineering and a PGDip Information Management.

settings, it will explore the benefits that the partnership between academic and clinical settings can bring to all involved.

References

Elcock K (1998) Lecturer practitioner: a concept analysis. *Journal of Advanced Nursing* 28 (5) 1092–8

Royal College of Occupational Therapists (2017) The career development framework: Guiding principles for occupational therapy. London: RCOT. Available at: <https://www.rcot.co.uk/practice-resources/learning-zone/career-development-framework> Accessed on 02/11/18

Stevenson K, Chadwick AV, Hunter SM (2004) National survey of lecturers/practitioners in physiotherapy. *Physiotherapy* 90 (3): 139–44

Tickle E, Davys D, McKenna J (2010) Is clinical updating a valuable mechanism for enhancing the student experience? *British Journal of Occupational Therapy* 73 (5) 237–9

Keywords

Managers, Education and students

Author Information

Beth Cooke is a clinical specialist occupational therapist working at Dorset County Hospital in acute stroke rehabilitation. She has just completed a 3-year secondment working at Bournemouth University as a lecturer practitioner where she gained the knowledge, skills and opportunities reflected in this piece of work.

participation in meaningful occupations. The exercise group may be seen to incorporate all four concepts of 'Doing, Being, Becoming and Belonging' as proposed by Wilcock and Hocking (2015). The clinical implications of this will be discussed.

Ethical approval received.

References

Hammell K (2004) Dimensions of Meaning in the Occupations of Daily Life. *Canadian Journal of Occupational Therapy*, 71(5), 296–305.

Smith JA, Flowers P, Larkin M (2012) *Interpretative Phenomenological Analysis: theory, method and research*. London: SAGE.

Saunders D, Sanderson M, Hayes S, Kilrane M, Greig C, Brazzelli M, Mead G (2016) Physical fitness training for stroke patients. *The Cochrane Database of Systematic Reviews*, 3(3), CD003316.

Stroke Association (2018) State of the nation. Stroke statistics. Available at: https://www.stroke.org.uk/system/files/sotn_2018.pdf

Wilcock AA, Hocking C (2015) *An occupational perspective of health*. 3rd ed. Thorofare, NJ: SLACK.

Keywords

Adult physical health, Long term conditions

Author Information

Pre-registration MSc Occupational Therapy student at Sheffield Hallam University. This research is part of the author's MSc.

Poster P90**A REPORT OF A 'KEEPING WELL POST BIRTH' GROUP FOR MOTHERS WITH INFANTS UNDER 6 MONTHS EXPERIENCING MENTAL DISTRESS**

Maris-Shaw S South London and Maudsley NHS Foundation Trust

Occupational therapists are well placed to address the issues of maternal mental health through their knowledge of occupational needs and use of focused interventions to improve health and well being (RCOT 2018). Perinatal literature identifies inequalities and poor awareness of perinatal mental health care (Maternal Mental Health Alliance 2018). Despite recent papers (NHS England 2017, NHS Improving Quality 2017) citing progress delivering perinatal mental health care, there continues to be a lack of parity and understanding of families' needs (Royal College of Midwives 2017). The occupational therapy focus on physical and mental health needs recognises the impact that occupational opportunities and barriers have upon roles, relationships, routines and activities. The South London multi-disciplinary Parental Mental Health Team delivers care to families who may not always reach secondary care thresholds. The 'Keeping Well Post Birth' group offers a unique 10 week preventative intervention supporting mothers with infants under 6 months, who are experiencing maternal mental ill health. The group delivers a range of sessions that aims to improve occupational performance of motherhood by supporting attachment, reducing social isolation and promoting the parental occupations of physical and emotional care of children. The evaluation from the focus group, held at the end of each programme, has demonstrated the success of the group. This is attributed to the benefits of meeting other parents in similar situations, reducing stigma of mental health, developing a routine, increasing confidence in mothering skills and having a clearer self-identity.

References

Maternal Mental Health Alliance (2018) Everyone's Business Campaign. MMHA. Available at: <https://maternalmentalhealthalliance.org/wp-content/uploads/MMHA-Everyones-Business-Campaign-Summer-2018-e-bulletin.pdf>

maternalmentalhealthalliance.org/wp-content/uploads/MMHA-Everyones-Business-Campaign-Summer-2018-e-bulletin.pdf Accessed 28.10.18

NHS England (2017) Next steps on the NHS five year forward review 2017. NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf> Accessed 28.10.18

NHS Improving Quality (2017) Improving access to perinatal mental health services in England – a review. NHS IQ. Available at: <https://www.maternalmentalhealth.org.uk/wp-content/uploads/2015/09/NHSIQ-Improving-access-to-perinatal-mental-health-services-in-England-0915.pdf> Accessed 28.10.18

Royal College of Midwives (2017) Every mother must get the help they need. RCM. Available at: <https://maternalmentalhealthalliance.org/wp-content/uploads/RCM-Every-mother-must-get-the-help-they-need-July-2017.pdf> Accessed 28.10.18

Royal College of Occupational Therapists (2018) Getting my life back: Occupational Therapy promoting mental health and well being in England. RCOT Available at: http://3clw1r2j0esn1tg2ng3xziww.wpengine.netdna-cdn.com/wp-content/uploads/2018/05/Getting-my-life-back_England.pdf Accessed 28.10.18

Keywords

Children and families, Mental health

Author Information

Sarah is an experienced occupational therapy clinician and academic who has worked in a variety of mental health settings. She works in the Parental Mental Health Team at South London and Maudsley NHS Foundation Trust and as a Senior Lecturer at London South Bank University.

Poster P91**PARENT'S PRACTICAL TIPS: A CO-DESIGNED RESOURCE WRITTEN BY PARENTS FOR PARENTS**

Scott-Roberts S Cardiff University

Family-centred occupational therapy is based on a philosophy that values the vital role parents/carers play in ensuring the wellbeing of their child. It aims to work in partnership with families to ensure their child's occupational potential is met and acknowledges the expertise that they bring to the table. The 'Parent's Practical Tips' project was designed to encapsulate this expertise. Using the key principles of co-production, it facilitated the co-design of a resource written by parents of young people with a neuro-diverse profile for other such parents. It captured and collated their tried and tested strategies for supporting their children with everyday activities. The parents' willingness to be involved was fuelled by their desire to support other parents. They recognised that the nature of their children's challenges meant that they needed an additional set of parenting strategies and at times they had felt isolated. The project had 'unexpectedly' provided them with the opportunity to reflect upon and celebrate their successes, which in turn increased their confidence as parents. As the facilitator, the project afforded me

greater insight into the daily experiences of these families and their ongoing search for strategies that worked for their child. At times it was difficult to ensure the discussion remained solution focused. It was evident that they gained benefit from talking to others who understood their situation, advocating the need for more opportunities for family-to-family support. This co-authored resource has been well received, distributed worldwide and sought after by both professionals and families alike.

Keywords

Children and families

Author Information

Occupational therapist/lecturer.

Poster P92**HIGH FUNCTIONING AUTISM WITHIN THE WORKPLACE: THE JOURNEY INTO EMPLOYMENT SUPPORTED BY OCCUPATIONAL THERAPY**

Cairns A Ace Children's Occupational Therapy Ltd,
Pierags D DOTS for children and Associate to AceCOT

Occupational therapists are expert in supporting clients into meaningful vocation. This poster aims to establish an evidenced based pathway for young adults with high functioning autism from childhood into young adulthood. This workshop is part of an ongoing project between an independent occupational therapy practice, the NHS, education, multi-disciplinary team (speech and language, medical doctor, psychologist) and representatives from industry, human resources and service users. The first part of the workshop will focus on the outcomes of the initial presentation held at King's College London in July 2018. This was called 'Autism in the work place' and was used to identify current practice and gaps within employment of people with high functioning autism. We had representatives from industry, health and service users attending. This initial presentation at King's College examined the requirement for long term support from services from early years into adulthood. Feedback received from all participants from this initial workshop will be shared at the RCOT 2019 conference workshop and new feedback from the RCOT conference participants will be used to further develop the pathway required to support this client population. It is envisaged that this project will showcase the unique contribution of occupational therapists in being able to analyse occupational performance and environmental adaptations required to support this client population over the lifespan. To progress the project, we would welcome the opportunity to identify current practices that support the population with high functioning autism to transition from childhood services into adulthood and into secure employment across the UK.

High functioning autism within the workplace: the journey into employment supported by occupational therapy

Cairns A Ace Children's Occupational Therapy Ltd, Pierags D DOTS for children and Associate to AceCOT

Occupational therapists are expert in supporting clients into meaningful vocation. This poster aims to establish an evidenced based pathway for young adults with high functioning autism from childhood into young adulthood. This poster is part of an ongoing project between an independent occupational therapy practice, the NHS, education, multi-disciplinary team (speech and language, medical doctor, psychologist) and representatives from industry, human resources and service users. The poster will focus on the outcomes of the initial presentation held at King's College London in July 2018. This was called 'Autism in the

work place' and was used to identify current practice and gaps within employment of people with high functioning autism. We had representatives from industry, health and service users attending. This initial presentation at King's College examined the requirement for long term support from services from early years into adulthood. Feedback received from all participants from this initial workshop will be shared at the RCOT 2019 conference poster. Participants will be able to leave feedback via a link and message slips which will be used to further develop the pathway required to support this client population. It is envisaged that this project will showcase the unique contribution of occupational therapists in being able to analyse occupational performance and environmental adaptations required to support this client population over the lifespan. To progress the project, we would welcome the opportunity to identify current practices that support the population with high functioning autism to transition from childhood services into adulthood and into secure employment across the UK.

References

Capo, L C, 2001. Autism, employment, and the role of occupational therapy. *Work* [Online]. 16, 3, 201-207. Available at: <https://content.iospress.com/articles/work/wor00152> [Accessed 3 November 2018].

The Costs and Benefits of Employing an Adult with Autism Spectrum Disorder: A Systematic Review, National Center for Biotechnology Information. 2018. National Center for Biotechnology Information. [ONLINE] Available at: <https://www.ncbi.nlm.nih.gov>. [Accessed 03 November 2018].

The NHS Information Centre, Community and Mental Health Team, Brugha, T. et al (2012). Estimating the prevalence of autism spectrum conditions in adults: extending the 2007 Adult Psychiatric Morbidity Survey. Leeds: NHS Information Centre for Health and Social Care.

Bancroft et al (2012). *The Way We Are: Autism in 2012*. London: The National Autistic Society.

Keywords

Children and families, Long term conditions, Disadvantaged people

Author Information

Alison is an independent practitioner with NHS experience working with people with high functioning autism and is the parent of a young man with high functioning autism.

Diana is clinical specialist occupational therapist in high functioning autism in the NHS alongside independent practice that supports young children through to adulthood.

Poster P93**WHEN THE EXPERIENCE DOES NOT MATCH THE EXPECTATION: CONSIDERATIONS FOR INTERNATIONAL RESEARCH, EDUCATION AND PRACTICE**

Elliot M Queen Margaret University

International study or work experiences are relatively common within occupational therapy education and practice. The resultant 'life changing' reflections are often captured within practice magazines and university recruitment materials. This study was designed to critically and deeply explore the narrative representations and constructions of such 'life changing' experiences. Framed with the theoretical perspectives of narrative phenomenology (Mattingly 2010), this research

involved an ethnographic exploration of an international learning experience for entry level post-graduate occupational therapy students. Anticipatory, immersive and retrospective reflections of the students were captured through individual and small group interviews, writings and photographs along with researcher observations and field notes. Narrative and thematic analysis (Hollway and Jefferson 2000, Riessman 2008) within and across participants revealed both shared and unique transformational stories. However, it was the non-dominant narratives, the experiences that were not realised and the reflections that were cautiously acknowledged that will be presented here. Meaningful engagement in occupation is not always positively experienced, yet such findings or declarations are not widely

discussed within occupational therapy scholarship or education. This research adds to the body of knowledge that challenges the discourse that travelling and working abroad, particularly to geographic areas of 'great need,' are necessarily transformative. The importance of closely examining the research process itself in its capacity to enable participants to reveal potential narrative vulnerabilities is addressed. Parallels are drawn to the importance of cultivating reflexive spaces in occupational therapy in order to embrace diversity in narrative representations of experiences, beyond those that are expected.

Ethical approval for the doctoral research was granted by the University of Southern California Health Sciences Institutional Review Board in 2013 (HS-12-00741). The research study was completed; however, data continues to be analysed and publications and knowledge dissemination from this

doctoral research continue to be generated. This approval has subsequently been renewed every year per IRB protocol.

References

Hollway W and Jefferson T (2000) *Doing qualitative research differently: free association, narrative and the interview method*. London: Sage Publications.

Mattingly C (2010) *The paradox of hope: journeys through a clinical borderland*. Berkeley: University of California Press.

Riessman CK (2008) *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage Publications.

Keywords

Education and students

Author Information

Lecturer, Division of Occupational Therapy and Arts Therapies.

Poster P94

GOT THE PICTURE? EVALUATION THROUGH ILLUSTRATION: A NOVEL METHOD

Jarvis K University of Central Lancashire **Gordon C,**
Fletcher C University of Liverpool

Research purpose and aims: Evaluation is an essential aspect of the learning environment. Post-graduate students offer a different profile to undergraduate students due to previous academic and life experiences; there is limited research on expectations and experiences of post-graduate students. When compared with the traditional narrative data, pictorial data (illustration) offers alternative perspectives and additional findings when exploring expectations and experiences (Fletcher, Gordon, Jarvis, 2017). This study aims to 1) gain insights into expectations and experiences of MSc (pre-registration) occupational therapy and therapeutic radiography students through student-produced illustrations; 2) explore validity of these novel methods. Research design: Qualitative study. Research methods: Data collection comprised two components: 1) illustrations produced by student participants; 2) narratives to explain the illustrations. These methods collected data about academic, clinical and practical expectations of occupational therapy and therapeutic radiography students at the beginning of year one and experiences on completion of year one. Data analysis: Thematic analysis of the pictorial data was developed based on Braun and Clarke's (2006) approach. This method had been piloted previously (Fletcher, Gordon, Jarvis, 2017)

but the validity remained unexplored. Results: Examples of the data collected and analysed to date will be presented. The data analysis will be delineated and the validity of using illustration as an evaluation method in post-graduate allied health professional education explored. Conclusions: The use of illustration as a means of exploring expectations and experiences will be discussed. Non-traditional, pictorial data (illustrations) may offer different insights than traditional questionnaire data; the possible reasons for this will be explored.

Ethical approval gained from the University of Liverpool Health and Life Sciences Research Ethics Committee 2351, University of Central Lancashire-STEMH 930 FR.

References

Braun V & Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77–101.

Fletcher C, Gordon C & Jarvis K (2017) A picture paints a thousand words – or does it? A study to develop a method of analysing non-traditional data, University of Liverpool Learning and Teaching Conference, Liverpool, UK, June 2017.

Keywords

Education and students

Author Information

K Jarvis is a Senior Lecturer in Occupational Therapy.

C Gordon is a Lecturer in Radiotherapy.

Poster P97

THERE'S NO PLACE LIKE HOME: THERAPISTS' EXPERIENCES OF IMPLEMENTING HOME-BASED PROGRAMMES FOR CHILDREN WITH HEMIPLEGIA USING A BEST-EVIDENCE APPROACH

Milton YM, Roe SA, Newby K Coventry University

Purpose: Occupational therapy home programmes have been recommended as being 'good to do' for improving motor outcomes in children with hemiplegia, providing therapists embrace family-centred care, intensive upper-extremity training (IJET) interventions and robust outcome measures. However, alarmingly, in the real world it is widely known that despite the families' right to provision of best-evidence home-based programmes, this does not always occur in practice (Novak et al 2013). The purpose of this study was to identify therapist-perceived factors associated with implementing home-based programmes using best evidence methods (BE-OTHPs) for children with hemiplegia. Methods: Individual telephone

interviews informed by the Theoretical Domains Framework (Mitchie et al 2014) were conducted with 14 occupational therapists from services across the United Kingdom (UK). Data was analysed using a combined deductive and inductive version of framework analysis. Results: Barriers included: knowledge/skills of IUET interventions; beliefs about capacity, capability and motivation for using outcome measures and 'occupation-focused' goals; environmental context/resources; plus opportunities to search for, retrieve, evaluate and apply evidence. Enablers included: evidence-informed managerial leadership models supportive of family-centred care; demonstration of BE-OTHP activities to parents in the home context; and continuing professional development (CPD) activities within dedicated workplace time. Conclusions: Substantial investment in UK paediatric services is urgently required to address the disparity across service settings. To facilitate the uptake and optimal use of family-centred BE-OTHPs, the findings will inform

the development of the undergraduate occupational therapy curriculum and targeted, context-specific postgraduate CPD programs.

Ethical approval received from Coventry University in 2017. Project Reference Number: P49948.

References

- Mitchie S, Atkins L & West R (2014) *The Behaviour Change Wheel: A Guide to Designing Interventions*. 1st ed. London: Silverback Publishing.
- Novak K, McIntyre S, Morgan C, Campbell L, Dark L, Morton N, Stumbles E, Wilson SA & Goldsmith S (2013) A systematic review of interventions for children with cerebral palsy: state of the evidence. *Developmental Medicine and Child Neurology*, (55), 885–910.

Keywords

Children and families, Managers, Neurological practice, Education and students

Author Information

Yvonne has extensive clinical experience working with children with cerebral palsy. She has presented work nationally and internationally in relation to implementing effective occupational therapy home-programmes. The focus of her current research is to increase the uptake and use of 'best evidence' in home-based programmes for children with cerebral palsy.

Sarah is Associate Head of the School of Health at Coventry University and principal lecturer in occupational therapy. She is an active researcher and currently finalising her doctoral thesis at Nottingham University. Her research interests are in home-based programmes for children with cerebral palsy and occupational therapy intrapreneurship.

Poster P98

DOES GLOBALISATION MATTER TO PRACTISING OCCUPATIONAL THERAPISTS? LEARNING INTERNATIONALLY TO IMPROVE PRACTICE

Carey H Glyndwr University Marinho Cezar da Cruz D Sao Carlos University Layne K University of St Augustine for Health Sciences

This poster aims to explore how current occupational therapy practice challenges within three countries – Brazil, the UK and the US – might be alleviated through learning from each other. Social, political, economic and cultural forces shape the health and care systems within individual countries. Whilst the World Federation of Occupational Therapists promotes occupational therapy internationally (WFOT 2018), practising occupational therapists seldom engage in the opportunity to learn from other nations, although there are known benefits in international shared learning (Wigle et al 2018). The presenters have worked collaboratively in embedding such shared learning within their universities. Techniques such as international online case based reasoning, shared sessions via video conferencing and partnering of students for informal collaborative understanding have produced challenges and positive impact.

References

- WFOT (2018) *Fundamental Beliefs* (online). Available at: <http://www.wfot.org> (Accessed 4 November 2018)
- Wigle, J.M., Akseer, N., Carbonne, S., Barac, R., Barwick, M., Zlotkin, S. (2018) Developing a tool to measure the reciprocal benefits that accrue to health professionals involved in global health. *British Medical Journal Global Health*. Vol 3. Issue 4. e000792

Keywords

Managers, Education and students, Social care

Author Information

Dr Helen Carey is Professional Lead in Occupational Therapy at Glyndwr University, UK. She secured registration to practise in the US after passing NBCOT certification and now has a contributing faculty role with University of St Augustine, Florida, US.

Dr Daniel Marinho Cezar de Cruz is an Adjunct Professor in the Department of Occupational Therapy, Sao Carlos University, Sao Paulo, Brazil. His research focuses on assistive technology, human occupation and teaching excellence in higher education.

Poster P99

CHILDLESS NOT BY CHOICE: OCCUPATIONAL IMPACTS IN DARK SHADOWS

Hortop A The University of the West of England

Research purpose: To critically investigate experiences and occupational impacts of being childless not by choice. Background: 1 in 7 couples in the UK experience difficulty in conceiving (NHS, 2017). Child bearing is an expected transition into adulthood, both socially and politically, imperative to humankind's survival. For many the aspiration to establish a family is an intense, recurring, chronic sorrow for an intangible loss (Tufford, 2009). Research design and methods: Autoethnography is a qualitative method of research that analyses the author's personal narrative to draw understandings for cultural experiences. This method is both process and results, considered ethical for personal engagement in the research focus rather than authoritatively, temporarily emerging in a cultural context to later disengage, potentially leaving ramifications (Ellis, Adams and Bochner, 2011). Autoethnography can make uncomfortable reading or listening but this invites co-participation to engage with the narrative emotionally, morally and intellectually (Wall, 2008). The method

form is a 'layered account' where related literature was drawn upon, personal experiences were conceptually organised, linked with theory, and further related research avenues were identified (Ellis, Adams and Bochner, 2011). Conclusions: Occupational alienation emerged a dominant theme, defined as 'prolonged experience of disconnectedness, isolation, emptiness, lack of identity, limited or confined expressions of spirit, or a sense of meaninglessness' (Townsend and Wilcock, 2004, p. 80). Other emerging themes included impacts of breaking the silence, differences in gender experiences and invasive consequences, e.g. IVF and adoption processes. The profession needs to consider its role in addressing childlessness in its interactions, therapeutically and practically.

References

- Ellis, C. Adams, T. and Bochner, A. (2011) *Autoethnography: An Overview*. Forum: Qualitative Social Research [online] <http://www.qualitative-research.net/index.php/fqs/article/view/1589/3095> (accessed 23/10/2018)
- NHS (2017) *Infertility*. [online] <http://www.nhs.uk/conditions/infertility> (accessed 20/10/2018)

Townsend, S. and Wilcock, A. (2004) Occupational Justice and Client Centred Practice: A Dialogue in Progress, Canadian Journal of Occupational Therapy. Vol 71 (2), pp 75–87

Tufford, L. (2009) Healing the pain of infertility through poetry. Journal of Poetry Therapy. Vol. 22 (1), pp 1–9

Wall, S. (2008) Easier Said than Done: Writing an Autoethnography. International Journal of Qualitative Methods, Vol. 7 (1), pp. 38–53

Keywords

Children and families, Mental health

Author Information

Alice Hortop is a Senior Lecturer at the University of the West of England. In 2003 her work developing therapeutic use of humour interventions won an award and she began publishing, presenting this work nationally and internationally. Two decades later she thrives in researching positive psychology and recently global wellbeing cultures.

Poster P100

A MARRIAGE OF OPPORTUNITY FOR OCCUPATIONAL THERAPISTS AND PARAMEDICS

Williams C, Ricko I, Carlill G, McGovern L Royal Berkshire Hospital NHS Foundation Trust

Working together, occupational therapists and paramedics aim to reduce unnecessary admissions to A&E for frail elderly patients. Our Falls and Frailty Response Service is an innovative example of the NHS Right Care, Right Place, Right Time strategy (NHS England, 2014) and aims to provide appropriate care at the point of delivery, in this case, the patient's home. We respond to 999 calls with a three day a week service 07:00–19:00. Using partnership working the patient receives clinical assessments and intervention of the occupational therapist, which helps maintain independent living. It acts as a crisis response model of care, with our remit being to prevent hospital admission, provide appropriate support, equipment and referrals to specialist clinics to streamline urgent care. This includes close working with A&E occupational therapists to proactively commence discharge planning prior to arrival to A&E as home assessment and identified needs for discharge have been recognised. This was originally a one day a week pilot project and kept 70% of patients at home. The service expanded to three days

week where we have kept over 74% of patients in their own environment. Of the feedback received, 87% of people found the service 'very useful' and excellent. While it is difficult to report on exact cost savings, the service has shown to reduce future demand pressures through early intervention and with home assessments, an approximate return of £2 to every £1 spent on preventing falls and a return of £7 on quality of life (Public Health England, 2018).

References

NHS England, Care Quality Commission, Health Education England, Monitor, Public Health England, Trust Development Authority (2014). NHS Five Year Forward View. London: NHS England

Public Health England (2018) A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community. London: England

Keywords

Adult physical health, Dementia, Older people

Author Information

C Williams is Lead Falls and Frailty Occupational Therapist.

I Ricko is an Advanced Specialist Occupational Therapist.

Poster P101

TRANSFORMATION: AN INTEGRATED APPROACH TO REDUCE LENGTH OF STAY IN ACUTE BEDS

Bendall S Partnership – West London NHS Trust/Central and North West London NHS Foundation Trust

Introduction: Wherever possible, people should be supported to return home for assessment of where to live in order to meet their needs; older people in acute medical beds are frequently faced with the decision of being directly placed into long-term care without being able to return home. Background: In 2015, delayed transfers of care accounted for 1.15 million bed days (NAO, 2015). For older people especially, longer stays in hospital can lead to worse health outcomes and increased long-term care needs. Home First ('discharge to assess') is an NHSI initiative involving a joint health and social care response that enables patients to be discharged home from hospital as soon as they are medically optimised; going home is the default discharge pathway and considered more than good practice but the right thing to do. The model aims to provide responsive, person-centred services for recovery and reablement at home. Implementation in the London Borough of Ealing: Based on eight principles, the model has been developed through collaboration between therapists and social workers co-located in the integrated intermediate care service. Implemented as an eight-week pilot in June 2017, the model has developed through a quality improvement (QI) approach, with the fourth PDSA cycle now in place; this has resulted in simplified discharge pathways in order to provide consistency in managing referrals from acute

wards in North West London. Future development: Monitoring and review will ensure the initiative continually evolves to provide a patient-centred response through realigning existing resources and addressing the transformation agenda.

References

National Audit Office. 2016. Delayed Transfers of Care Data 2014–15. Available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/> accessed on [29th October 2018]

Keywords

Adult physical health, Managers, Older people, Social care

Author Information

The author manages short term rehabilitation and is therapy lead for integrated intermediate care, Ealing, provided in partnership between Central and North West London NHSFT, London Borough of Ealing and West London NHS Trust as the main provider. 'Discharge to assess' is now regarded as core business for the service.

Poster P102**STAFF VS CLIENT FOOTBALL LEAGUE: GENIUS IDEA OR DESTINED FOR DOOM?****Smith O Jami**

In order to be truly client centred, occupational therapy practitioners must work with the client to support them to create solutions for themselves, by using 'a wide range of approaches and initiatives' (The Health Foundation, 2006; Wressle and Samuelsson, 2004). Despite this, there is still a 'them and us' atmosphere identified within day services. People feel 'done to', whilst staff feel that people 'aren't engaging'. Jami is a mental health charity which supports the Jewish community. Through I.ROC assessments (Penumbra, 2018) there was an identified need for physical activity and improvements in social network from assessment scores, whilst people also vocalised a passion for football. Unfortunately, most people found it hard to access community services due to low motivation, stigma or communication difficulties. Following a survey regarding their interests, the idea of supported football was born. From experience running a number of physical activity programmes, and with understanding of the value of occupations in forming relationships and building self-esteem, the author recognised the need for the project to be more than 'just football'.

This poster will

- Show how the typically disempowering 'them and us' paradigm has been used positively to build relationships between staff and people using the Jami service through the occupation of football.

- Highlight the positive impact on I. ROC assessment reviews, staff productivity, and overall participation.

Address the emotional, financial, and time investment and related barriers for staff and client engagement..

References

Penumbra (2018) 'Introduction to I.ROC' Available at: <http://www.penumbra.org.uk/wp-content/uploads/2011/06/Introduction-to-I.-ROC.pdf> (Accessed 28.10.18)

Stuart, H. (2017) 'What we need is person-centred care.' Perspectives on Medical Education vol. 6 pp. 146–147

The Health Foundation (2016) 'Person-centred care made simple: What everyone should know about person-centred care.' Available at: <https://www.health.org.uk/sites/health/files/PersonCentredCareMadeSimple.pdf> (Accessed: 25.10.18)

Wressle, E. and Samuelsson, K. (2004) 'Barriers and Bridges to Client-centred Occupational Therapy in Sweden.' Scandinavian Journal of Occupational Therapy (11) pp. 12–16

Keywords

Long term conditions, Mental health

Author Information

Occupational therapist based in North East London, working in day centres and the community with clients who experience a range of mental health conditions.

Poster P103**WHERE IS THE EVIDENCE-BASED PRACTICE TO GUIDE OCCUPATIONAL THERAPISTS WHEN WORKING WITH PEOPLE WHO DON'T IDENTIFY AS HETEROSEXUAL?****Clark N Canterbury Christ Church University**

Purpose and aim: Phase one of this doctorate's research is the scoping study, which aimed to identify gaps within the literature in relation to contemporary practice when working across lesbian, gay, bisexual or transgender (LGBT) non-heterosexual communities in England. Research design: A multi-phased mixed method methodology was chosen for this doctoral research, to enable this researcher to choose the best tools to answer the overarching research question that explores the lived experiences of LGBT informal caregivers. Research method: A scoping study was completed following Arksey and O'Malley's (2009) approach, and a Prisma flow diagram (Moher et al, 2009) used to demonstrate how the literature review was completed. Results: Several key reports found within health, housing and social care in England stated that LGBT perspectives had either not been considered or had been negative experiences. Key themes will be presented from literature and gaps discussed to help guide occupational therapists to reflect on how they can help address some of the inequalities experienced by people from the LGBT community. Conclusion and reflection:

Occupational therapists are well placed across health, housing and social care services to identify and highlight best practice and adjusted ways of working to role model safe and inclusive practice for all.

Ethical approval has been given at each phase from Canterbury Christ Church.

References

Arksey H. and O'Malley L. (2005) Scoping Studies: Towards a methodological framework. International Journal of Social Research Methodology 8: 19–32.

Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009) Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Keywords

Long term conditions, Disadvantaged people, Social care

Author Information

Nancy is a full time senior lecturer in Occupational Therapy at Canterbury Christ Church University (12 years). She is currently mid-way through her part-time PhD degree focusing on the lived experiences of informal caregivers who are from the lesbian, gay, bisexual or transgender communities.

Poster P104**PARENT PERCEPTIONS OF HOIST USE TO TRANSFER THEIR CHILD WITH DISABILITIES IN THE HOME ENVIRONMENT****Raven J Wye Valley NHS Trust**

The poster will share findings from an MSc Advancing Practice dissertation. Previous studies describe the challenges parents,

particularly mothers, experience, such as musculoskeletal pain due to lifting and carrying a child. However, studies exploring parent perceptions of the continuing need to lift and carry a child with disabilities and the use of hoists are limited. Hoists can be provided by occupational therapists to reduce the need for manual lifting; however, in clinical practice it has been identified

that despite the provision of hoists, parents often continue to manually lift their child. This is of concern regarding wasted equipment resources and also the risk parents and their children may be experiencing when manually lifting and carrying. Three parents of children with disabilities were interviewed using semi structured interviews to collect data. Using thematic analysis, the data is discussed following Heidegger's hermeneutic phenomenological approach to develop an understanding of parent perceptions and explore factors influencing parent decisions about using hoists to lift their child in the home environment. Four themes are identified from the data: reasons for manually lifting, impact of hoist maintenance, lack of manual handling training for parents and complex process of hoist acceptance. Three new findings not reported in previous literature are also identified: financial impact of hoist maintenance, manually lifting a child has therapeutic benefits, and parents make hoist use fun for their child. The findings discuss equipment provision and service user perceptions which

can be used to develop effective occupational therapy practice and advancing clinical practice.

University of Worcester ethical approval: BPJR040917.

References

Raven, J. (2018) Parent perceptions of hoist use to transfer their child with disabilities in the home environment. MSc. University of Worcester.

Keywords

Children and families, Social care

Author Information

Occupational therapist working in a community children's occupational therapy team delivering a health, education and social care service to children and young people across the county of Herefordshire. Role focuses on equipment provision and environmental adaptations.

Poster P105

NORTH MANCHESTER COMMUNITY STROKE AND NEURO-REHABILITATION: OCCUPATIONAL THERAPISTS ARE PUSHING PRACTICE AND EMBRACING CHANGE

Waywell K, Gumbley G, Korn J, Walker T Manchester Local Care Organisation

Prior to September 2017 an integrated team approach was not in place to address the needs of the neurologically impaired patients in North Manchester (NM). To address this need the Community Neurorehabilitation Team (CNRT) was developed and co-located with the Community Stroke Team. The team worked in partnership with the regional Operational Delivery Network (ODN) to develop a service model and specification based on National Clinical Guidelines (1). Recognising the gap in service provision locating the CNRT jointly with the stroke team has allowed for sharing of resources and enables cross cover. In addition, the role of the therapist has been significantly developed, an interdisciplinary team approach adopted and integrated team working utilised to maximise every therapeutic opportunity. This includes establishing pathways of care, joint working with clinical psychology and the development of groups. Therapists work in collaboration with the patient to formulate achievable goals and to promote strategies for self-management. Therapy programmes are based on current research evidence and includes cognitive rehabilitation. Recent

figures inform that the team is responsive (referral to assessment <12 days) and effective (83% of patients achieve therapy goals) and has served cost savings to the wider NHS (reduction in LOS at the local INRU by 21 days). The current focus for occupational therapy is to promote long term social integration through developing working partnerships with local 'neighbourhoods' and community centres. Additionally they are championing the provision of vocational rehabilitation, working in partnership with the ODN and GM disability employment advisors to establish effective pathways of care.

References

Greater Manchester Operational Delivery Network (2016). Greater Manchester Community Neuro-Rehabilitation Model & Service Specification: Version 1.0, November, 2016.

Keywords

Long term conditions, Neurological practice

Author Information

K Waywell is Clinical Lead Community Stroke and Neurorehabilitation for North Manchester.

G Gumbley is a Band 7 Specialist occupational therapist/lead occupational therapist Community Neurorehabilitation North Manchester.

Poster P106

HELP! THEY KEEP GROWING – MEETING THE EQUIPMENT NEEDS OF CHILDREN WITH DISABILITIES

Raven J Wye Valley NHS Trust

The poster will report on service improvements made for equipment provision for children with disabilities. Children with developmental delay often require equipment such as specialist seating to enable them to participate in occupational performance activities (feeding and play). As occupational therapists we need to ensure equipment provision allows for development and children are not left with equipment that is too complex for their changing needs or has become too small for them. The issue: Health, education and social care provision is delivered from one team so demands for service provision are high; managing this within a service with a waiting list for new assessments to be completed and finite resources is challenging; limited awareness of which children had equipment; reactive service to managing growth and changes in need; children kept

on caseloads in an effort to ensure needs were reviewed but this resulted in clogged caseloads.

Action taken: Identify children with long term needs and equipment provision; database of information created; equipment requiring regular review due to growth identified – slings and seating; review system established, information literature created for parents/carers on equipment use and maintenance, occupational therapy assistant assigned to manage review system; school seating clinics set up.

Outcome: Proactive service but also information provided to parents/carers to engage them in the review process; therapists develop confidence to discharge children from active caseloads; children's development is promoted and equipment appropriately used to support this rather than a one off provision without further review.

References

National Institute for Health and Care Excellence (NICE) (2016) Spasticity in under 19s: management. Available at: <https://www.nice.org.uk/guidance/cg145> (Accessed 4 November 2018).

Royal College of Occupational Therapists (2017) Equipment briefing. Available at: <https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/moving-and-handling>.

Keywords

Children and families, Social care

Author Information

Occupational therapist working in a community children's occupational therapy team delivering a health, education and social care service to children and young people across the county of Herefordshire. Role focuses on equipment provision and environmental adaptations.

Poster P107**THE LIVED EXPERIENCE OF OCCUPATIONAL PERFORMANCE FOR INDIVIDUALS WITH MULTIPLE SCLEROSIS**

Bell L Tees Esk and Wear Valleys NHS Foundation Trust
Atkin H Northumbria University

Purpose and aim: Current emphasis on demonstrating effectiveness of occupational therapy interventions in multiple sclerosis (MS) (Yu and Mathiowetz 2014a, 2014b) prioritises professional perspectives and risks marginalising the lived experience of service users to guide and support the development of our practices. The aim of this study is to redress this balance and explore experiences of occupational performance (OP) from the perspective of individuals with MS and to make recommendations for occupational therapy practice and research. Design: A systematic appraisal of qualitative published peer reviewed research. Methods: A systematic search of four electronic databases was completed. 168 potential papers were screened, with six selected for review. Papers were appraised for quality using the McMaster qualitative appraisal form (Letts et al 2007). A thematic synthesis (Braun and Clarke 2006) was undertaken to analyse the extracted data. Results: Three analytical themes were identified as being important to people with MS in relation to their OP: 1) disruption to doing, 2) belonging and taking control, 3) meaning drives performance. Conclusion: People with MS experience disruption to their OP and, importantly, reduced personal causation. Early intervention facilitating people to take control through understanding occupational balance and engaging with social support is recommended to reduce the impact of disruption. Further research is indicated to explore the perspectives of people with MS regarding the impact of personal causation on OP.

The study was registered with and approved by the ethics department at Northumbria University. The project did not

require research ethical approval, as it was registered as a low risk project.

References

Braun V, Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

Letts L, Wilkins S, Law M, Stewart D, Bosch J, Westmorland M (2007) Critical review form – qualitative studies (Version 2.0). Ontario: McMaster University. Available at: <https://srs-mcmaster.ca/wp-content/uploads/2015/04/Critical-Review-Form-Qualitative-Studies-Version-2-1.pdf> Accessed on 03.11.18.

Yu CH, Mathiowetz V (2014a) Systematic review of occupational therapy-related interventions for people with multiple sclerosis: part 1. Activity and participation. *American Journal of Occupational Therapy*, 68(1), 27–32.

Yu CH, Mathiowetz V (2014b) Systematic review of occupational therapy-related interventions for people with multiple sclerosis: part 2. Impairment. *American Journal of Occupational Therapy*, 68(1), 33–38.

Keywords

Adult physical health, Long term conditions, Neurological practice

Author Information

Lauren Bell is an occupational therapist currently working in adult mental health services. She trained at Northumbria University and graduated in July 2018.

Dr Helen Atkin is a senior lecturer in Occupational Therapy at Northumbria University and has a particular interest in service user involvement and using participatory approaches to generate critical dialogue between service users, practitioners and/or students. She previously worked as a clinician and professional lead in neurological rehabilitation.

Poster P108**DEVELOPING AND BUILDING RESILIENCE FOR INFORMAL CARERS OF PEOPLE LIVING WITH DEMENTIA IN THE COMMUNITY**

Rabanal L, Fitzgerald G, Hinds S, May H Dementia Carers Count

There are 700,000 informal carers for the 850,000 people living with dementia in the UK (Lewis et al., 2014) and these carers are at an increased risk of depression (NICE, 2018). It is estimated that one in three people will care for a person with dementia in their lifetime (<https://www.England.Nhs.UK/mental-health/dementia/>, 04/11/18). There is an urgent need to increase support to family carers, particularly in terms of improving their knowledge of dementia and helping to reduce feelings of isolation. In 2017 our charity, Dementia Carers Count (DCC), initiated interventions for informal carers of people living with dementia that were unavailable through statutory services. In this poster we focus on our residential support courses which are designed and delivered by experienced professionals from

occupational therapy, speech and language therapy and clinical psychology. The courses address all of the National Institute for Health Care Excellence (NICE) guidelines (NICE, 2018) for meeting the needs of family carers in one immersive event. Our courses focus on understanding dementia and building resilience in carers. We look at responding to changing behaviour using practical strategies grounded in the philosophy of occupational therapy. We include time for problem-solving groups, where carers discuss issues they are facing and share helpful ideas and experiences. The majority of carers who have attended our courses have subsequently set up their own support networks using social media. We present some preliminary data on the impact of DCC's courses, which are being independently evaluated by Worcester University.

References

Lewis et al (2014). The trajectory of dementia in the UK – making a difference. Report produced by the Office of Health

Economics for Alzheimer's Research UK. Available at: <https://www.ohe.org/publications/trajectory-dementia-uk-making-difference> Accessed on 04.11.18.

Dementia, NHS England. <https://www.england.nhs.uk/mental-health/dementia/> Accessed on 04.11.18.

National Institute for Health and Care Excellence (2018). Dementia: assessment, management and support for people living with dementia and their carers. Available at: <https://www.nice.org.uk/guidance/ng97> Accessed on 04.11.18.

Keywords

Dementia, Mental health, Older people

Poster P109

CREATING AN OCCUPATIONAL THERAPY INTERNSHIP PATHWAY

Maclean F Queen Margaret University **Hunter E** Alzheimer Scotland

An estimated 90,000 people in Scotland experience dementia and approximately 3,200 are under the age of 65 (Alzheimer Scotland, 2017). Consequently, dementia has been a priority for the Scottish government since 2007, with increased recognition of the value and importance of the connectivity between people living with dementia, their families and allied health professions (AHP). This has led to the publication of Scotland's first national AHP dementia policy, Connecting People, Connecting Support (Alzheimer Scotland, 2017), which is also a specific commitment in Scotland's National Dementia Strategy (2017). The strategic intentions of this national AHP dementia policy are supported in practice by the project outcomes of an academic occupational therapy internship programme, created in partnership between Alzheimer Scotland and Queen Margaret University, Edinburgh. This unique collaboration has offered occupational therapy students and recent graduates the opportunity to enhance their knowledge and understanding of living with dementia. In turn, this work has contributed to the development of a skilled AHP dementia care workforce in Scotland, whilst also generating outcomes of value and relevance to people living with dementia, their families and carers. Consequently, this poster aims to reflect

Author Information

Luisa is an occupational therapist and works for the charity Dementia Carers Count as its Dementia Carers Services Practitioner. She also works as an occupational therapist for the older adults community mental health team in Doncaster (RDaSH NHS foundation trust). She has seven years of experience working with people living with dementia as a support worker in residential care, researcher and occupational therapist.

Hazel is an occupational therapist and works for the charity Dementia Carers Count as its Director of Service Development. She has 35 years' experience working in dementia care, including frontline, academic, writing and independent consultancy, and has lectured in Hong Kong, India, Portugal, Spain, Germany, the USA and Japan.

the evolution of this academic occupational therapy internship programme over the course of the last seven years. Specifically, it will define what an academic internship is, map key project outcomes that have emerged, share lessons learnt and, most importantly, summarise how these outcomes have helped the voices of people living with dementia to be heard.

References

Alzheimer Scotland (2017) Connecting People, Connecting Support. Edinburgh: Alzheimer Scotland. Available at: https://www.alzscot.org/assets/0002/9408/AHP_Report_2017_Web.pdf Accessed on 13.10.18.

Scottish Government (2017) Scotland's national dementia strategy 2017–2020. Edinburgh: Scottish Government Available at: <https://www.gov.scot/dementiastategy> Accessed on 04.11.18.

Keywords

Dementia, Education and students

Author Information

Dr Fiona Maclean, Senior Lecturer and Programme Lead, MSc (Post Reg.) Occupational Therapy, Queen Margaret University, Edinburgh.

Elaine Hunter, National Allied Health Professions Consultant, Alzheimer Scotland.

Poster P110

THERAPY TIMETABLING, AN EVALUATION OF OUTCOMES FOLLOWING IMPLEMENTATION AT THE OXFORDSHIRE STROKE REHABILITATION UNIT

King S, Garratt E Oxford Health NHS Foundation Trust

The Oxfordshire Stroke Rehabilitation Unit (OSRU) provides short term inpatient rehabilitation for patients following acute stroke. Intensive rehabilitative interventions improve functional outcomes (Barrett et al, 2018) but despite this, patients are often described to be 'inactive and alone' in hospital (Bernhardt et al, 2004). Historically OSRU struggled to achieve the recommended 45 minutes per therapy, five days a week, as described in the National Clinical Guideline (Rudd et al, 2017). The ReACT study (Clarke et al, 2018) reported positive effects of therapy timetabling on patient engagement, caseload prioritisation and minutes of therapy provided. The OSRU therapy team undertook a service development project, implementing weekly timetabling from June 2018. Data from five months preceding implementation of timetabling was compared with June–October data. Preliminary data demonstrated

- Occupational therapy and physiotherapy maintained a median session time of 45 minutes
- Average % of days on which occupational therapy received during admission increased from 44.6% to 66.2%
- Average % of days on which physiotherapy received during admission increased from 56.4% to 70%
- Average change on the Barthel score increased from 4.01 to 5.06

Initial findings supported the observations from ReACT (Clarke et al, 2018) and demonstrated the positive impact of weekly timetabling on patient outcomes and team performance. Both occupational therapy and physiotherapy increased the percentage of days on which patients received therapy, and maintained median length of sessions at 45 minutes. Staff and patient feedback will also be presented. It is hoped these findings will generate discussion and inspire other similar units to consider timetabling.

References

Barrett, M., Snow, J.C., Kirkland, M.C., Kelly, L.P., Gehue, M., Downer, M.B., McCarthy, J. and Ploughman, M., 2018. Excessive sedentary time during in-patient stroke rehabilitation. *Topics in Stroke Rehabilitation*, pp.1–9.

Bernhardt, J., Dewey, H., Thrift, A. and Donnan, G., 2004. Inactive and alone: physical activity within the first 14 days of acute stroke unit care. *Stroke*, 35(4), pp.1005–1009.

Clarke, D.J., Burton, L.J., Tyson, S.F., Rodgers, H., Drummond, A., Palmer, R., Hoffman, A., Prescott, M., Tyrrell, P., Brkic, L. and Grenfell, K., 2018. Why do stroke survivors not receive recommended amounts of active therapy? Findings from the

ReACT study, a mixed-methods case-study evaluation in eight stroke units. *Clinical Rehabilitation*, pp.1–13.

Rudd, AG., Bowen, A., Young, G. and James, MA., 2017, 'National clinical guideline for stroke: 5th edition 2016', *Clinical Medicine*.

Keywords

Adult physical health, Neurological practice, Older people

Author Information

Sarah is the highly specialist occupational therapist at the Oxfordshire Stroke Rehabilitation Unit.

Emma is the clinical lead physiotherapist at the Oxfordshire Stroke Rehabilitation Unit.

Poster P111

INPATIENTS' PERSPECTIVES OF OCCUPATIONAL THERAPY GROUP ACTIVITIES IN ACUTE MENTAL HEALTH: REDUCING ANXIETY, INCREASING HAPPINESS

Sidaway E Rotherham, Doncaster and South Humber NHS Trust

This service evaluation aimed to investigate the clinical effectiveness of occupational therapy group activities on reducing an individual's experience of anxiety within the context of an adult acute mental health setting. It also explored contributory factors, including the impact of the environment, motivation and other mood states, on the successful experiences of the individual in occupational therapy group activity. There is a lack of imperial evidence correlating the clinical effectiveness of occupational therapy interventions on the improvement of mental health and wellbeing, especially within inpatient mental health settings (Duffy and Nolan, 2005; Lim et al, 2007). It was also important to gather the views of the service user to understand why people engage with occupational therapy during an admission to inform service improvement (Bryant et al, 2016). Over a year, patient questionnaires were used to gather information on their mood and experiences of anxiety both before and after attending group activities. The results indicated an increase in positive feelings after attending the group activities and an overall reduction in reported of feelings of anxiety. This information was used to inform two focus groups. The groups highlighted the impact of the environment and the need for choice and space in an already restrictive environment.

It also identified the need for altruistic activities and peer support as a way of supporting recovery. The information was used to inform and improve the occupational therapy programme of activities, incorporating charitable projects and the further development of peer support volunteer opportunities within the hospital.

References

Duffy, R. and Nolan, P. (2005) A survey of the work of occupational therapists in inpatient mental health services. *Mental Health Practice*, 8 (6), 36–41

Lim, K.H., Morris, J. and Craik, C. (2007) Inpatients' perspectives of occupational therapy in acute mental health. *Australian Occupational Therapy Journal*, 54, 22–3

Bryant, W., Cordingly, K., Sims, K., Dokal-Marandi, J., Pritchard, H., Stannard, V. and Adamako, E. (2016). Collaborative research exploring mental health service user perspectives on acute inpatient occupational therapy. *British Journal of Occupational Therapy*, 79 (10), 607–613

Keywords

Mental health

Author Information

Elizabeth Sidaway is an occupational therapist currently working as the Rotherham Inpatient Allied Health Professional Lead in both the adult and older adult mental health services. This service evaluation was completed as part of her MSc in Advancing Professional Practice at Sheffield Hallam University.

Poster P112

OLDER DRIVER REFERRALS TO OCCUPATIONAL THERAPY DRIVING ASSESSORS: A QUALITATIVE STUDY OF GENERAL PRACTITIONERS

Butler M Otago Polytechnic

Background: Screening programmes for older drivers in Europe (though not the UK), and in many states in the US and in Australia, are based on medical assessment of fitness to drive (Siren, 2015). These programmes require physicians (including general practitioners) to carry out an assessment of fitness to drive in their offices. In 2006, New Zealand changed from doing on-road driving tests with all older drivers from the age of 80 to a screening programme that uses medical assessment of fitness to drive only (Hoggarth, 2011). Aim: This study set out to understand the experience of New Zealand GPs as they manage the process of medical assessment of fitness to drive assessments for older people. In particular, it aimed to establish how GPs understand the role of specialist driving assessment and rehabilitation carried out by occupational therapists. Design

and setting: The study used an interpretive descriptive approach to analyze data from ten interviews with GPs in New Zealand. Results: The results indicated that GPs lack understanding about how occupational therapists can assist their patients and tend to refer only when there is a disagreement with the patient. Conclusion: There are problems with the medical assessment of fitness to drive carried out by GPs and there is a need for a more comprehensive community approach to driving cessation. Patients, families and the multidisciplinary team all have a role in deciding when driving cessation should occur. Occupational therapists have a particular responsibility for strategic leadership in this area of practice.

Ethical approval for this study was obtained from the University of Otago (Health) Ethics Committee (H15/080).

References

Siren, A. and Hausteina, S. (2015) 'Driving licences and medical screening in old age: Review of literature and European licensing

policies', *Journal of Transport and Health*. Elsevier, 2(1), pp. 68–78. doi: 10.1016/j.jth.2014.09.003.

Hoggarth, P. et al. (2011) 'Assessment of older drivers in New Zealand: The current system, research and recommendations', *Australasian Journal on Ageing*, 30(3), pp. 148–155. doi: 10.1111/j.1741-6612.2010.00478.x.

Poster P113

RECOVERY THROUGH WORK: SERVICE EVALUATION OF THE INTRODUCTION OF INDIVIDUAL PLACEMENT AND SUPPORT (IPS) SERVICES IN SECURE MENTAL HEALTH SERVICES

Chambers L Birmingham and Solihull Mental Health Foundation Trust **CConnell C**

Birmingham and Solihull Mental Health Foundation Trust

The poster will present the outcomes of Recovery Through Work project evaluation. It aims to establish the clinical and employment outcomes of service users and their experience of it. It was delivered in partnership with Birmingham and Solihull Mental Health Foundation Trust and a private sector employment service, APM. The pilot used Individual Placement and Support (IPS), which is an evidence-based intervention developed for adults with severe mental illness that has been shown to increase success in achieving competitive employment. The evidence is well established that IPS is:

- More effective than other supported employment/vocational services for enabling adults with severe mental illness to achieve competitive employment quicker and maintain it for longer.
- Economic evaluations indicate cost effectiveness and longer term follow-up indicates that positive differences in employment rates are sustained but are modest.
- For adults with severe mental illness who also have a forensic history (i.e. Involvement with the criminal justice system), the evidence for effectiveness is not established.

The key findings will be presented, which include number of service users and staff and their experiences of being involved in the pilot, which identified service users valuing the aspirational, future and recovery focused approach of Recovery Through Work. The staff identified positive impacts of Recovery Through Work but identified proportionally more barriers and challenges in relation to partnership working and implementation. The recommendations identified the importance of the occupational

Keywords

Long term conditions, Dementia, Older people

Author Information

Mary Butler is a principal lecturer at the School of Occupational Therapy, Otago Polytechnic. She has spent the last decade working on disability and rehabilitation issues related to visual impairment. Community mobility and driving is one expression of this interest. (Further information at: marybutler.Org)

therapist being the key professional in embedding IPS employment specialists in the community forensic mental health team.

References

- Booth D, Francis S, Mcivor N, Hinson P, Barton B. Severe mental illness & employment: cost-benefit analysis and dynamics of decision making. *Mental Health and Social Inclusion*. 2014; 18(4): 215–23.
- Heslin M, Howard L, Leese M, McCrone P, Rice C, Jarrett M, et al. Randomized controlled trial of supported employment in England: 2 year follow-up of the Supported Work and Needs (SWAN) study. *World Psychiatry*. 2011;10 (2): 132–7.
- Kinoshita Y, Furukawa TA, Kinoshita K, Honyashiki M, Omori IM, Marshall M, et al. Supported employment for adults with severe mental illness. *Cochrane Database of Systematic Reviews*. 2013 (9).
- Bond GR, Kim SJ, Becker DR, Swanson SJ, Drake RE, Krzos IM, et al. A Controlled Trial of Supported Employment for People With Severe Mental Illness and Justice Involvement. *Psychiatric Services*. 2015; 66(10): 1027–34.
- Khalifa N, Talbot E, Schneider J, Walker DM, Bates P, Bird Y, et al. Individual placement and support (IPS) for patients with offending histories: the IPSOH feasibility cluster randomised trial protocol. *BMJ Open*. 2016; 6(7).

Keywords

Mental health, Forensic practice

Author Information

L Chambers is lead occupational therapist at Birmingham and Solihull Mental Health Foundation Trust Women's and Young People's Secure Mental health services.

C Connell is senior occupational therapist Forensic Intensive Recovery and Support Team NIHR/HEE Clinical Doctoral Research Fellow.

Poster P114

INTRODUCING 'TRANSACTIVE', A COLLABORATIVE VENTURE WHICH EMPOWERED TRANS AND GENDER VARIANT PEOPLE'S ACCESS TO A RANGE OF SPORTS AND LEISURE OCCUPATIONS

Wainwright E Sheffield Health and Social Care Foundation Trust

Background: The trans community has long been thought of as disadvantaged and isolated from mainstream society but now this is changing. With trans identities part of the protected characteristics in the Equality Act (2010) and the Gender Recognition Act (2004), and a dramatic increase in trans awareness within the media, referrals to the Sheffield Porterbrook Gender Identity Clinic are at an all-time high. Trans and gender variant people are claiming their right to equality

in terms of access to facilities, social inclusion and being treated with respect and dignity. Nevertheless, barriers remain which TransActive aimed to address. Practice development: A collaborative model was at the core to develop TransActive. Committee members included an NHS occupational therapist and a range of members from the trans community groups. Swimming was the first occupation which required significant adaptation, including: gender neutral changing facilities, private swimming sessions without viewing galleries and flexibility in the clothing to be worn. Once a suitable venue was found, funding was sought from Awards for All, National Lottery funding. Results: TransActive is now in its third year of operation, with 75 members regularly attending, having utilised £30,000 of funding. What began as accessing swimming sessions has now

further developed into accessing a wide range of sports and leisure occupations, including climbing, canoeing, basketball, badminton, orienteering and a summer camp. The trans community is more visible and socially connected as a result. Occupational therapy has played a pioneering role to benefit service users within a non-traditional area of practice.

References

The Equality Act 2011, UK. Available at: <https://www.gov.uk/guidance/equality-act-2010-guidance> Last accessed 04/11/2018.

The Gender Recognition Act 2004, UK. Available at: <https://www.legislation.gov.uk/ukpga/2004/7/contents> Last accessed on 04/11/2018.

Keywords

Long term conditions, Disadvantaged people

Author Information

Elizabeth is the first occupational therapist to work at Sheffield Porterbrook, Gender Identity Clinic. She has taken the service from its inception to the pioneering work of TransActive, the first of its kind in South Yorkshire. Elizabeth is a member of the British Association of Gender Identity Specialists.

Poster P115

PAM AND HOPE FOR SUSTAINING AND SPREADING ACTIVATION IN THE SELF-MANAGEMENT OF LONG-TERM CONDITIONS

Ward L Torbay and South Devon NHS Foundation Trust

Since April 2018, Torbay and South Devon NHS Foundation Trust has been using the Patient Activation Measure (PAM) with its patients who have long-term conditions. A broad range of specialties has embraced the tool. Initial work started with the Rheumatology Team and the Diabetes Team and has progressed to other specialties. The results show spread across four activation levels where the person is

- Level 1 – disengaged and overwhelmed
- Level 2 – becoming aware but still struggling
- Level 3 – taking action and
- Level 4 – maintaining behaviours and pushing further

PAM score and activation level are a useful starting place for conversations and can be used as a tool to tailor support. The Trust has been delivering the HOPE (Help to Overcome Problems Effectively) programmes, such as symptom specific movement disorder, or behaviours specific diabetic foot-care. Many programmes are generic, including to the Trust's own workforce. It is evaluating its effectiveness in raising activation levels amongst its participants, using the PAM, the Warwick-Edinburgh Mental Well-Being Scale and the EuroQol EQ-5D-5L & 5Q-VAS (2009). It is hoped that the PAM activation level will soon become familiar language in both primary and secondary

care, as well as with occupational therapists, other allied health professionals and nurses.

References

<https://www.torbayandsouthdevon.nhs.uk/about-us/>

New Care Models, The Patient Activation Measure – NHS England – September 2017

Insignia Health. Patient Activation Measure; 2003–2015, University of Oregon. Contact Insignia Health at www.insigniahealth.com

Sustaining and Spreading Self-Management Support. Lessons from Co-Creating Health Phase 2. Evaluation September 2013. Firefly Research and Evaluation. Liz Newbronner et al.

Health Foundation Briefing – Reducing emergency admissions: Unlocking the potential of people to better manage their long-term conditions. Sarah Deeny et al – August 2018.

Keywords

Adult physical health, Long term conditions, Mental health, Older people

Author Information

The author has considerable experience working with people with long-term conditions, within and leading community multi-disciplinary teams in the landscape of health and social care integration. The author is now working as the Service Improvement Manager for Planned Medical Care with Torbay and South Devon NHS Foundation Trust (TSDFT).

Poster P116

OCCUPATIONAL THERAPY IN NEURO CRITICAL CARE: USING INTENSIVE CARE GUIDELINES TO EXPLORE INTERVENTION AND IDENTIFY UNMET NEED

McLean L Leeds Teaching Hospitals NHS Trust

Increased referrals from Neuro Critical Care (NCC) to our Neurosurgical Occupational Therapy Team have been observed for a service that is presently unfunded. Guidelines for the Provision of Intensive Care Services (2015) (GPICS) outline the recommended role of the critical care occupational therapist, however do not detail specifically neuro occupational therapy specialist interventions. An audit of service provision against the GPICS standards was completed to explore occupational therapy intervention within NCC, measurement against current GPICS standards and potential unmet need. The audit was undertaken over a 4 week period covering all patients requiring occupational therapy intervention in neuro critical care. Referrals came via the MDT ward round. 44 patients were referred. Interventions included: spasticity management, positioning/specialist

seating, assessment of altered arousal states, MDT discussion regarding future medical intervention, sensory regulation, family meetings/education, behavioural management and cognitive/perceptual rehabilitation. 80% of interventions provided were not identified as occupational therapy defined GPICS roles and only 22% of the defined occupational therapy need was met. The audit reflects the breadth and complexity of occupational therapy intervention within NCC, but also highlights a local unmet need. The GPICS supports the occupational therapy role in NCC to include rehabilitation and interventions to encourage physical and cognitive recovery through function. However, this initial edition lacks the specificity in its standards and recommendations around occupational therapy specialist interventions in neuro critical care to establish appropriately resourced services for this patient group. Continued contribution from occupational therapy in future editions is recommended, alongside continuous development of the existing research base.

References

Faculty of Intensive Care Medicine, 2015, Guidelines for the provision of intensive care services, FICM, London

Keywords

Adult physical health, Managers, Neurological practice

Author Information

Specialist occupational therapist.

Poster P117

A CROSS-CULTURAL COMPARISON OF PARTICIPATION AT HOME, SCHOOL AND IN THE COMMUNITY OF CHILDREN WITH AUTISM SPECTRUM DISORDERS (ASD) AGED NINE TO 12 YEARS IN THE UNITED STATES AND TAIWAN

Fang C San Jos Yang C Los Angeles Unified School District

Research purpose and aims: The aim of this study is to explore cross-country (the United States versus Taiwan) differences in the participation of children with autism spectrum disorders (ASD) in different settings. Research methods: This research will use the Participation and Environment Measure – Children and Youth (PEM-CY) to compare the participation levels of children with ASD in United States and Taiwan across different contexts (at home, at school and in the community). Participants will complete the PEM-CY. The target is to recruit 50 children with ASD in both countries for this investigation.

Impact for OT practice and service users: This research will provide extensive knowledge about participation patterns and environmental factors influencing participation at home, at school and in the community for the children with ASD from different cultural backgrounds. Such information will aid future research and decision-making among occupational therapists, educators, health care providers and policymakers to foster participation across different cultural backgrounds. This proposed research project will also contribute to the existing literature by showing that participation of children with ASD differs in the cross-cultural context. In addition, no previous study has investigated the participation of children with ASD in relation to the combined effects of the home country. Cross-cultural differences play a major role in children's participation levels. This study will provide professionals with a comprehensive way to assess the participation levels of children with ASD in these different countries and enable international occupational therapists and researchers to better understand the differences between Western and Eastern countries.

Institutional review board approval is being sought.

References

Coster, W., Bedell, G., Law, M., Khetani, M.A., Teplicky, R., Liljenquist, K.,... Kao, Y. (2011). Psychometric evaluation of the participation and environment measure for children and youth. *Developmental Medicine & Child Neurology*, 53(11), 1030–1037.

Coster, W., Law, M. & Bedell, G. (2010). Participation and environment measure for children and youth (PEM-CY). Boston, MA: Boston University.

Tongco, M.D.C. (2007). Purposive sampling as a tool for informant selection. *Ethnobotany Research and Applications*, 5, 147–158.

Coster, W., Law, M., Bedell, G., Anaby, D., Khetani, M. & Teplicky, R. (2014). Participation and Environment Measure for Children and Youth (PEM-CY): User's Guide. McMaster University, Hamilton, ON.

Keywords

Children and families

Author Information

C Fang is an Assistant Professor in the Department of Occupational Therapy at San Jose State University. Her research interests include children's participation in different cultures. She has specialised in cross-cultural and international research, establishing strong connections in the occupational therapy and education fields in the United States and Asia.

C Yang is a school-based occupational therapist at Los Angeles Unified School District. She earned her PhD in occupational therapy from New York University and both BS and MS degrees from Taiwan. As a bilingual therapist and researcher, her research interests include cross-cultural comparison, sensory-motor assessment development and school-based intervention.

Poster P118

SCHOOL, HOME AND COMMUNITY PARTICIPATION: A CROSS-CULTURAL COMPARISON OF AMERICAN AND TAIWANESE SCHOOL AGED CHILDREN

Fang C San Jose State University Yang C Los Angeles Unified School District

Research purpose: The aim of this study is to explore the impact of culture on children's participation by comparing participation level within different contexts (home, school and community) between children in Taiwan and the United States. Research methods: Participants in this study will be 50 typically developing children aged 9 to 12 from Taiwan and the United States. The Participation and Environment Measure – Children and Youth (PEM-CY) will be completed by primary caregivers to examine the participation level of children in three different contexts. The PEM-CY will be used to examine participation frequency, the extent of involvement and desire for change in sets of activities within different contexts. Impact for occupational therapy practice/service users: Participation in everyday life contributes to the physical, cognitive and social/emotional development of children as well as their quality of life. Cultural and environmental factors are important in facilitating

participation. This research project is in progress and will provide insight on participation levels of school-aged children from two cultural perspectives. The comprehensive results of the cultural comparison in their participation level within the home, school or community settings will be presented at the conference. Occupational therapy focuses on enhancing participation by enabling individuals and groups to participate in everyday occupations that are meaningful to them. Thus, when dealing with children from different cultural groups, it is important for therapists to consider the activities that are available to those children and the ways in which their cultural background may influence their ability to participate in various settings.

Institutional review board approval is being sought.

References

Coster, W., Law, M., & Bedell, G. (2010). Participation and environment measure for children and youth (PEM-CY). Boston, MA: Boston University.

Engel-Yeger, B., Jarus, T., & Law, M. (2007). Impact of culture on children's community participation in Israel. *American Journal of Occupational Therapy*, 61, 421–428.

World Health Organization. (2001). *International classification of functioning, disability and health: ICF*. World Health Organization.

Keywords

Children and families

Author Information

C Fang is Assistant Professor in the Department of Occupational Therapy at San Jose State University. Her research interests

include children's participation under different cultures. She has specialised in cross-cultural and international research, establishing strong connections in the occupational therapy and education fields in the United States and Asia.

C Yang is a school-based occupational therapist at Los Angeles Unified School District. She earned her PhD in occupational therapy from New York University and both BS and MS degrees from Taiwan. As a bilingual therapist and researcher, her research interests include cross-cultural comparison, sensory-motor assessment development and school-based intervention.

Poster P119

FROM CONCEPT TO CREATION AND CRITIQUE – DEVELOPING AN APP FOR PATIENT EDUCATION

Grant T University of Worcester Skinner D Worcestershire Health & Care Trust

Many occupational therapists are familiar with the frustrations of providing easily accessible but relevant information for clients without becoming repetitious or resorting to dog-eared leaflets. The absence of a budget for such publications can further complicate matters. A team of therapists in Worcestershire undertook what transpired to be a 3-year process, from concept to completion, to build an education app aimed specifically at stroke survivors, who have a unique need for complex concepts to be presented in simple to follow format. Working to meet one of the key needs identified by service users, carers and health care professionals (Pollock et al., 2014), the team developed the content and layout. This was peer reviewed before the process was passed to the trust communications team, who liaised with a software company that worked the content into a recognisable app. Stakeholders and service users were consulted to develop a working app, which has recently been published. This poster seeks to combine information about the development process

along with vignettes of use in clinical practice to provide a critical overview of the process aimed at inspiring others to collaborate and create.

References

Pollock, A., St George, B., Fenton, M. and Firkins, L. (2014) 'Top 10 Research Priorities Relating to Life after Stroke – Consensus from Stroke Survivors, Caregivers, and Health Professionals', *International Journal of Stroke*. Wiley/Blackwell (10.1111), 9(3), pp. 313–320. doi: 10.1111/j.1747-4949.2012.00942.x.

Keywords

Adult physical health, Long term conditions, Managers, Neurological practice

Author Information

Formerly the Clinical Lead Occupational Therapist and Team Leader for Worcestershire, Terri is now a Senior Lecturer at the University of Worcester.

Darren is Team Leader for the Worcestershire Community Stroke Service 'North' team, providing rehabilitation and early supported discharge services to stroke survivors in North Worcestershire.

Poster P121

WHAT MAKES MEANINGFUL STAKEHOLDER ENGAGEMENT IN THE DESIGN AND DELIVERY OF A NEW MSC OCCUPATIONAL THERAPY COURSE? PIONEERING OCCUPATIONAL THERAPY PRE-REGISTRATION EDUCATION IN LINCOLNSHIRE

Duff C, Walters J, Bird B University of Lincoln

The brand new MSc Occupational Therapy (pre-registration) course at the University of Lincoln is up and running, with its first cohort of students commencing their studies in January 2019. The course received a commendation from RCOT on the quality of its stakeholder engagement, but what makes quality involvement? This presentation will explore how the University of Lincoln has worked with both occupational therapy practitioners and service user stakeholders in the co-design and delivery of our new occupational therapy programme, and the introduction of a whole new subject group to a university and its region. We will share the approach taken and the challenges and opportunities of designing something from scratch. Key to the implementation of a local course was the extensive involvement of the strategic occupational therapy leads, who were keen to address the workforce demands of a rural community. Working with the University of Lincoln to co-design a pre-registration Masters level programme maximised opportunities for recruiting existing and new graduates resident in Lincolnshire – with a hope that once qualified they would remain in the area to meet workforce demands. The University of Lincoln has a very

active and well supported group of service users keen to input into health courses. They were key to the development of our simulation activities and are involved in teaching and assessment throughout the programme. Lincolnshire occupational therapy clinicians have also been hugely involved in the design of the programme and influence the content and structure.

References

Health and Care Professions Council (HCPC) (2017) *Standards of Education and Training*. HCPC. London.

Royal College of Occupational Therapists (2014) *Learning and development standards for pre-registration education*. RCOT. London.

Keywords

Education and students

Author Information

C Duff is Programme Lead for Occupational Therapy.

J Walters is a Senior Lecturer.

Poster P122**IMPLEMENTATION OF THE VONA DU TOIT MODEL OF CREATIVE ABILITY IN ADULT SOCIAL CARE TO ENSURE ACCURATE AND APPROPRIATE SUPPORT PLANS FOR CUSTOMERS WITH A LEARNING DISABILITY AND/OR AUTISM****Rogers K, Jones B, Clarke J, More A Warwickshire County Council**

Warwickshire County Council adult learning disability occupational therapists complete skills assessments as an integral part of their work. Occupational therapists use skills assessments to inform person centred support plans that enable social workers to commission accurate packages of care. Previously the occupational therapists did not have a standardised skills assessment, so the assessments, recommendations and advice varied across the service. Due to this it was unclear what outcomes occupational therapists would be providing. Occupational therapists felt their assessments weren't robust enough to provide clear rationale for recommendations and were concerned about the impact of this on the care packages provided. In 2017, the Vona du Toit Model of Creative Ability (VdT MoCA) was introduced to the team. This model allows occupational therapists to use theory and evidence to provide recommendations on how to work with customers with different levels of function. The model has been successful in mental health settings and is developing in learning disabilities. VdT MoCA supports occupational therapists to provide clear guidance for working with customers to ensure they are

presented with 'the just right challenge' (Sherwood 2017). This enables the development of skills in activities of daily living and maintains/prevents the need for increased care in line with the Care Act (2014). Since the introduction of VdT MoCA there has been positive feedback from social workers and customers around the quality and accuracy of support plans. The occupational therapists are currently collating data on the effectiveness of using the VdT MoCA to provide our customers with appropriate support.

References

Sherwood, W. (2017) The Vona du Toit Model of Creative Ability. A practical guide to occupational therapy for people with learning disabilities. Vona du Toit Model of Creative Ability Foundation (UK)

Care Act (2014) Available at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> Accessed on 24.10.2018

Keywords

Learning disability, Social care

Author Information

K Rogers is a senior occupational therapist for the adult learning disability team for Warwickshire County Council. Author is trained in and is using the Vona du Toit Model of Creative Ability.

B Jones is an occupational therapist for the adult learning disability team for Warwickshire County Council. Author is trained in and is using the Vona du Toit Model of Creative Ability.

Poster P123**APPROACHING PROBLEMS WITH OPEN EYES: UNDERSTANDING COMPLEXITY AS A CRITICAL APPROACH TO SCIENCE****Pentland D Queen Margaret University, Edinburgh**

This poster will explore and clarify different theoretical perspectives underpinning the 'new paradigm' of complexity, linking these to recent developments in healthcare, including evolving methods for the study of practice. Awareness of complexity continues to grow across disciplines. However, Greenhalgh and Papoutsis (2018) argue that in health care the term complexity is often used but only superficially considered. Failing to understand the underlying theories of any approach to science risks dogmatic applications of method, limiting the potential to create new understandings of practice. Different approaches to complexity theory will be explored, comparing the theories used in natural sciences with post-structural perspectives. In particular, Morin's (2007) restricted and general complexity typology will be illustrated. Recent theoretical developments around how to engage with complexity when studying health, wellbeing and care will be considered based on these theories. Ideas about how the profession of occupational therapy might critically engage with these developments will be presented. These include the positive message that underlying assumptions in complexity may provisionally clarify common experiences in occupational therapy practice that are often presented as barriers to the profession's advancement within the health care context. This poster will help develop an understanding of theory and critical awareness of methodological limits that are essential if occupational therapy is to engage with complexity in practice, in how its contributions to health and wellbeing are evaluated, and in how professional development is supported in the future.

References

Greenhalgh T and Papoutsis C (2018) Studying complexity in health services research: desperately seeking an overdue

paradigm shift. BMC Medicine, 16(1), DOI: 10.1186/s12916-018-1089-4

Morin, E (2007) Restricted complexity, general complexity. In: Gershenson, C, Aerts, D, Edmonds, B (eds) Worldviews, Science and Us: Philosophy and Complexity, London: World Scientific Publishing.

Keywords

Education and students, Social care

Author Information

Lecturer in occupational therapy with special interests in complexity and working with people with neurological and long term conditions.

Poster P124**KIDS INDEPENDENTLY DEVELOPING SKILLS: AN INTERACTIVE DIGITAL RESOURCE SHARING UNIVERSAL AND TARGETED MESSAGES WITH CHILDREN, YOUNG PEOPLE, FAMILIES, EDUCATORS AND HEALTH PROFESSIONALS****McLaren J** NHS Greater Glasgow and Clyde

Ready to Act (Scottish Government, 2016) has challenged allied health professionals in Scotland to transform children's services to embrace early intervention and prevention through universal services and to be accessible to all children and young people at the right level to meet their well-being needs. As such the Paediatric Occupational Therapy Service within NHS Greater Glasgow and Clyde alongside Glasgow Children's Hospital Charity has developed an interactive digital platform as a means of sharing universal and targeted messages with children/young people, families, educators and other health professionals. The platform has been designed, built and tested. It is now live and being used at all stages of a child/young person's journey through the occupational therapy service. Between February and August 2018 the site had 68,736 hits and users spent on average 1 minute 34 seconds on a page. Of the children and young people seen for an initial appointment in one area of Glasgow, 76% were directed to KIDS as part of their input. 25% were given advice from the KIDS site and discharged with no other input. The occupational service is now providing universal

and targeted resources to children/young people, families, educators and other health professionals. Other professionals within specialist children's services and also primary care services are signposting children/young people, families and educators to KIDS, as are other occupational therapy services across Scotland. The platform continues to grow with the addition of content from other professionals within NHSGGC's Specialist Children's Service.

References

The Scottish Government (2016) Ready to Act: A transformational plan for children and young people, their parents, carers and families who require support from allied health professionals (AHPs). Edinburgh: The Scottish Government Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/publication/2016/01/ready-act-transformational-plan-children-young-people-parents-carers-families/documents/00492486-pdf/00492486-pdf/govscot%3Adocument>

Keywords

Children and families

Author Information

Advanced Practitioner Occupational Therapy and KIDS Project Lead.

Poster P125**ADAPTATIONS WITHOUT DELAY: A NEW WAY OF THINKING ABOUT DELIVERING ADAPTATIONS****Russell R** University of Salford **Walker M** Independent Occupational Therapy Practitioner **Copeman I** Housing Learning and Improvement Network (LIN)

In 2017 the Royal College of Occupational Therapists commissioned a review of Minor Adaptations Without Delay (MAWD) (RCOT, 2006). The purpose of MAWD was to facilitate housing associations to provide minor adaptations directly to tenants, reducing the demand on social care occupational therapy teams. The review, conducted by a project team from the Housing Learning and Improvement Network and the University of Salford, involved interviews with key stakeholders and a survey of housing and health and social care practitioners across the UK. The review found that there continue to be delays in delivering all types of adaptations across tenure. It was evident that there is a need to find a new way of thinking about delivering adaptations that considers the complexity of the situation rather than the cost of the adaptation. A better understanding of the skills and operational considerations is needed to deliver the best outcomes for older and disabled people. This presentation explains how the principles of the Comprehensive Model for Personalised Care (Sanderson, 2018) have been used to develop the 'Adaptations Without Delay Framework' for the new publication. The framework considers how to provide the best outcomes by understanding the complexity of the person's situation alongside the type of adaptation needed. The framework then identifies if a universal, targeted or specialist response provides the best outcome. Identifying the workforce and operational requirements needed at each level of response, the framework can be used to overcome professional, commissioning and strategic barriers to delivering adaptations without delay.

comprehensive_model_for_personalised_care_-_james_sanderson_10_july_2018.pdf [Accessed 12 Sep. 2018].

College of Occupational Therapists, Housing Corporation (2006). Minor adaptations without delay. London: College of Occupational Therapists.

Keywords

Managers, Social care

Author Information

Rachel is an occupational therapy lecturer at the University of Salford. During her career in adult health and social care, Rachel developed a research interest in the home adaptation process. Rachel is part of the project team involved in writing the new publication discussed in this presentation.

Marney Walker is an independent occupational therapist with specialist expertise in accessible and inclusive housing. She has over 20 years' experience working in the public sector, principally in social care and housing. She is a member of the project team involved in writing the new publication discussed in this presentation.

References

Sanderson, J. (2018). [online] Available at: <https://www.nationalvoices.org.uk/sites/default/files/public/event/>

Poster P126**THE IMPACT OF USING CLINICAL COMPETENCIES TO ACHIEVE EFFECTIVE BLENDED THERAPY ROLES ON PROFESSIONAL IDENTITY****Cook T University Hospitals of North Midlands**

Aim: To explore the use of clinical competencies within an interprofessional therapy team and their impact on professional identity and profiles. **Background:** The University Hospitals of the North Midlands (UHNM) therapy team includes occupational therapists, physiotherapists and therapy support workers with blended roles. National policy encourages this type of integrated team (Department of Health 2011). Professional guidelines regarding support workers include ensuring that individuals are competent and supervised by registered professionals (CSP et al. 2006). The UHNM therapy team achieves this through a competency framework to ensure competence in every task undertaken. **Competency framework:** The framework was developed and working effectively for the individual professions independently before the team became truly interprofessional and blended support worker roles developed. These roles decrease duplication and give patients a more seamless experience. To further these aims, registered professionals began carrying out tasks usually associated with the other profession, leading to occupational therapists completing some physiotherapy competencies and vice versa. This poses questions regarding the development of individuals' professional identity, the career stage at which this occurs and the impact on job satisfaction. It could also affect professional profiles where blended roles emphasise role overlap rather than

individual professional specialism (Baxter and Brumfitt 2008). **Conclusion:** The competency framework appears to contribute to an effective team with blended roles, but questions about professional profile and identity arise. As interprofessional teams become increasingly common, this affects occupational therapy practice: how can newly qualified therapists be prepared for this and how is professional identity maintained in this context?

References

- Baxter, S.K. & Brumfitt, S.M., 2008. Professional differences in interprofessional working. *Journal of Interprofessional Care*, 22(3), pp. 239–251.
- CSP et al., 2006. Supervision, accountability and delegation of activities to support workers – a guide for registered practitioners and support workers, London.
- Department of Health, 2011. Modernising allied health professional careers programme: outcomes, London: HMSO.

Keywords

Adult physical health, Managers, Education and students, Support workers

Author Information

Teresa qualified as an occupational therapist at the University of Cape Town, South Africa in 2000. She has worked as advanced occupational therapist in medicine at the University Hospitals of North Midlands since 2005 and in 2015 completed an MSc in clinical research at the University of Sheffield.

Poster P127**A YEAR IN POST-OCCUPATIONAL THERAPY AND CHILDREN WITH COMPLEX TRAUMA****Tufts E Cambridge and Peterborough NHS Foundation Trust**

In January 2018, CPFT appointed an occupational therapist as part of the multi-disciplinary team at Clare Lodge Secure Children's Home. The poster will detail the development of the role over the following 12 months. This is a developing area of practice for occupational therapists and as such it was important to establish the priorities for service implementation. This included establishing clinical supervision, identifying training needs and promoting the role across stakeholders. An assessment and treatment pathway was developed using the Model of Human Occupation (Kielhofner, 2008) as the primary treatment model and the Children's Occupational Self Assessment (COSA) (Keller, 2006) and the MOHOST (Parkinson, 2006) as the primary assessment tools. The use of the treatment pathway led to the development of a functional assessment group as well as developing a therapeutic group programme in conjunction with the on-site education provision. Through clinical supervision, a sensory based approach was recommended and post-graduate certificate in Sensory Integration was commenced. Sensory Circuits (Horwood, 2008) was piloted as an intervention which supported the young people to develop an awareness of their alert level and sensory strategies that changed this to help with self-regulation. The MOHOST and COSA were used as outcome measures which demonstrated the value of occupational therapy in supporting the young people in working towards their identified goals, developing their independent living skills and transitioning back into the community.

References

- Kielhofner, G. (2008). Model of human occupation. Baltimore, Md.: Lippincott Williams & Wilkins
- Parkinson, S., Forsyth, K. and Kielhofner, G. (2006). A user's manual for the Model of Human Occupation Screening Tool (MOHOST). Chicago, Ill.: University of Illinois at Chicago
- Keller, J. (2006). A user's manual for child occupational self assessment (COSA). Chicago, Ill.: Model of Human Occupation Clearinghouse, Dept. of Occupational Therapy, College of Applied Health Sciences, University of Illinois at Chicago
- Horwood, J. (2008). Sensory circuits – a sensory motor skills programme for children. UK

Keywords

Children and families, Criminal justice, Mental health, Disadvantaged people

Author Information

Emily has worked for CPFT since January 2018 as a senior occupational therapist at Clare Lodge Secure Children's Home. Emily is currently undertaking her Sensory Integration Advanced Practitioner training.

Poster P128**FIRST TIME USING TOVERTAFEL INTERACTIVE GAMES AS PART OF A DEMENTIA COGNITIVE STIMULATION THERAPY GROUP****Sole T CNWL Hillingdon Memory Service Willis S CNWL**

The poster will describe how the Tovertafel equipment set up in a local library was incorporated into a community based Cognitive Stimulation Therapy (CST) group which ran from June–August 2018, from receiving referral from the memory service, to assessment and the group interventions. 'Tovertafel', which translates as 'Magic Table', was originally developed in Holland to increase stimulation and interaction for people with dementia. The technology includes a projector used to direct table top interactive games which respond to arm and hand movements, enabling participant interaction. The games promote cognition, physical and social interaction (Anderiesen et al., 2014; 2015). The Tovertafel website states: 'We develop the Tovertafel games through the co-design method, working together with the target group' (Tovertafel, 2018). The Memory Services National Accreditation Programme (MSNAP) level one standard criterion states: 'Patients have access to a local programme of age appropriate group cognitive stimulation therapy (CST) 6.2.1' (Copland et al., 2018). The presentation will also display the results of the formal evaluation of the group, which includes service user questionnaires and the Dementia Quality of Life outcome measure. All participants identified using the Tovertafel table was an enjoyable experience. This project demonstrates how using Tovertafel technology increased levels of physical activities, social interaction and provided cognitive stimulation. Following the pilot the Tovertafel equipment has been promoted for use with family members, who can book it to use in the library, and has been routinely incorporated into subsequent CST groups provided by the occupational therapist.

References

Tovertafel (2018) Tovertafel Original, Active Cues, Available at: <https://tovertafel.com/research/research-on-dementia/>. Accessed on 03/11/2018

Memory Services Accreditation – Royal College of Psychiatrists (2018) Standards for Memory Services. Editors: Emma Copland, Sophie Hodge, Leanne Clary, Vicky Cartwright available at https://www.rcpsych.ac.uk/pdf/MSNAP_Standards_6_Edition Assessed on 04/11/2018

Anderiesen, H., Scherder, E.J.A., Goossensac, Richard H.M. and Sonneveld, Marieke H. (2014). A systematic review – physical activity in dementia: The influence of the nursing home environment. *Applied Ergonomics* [e-journal] 45(6). Abstract only. Available through Tovertafel website <<https://tovertafel.com/research/research-on-dementia/>> [Accessed 5th November 2018]

Anderiesen, H., Scherder, E.J.A., Goossensac, Richard H.M., Visch, V. and Eggermont, L. (2015). Play Experiences for People with Alzheimer's Disease. *International Journal of Design* [e-journal] 9(2). Available at <<https://repository.tudelft.nl/islandora/object/uuid:8ecbe1c8-9359-4143-8ac0-485b84df47de/?collection=research>> [Accessed 5th November, 2018]

Keywords

Dementia, Mental health, Older people

Author Information

T Sole is an occupational therapist working in the specialist area of memory clinic. Has a strong passion for helping those of all ages better use memory skills. Facilitating cognitive stimulation therapy with older adults has helped develop valuable group work skills.

S Willis is a consultant occupational therapist.

Poster P129**BAKING, BASKETBALL AND BRAIN TUMOURS: PARTICIPATION IN OCCUPATIONS WITH CHILDREN AND TEENAGERS WITH PALLIATIVE BRAIN TUMOURS IN AN ACUTE HOSPITAL SETTING****Betteridge C, Organ E University College Hospital London**

Glioblastomas (GBM) and Diffuse Intrinsic Pontine Gliomas (DIPG) are non-curative high grade brain tumours (The Brain Tumour Charity, 2018). These brain tumours are rare; however, they are regularly treated at UCLH, the largest paediatric oncology service in Europe. Individuals with GBM or DIPG frequently present with a complex presentation requiring early interventions from allied health professionals including occupational therapy to optimise patient outcomes. This patient group faces a lack of opportunities to participate in everyday activities, as well as a loss of identity and roles. This may impact on their development and psychological wellbeing. This is particularly evident with individuals who require extended admissions. We will explore the barriers around occupations and participation in children and teenagers with cancer and how the role of an occupational therapist can contribute to minimising the impact of the hospital environment and improving individuals' fulfilment through participation in meaningful occupations, e.g. baking with a sibling. Consequently, this can enhance the physical and psychological outcomes of individuals with life limiting diagnoses, adding life to days, not days to life (Teenage Cancer Trust, 2018). This will be structured around the PEO model. We identified a need to establish measurable outcomes to evaluate the effectiveness of occupational therapy services within this niche setting. Outcome measures can

be used as justification to commissioners; this is particularly essential as the UCLH paediatric and teenager oncology services will be expanding with the opening of proton beam therapy. Therefore, we will share our experiences in piloting both standardised outcomes measures and parent/carer feedback surveys.

References

The Brain Tumour Charity [Internet]. Thebraintumourcharity.org. 2018 [cited 2 November 2018]. Available from: <https://www.thebraintumourcharity.org/>

The Blueprint of Care for Teenagers and Young Adults with Cancer [Internet]. 2nd ed. London: TCT; 2018 [cited 2 November 2018]. Available from: https://www.teenagecancertrust.org/sites/default/files/BlueprintOfCare_2ndEdition.pdf

Keywords

Children and families, End of life care

Author Information

Claire qualified as an occupational therapist in 2007 from Plymouth and Exeter University. Claire currently works at University College Hospital as Band 7 with teenagers and young adults in an inpatient and outpatient setting. Her passion is promoting occupational therapy as developing services to improve patient/family outcomes and experience.

Poster P130**CO-PRODUCTION WITH FAMILY AND FRIENDS IN A MENTAL HEALTH SETTING****Beal J** Cynet Healthcare

Recovery oriented care has meant a shift in care provision towards more inclusive patterns of care. This presentation shares our approach to improve the quality of care and services in a secure mental health setting by valuing the contribution of family and friends. It is estimated that there are around 1.5 million family and friends who provide unpaid support for people with serious mental health problems (Linden, 2007). The value of care and support provided by carers is estimated as £119 billion per year. In England and Wales, 92% of carers said that their mental health has been affected by caring, stating that their health, social relationships and lifestyle are significantly affected by caring responsibilities. We commenced our work with family and friends with a traditional approach of 'doing to,' with clear parameters to inform and educate family and friends about service delivery. This included newsletters, a recommended booklist and structured forums. We moved to 'doing for', achieving greater participation and consultation with family and friends to identify needs and address needs. This included jargon buster leaflets and co-facilitation of events. We are now achieving 'doing with' family and friends, with attendance at strategic meetings sharing best practice, evaluating service provision locally and developing national standards. This included contributing to workshops, developing the carer toolkit and co-

presenting on our initiatives at professional forums. This poster strives to support others with a lessons learnt approach to share the power of experience and expertise to recognise the valuable contributions of family and friends.

References

Slay, J. & Stephens, L. (2013). Co-production in mental health: A literature review. London: New Economics Foundation.

Matthews, K. (2017). Supporting carers: Mental health carer assessments policy and practice. Centre for Mental Health, London.

Linden, D. (2007). 5 key facts for carers, London. Princes Royal Trust for Carers.

RCOT (2017). Occupational Therapists' Use of Occupation Focused Practice in Secure Hospitals 2nd Edition. Royal College of Occupational Therapists publication.

Keywords

Mental health, Forensic practice

Author Information

As head of occupational therapy the author is committed to leadership and strategic management in developing occupational therapy services. Responsibilities include managing recovery and rehabilitation of a wide range of mental health services, from intensive care to locked learning disability, personality disorder, low secure care and step down services.

Poster P131**OCCUPATIONAL DEPRIVATION AND OLDER ADULTS: A PERSONAL PERSPECTIVE****Taylor I, O'Brien R** Sheffield Hallam University

Research aim: Gain in-depth experiences of older adults' daily life experiences and determine whether they are impacted by occupational deprivation. If so, what are the barriers and facilitators to their meaningful occupations? Research design: A qualitative interpretivist design was used, more specifically from a phenomenological approach, trying to make sense of the lived experiences of the participants. Research methods: Participants aged 75 and over were recruited using a purposeful sampling method from a church congregation in a rural town in Yorkshire. Eight participants, consisting of five females and three males, with a combination of marital statuses. Data was collected using semi structured interviews during the summer of 2018. Interviews were all voice recorded, transcribed and analysed using thematic analysis. Findings: Early indications reveal that older adults are occupationally deprived; however, new factors have arisen that influence their engagement which

were not previously mentioned. The themes that arrived were: 1. Importance of replacing loss of roles; 2. Impact of carer role, such as self and pet burden; 3. Effect of physical environment; 4. Influence of personal attitudes. Conclusion: Older adults are affected by occupational deprivation; however, through these findings there are many strategies that they can implement to reduce these external barriers. Implications: If older adults can be educated post retirement about how to sustain or create new meaningful occupations, this could prevent the dip in wellbeing which older adults can display following immediate retirement.

The research was approved by Sheffield Hallam University Ethics Committee.

Keywords

Adult physical health, Older people, Social care

Author Information

I Taylor is a student.

R O'Brien is dissertation supervisor.

Poster P132**OCCTED: DEVELOPING AN OCCUPATIONAL THERAPY INTERVENTION FOR PEOPLE LIVING WITH EARLY-STAGE DEMENTIA IN WALES**

Edwards B Cwm Taf University Health Board and School of Healthcare Sciences, Cardiff University **Busse M** Centre for Trials Research, Cardiff University **Clouston T**, **Hannigan B** School of Healthcare Sciences, Cardiff University **Bevan J** Cwm Taf University Health Board

Research purpose and aims: The aim of OccTED is to develop an occupational therapy intervention for people living with early-stage dementia; this will support the delivery of occupational therapy in primary care and memory assessment services in

Wales. Research position and methods: OccTED will be developed by drawing on the Medical Research Council's (MRC) framework for the development and evaluation of complex interventions (Craig et al 2008) and Bleijenberg et al's (2018) Adapted MRC Development Phase. Multiple methods are being utilised, including: evidence syntheses; semi-structured interviews with occupational therapists working in all Welsh Health Boards and people affected by dementia in Cwm Taf UHB; and engagement and consultation with occupational therapists and the OccTED Lived Experience Advisory Group (LEAG). Results: OccTED is an intervention in development. An indicative intervention logic model has been developed, drawing on the findings of

evidence syntheses, needs analysis, scoping current practice and consultation with the study's LEAG and occupational therapists. It is theoretically underpinned by the Model of Human Occupation (MOHO), an internationally recognised and evidence based conceptual model of occupational therapy practice. The OccTED logic model depicts intervention inputs, activities and immediate, short- and long-term outcomes; it will be subject to refinements on completion of data generation. Conclusions and implications for occupational therapy: The development of OccTED will provide an evidence based and theoretical understanding of an occupational therapy intervention for people living with early-stage dementia.

Research ethical approval was obtained from Wales REC 2 on the 16th of March 2018. REC reference number: 18/WA/0109.

References

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I. and Petticrew, M. (2008) Developing and evaluating complex interventions: the new Medical Research Council Guidance. *British Medical Journal* 337:a1655.

Bleijenberg, N., de Man-van Ginkela, J. M., Trappenburga, J. C. A., Ettiema, R. G. A., Sinob, C. G., Heima, N., Hafsteindttira, T. B., Richardsc, D. A. and Schuurmansa, M. J. (2018) Increasing value and reducing waste by optimizing the development of complex interventions: Enriching the development phase of the Medical Research Council (MRC) Framework. *International Journal of Nursing Studies*, 79 pp 86–93.

Keywords

Dementia

Author Information

Bethan Mair Edwards is a research occupational therapist at Cwm Taf University Health Board who is undertaking her PhD studies at the School of Healthcare Sciences, Cardiff University.

Professor Monica Busse is a chartered physiotherapist, trials methodologist and Director for Mind, Brain, Neuroscience Trials in the Centre for Trials Research (CTR) at Cardiff University.

Poster P133

DO PALLIATIVE CARE CHAMPIONS INCREASE STAFF CONFIDENCE TO HAVE DIFFICULT CONVERSATIONS?

Blomfield H Sheffield Health and Social Care Trust
Manson J Sheffield Teaching Hospitals

Introduction: Previous research and recent media coverage have identified that healthcare professionals who don't work in a palliative care setting do not feel comfortable talking to patients about palliative-related issues (Blackford & Street 2013, Tan et al 2014, Waldron et al 2011). As caseloads become more frail and complex, there is an increasing need for staff members to feel more confident discussing issues such as advanced life planning, deteriorating function and future care needs. Champions have proven to be highly effective in knowledge translation in order to instigate positive changes in healthcare (Hendy & Barlow 2011, Soo et al 2009). Aim: To evaluate the introduction of the palliative care champion role on staff confidence and patient outcomes. Method: A cohort study of four bed-based intermediate care units (2 intervention, 2 control) was used. Three champions (occupational therapist, physiotherapist and nurse case manager) based in the two intervention units received specialist training and disseminated this to the remaining cohort. This was followed by a 5-month data collection period. Results: Confidence of the intervention unit staff increased an average of 1.9 points on a scale of 1–10 post training (0.1 control). This confidence continued to increase to an average of 2.4 points following the 5-month intervention period (0.3 control). There was no change to perceived contact with palliative patients or barriers to conversation. Conclusion: Introducing palliative care champions could be an easy, cost-effective way of increasing staff confidence to have difficult conversations with patients.

The study was reviewed by the HRA, which undertook an assessment of governance and legal compliance.

References

Blackford, J & Street, A (2013). Facilitating advanced care planning in community palliative care: conversation starters across the patient journey. *Journal of Palliative Nursing* 19 (3) 132–139

Hendy, J & Barlow, J (2012). The role of the organisational champion in achieving health system change. *Social Science & Medicine* 74 (348–355)

Soo, S et al (2009). Role of champions in the implementation of patient safety practice change. *Healthcare Quarterly* 12 123–128

Tan, H et al (2014). End of life care in an Australian rehabilitation facility for older people: Staff focus groups. *Death Studies* 38 186–193

Waldron, M (2011). Allied health professionals' views on palliative care for people with advanced Parkinson's disease. *International Journal of Therapy and Rehabilitation*. 18 (1) 48–58

Keywords

Adult physical health, Long term conditions, Older people, End of life care

Author Information

The author is an occupational therapist and principal investigator for a research project based in intermediate care, which has created 'Palliative Care Champions'. Presently on secondment with Health Education England, Yorkshire and Humber as Education, Research and Innovation Leadership Fellow.

Jane is a specialist physiotherapist currently working in intermediate care beds. She is the chief investigator on the study investigating palliative care champions in a bed-based rehabilitation setting. In 2016 Jane completed her MSc in clinical research.

Poster P134**'WHAT REALLY MATTERS': EXPLORING THE USE OF THE OCCUPATIONAL SELF ASSESSMENT (OSA) IN GOAL-SETTING**

Martin Saez M, Nogueira de Sousa C, Hunt C, Luckhurst S, Allum J Cambridge University Hospitals NHS Foundation Trust

Introduction: Goal-setting in acute trusts is often therapist-led (Rose et al, 2017). Pressure to discharge patients promptly drives clinicians to have a dominant role in decision-making about rehabilitation aims that frequently are linked to discharge needs. This poster reports on using the OSA combined with goal-setting education to support a more patient-centred approach to goal-setting within the time constraints of acute trusts. Methods: The OSA was used by 4 occupational therapists working in different specialties. During initial assessment, occupational therapists assessed patients' preferences and ability for involvement in decision-making. Patients who had the desire and ability to participate actively in goal-setting were encouraged to self-administer the OSA. Education about goal-setting was provided. Goal-setting sessions were conducted based on the results from the OSA. Results: Eight patients from orthopaedics, geriatrics, stroke and neurosciences wards received goal-setting education and self-administered the OSA. These interventions were more time consuming than expected but still within time constraints

of an acute setting. Patients' better understanding of the goal-setting process and the recognition of their priorities resulted in a more equal partnership between patients and occupational therapists in decision-making. Conclusions: The use of OSA and goal-setting education could be a suitable intervention to activate patients in decision-making about their care in acute hospitals. However, feedback to the multidisciplinary team (MDT) when patients' priorities were not linked to care needs was not fully understood. MDT education and a more creative use of care packages could help acute trusts to meet the holistic needs of patients.

References

Rose, A., Rosewilliam, S., Soundy, A., 2017. Shared decision making within goal setting in rehabilitation settings: A systematic review. *Patient education and counselling [e-journal]* 100(2017), pp. 65–75. <https://doi.org/10.1016/j.pec.2016.07.030>

Keywords

Adult physical health, Long term conditions

Author Information

M Martin Saez is an Occupational Therapy Team Lead Stroke and Neuro-Rehab teams.

C Nogueira de Sousa is a senior occupational therapist.

Poster P135**IMPLEMENTATION OF A PRACTICE DEVELOPMENT OCCUPATIONAL THERAPIST ROLE WITHIN LEWISHAM AND GREENWICH TRUST**

Keegan M, Taiwo A Lewisham and Greenwich Trust

Training and development has been identified by the Health Care Professions Council (HCPC 2017), the College of Occupational Therapists (COT 2010) and the Care Quality Commission (CQC 2014) as an essential undertaking to ensure that there are adequately skilled staff to deliver high quality services. Lack of clinical time has been identified as a major barrier to fully implementing evidence based practice (EBP) and staff and service development projects (Heive 2011). Folland (2011) discussed how an NHS trust working in adult mental health implemented a practice development model to its occupational therapy team to work towards facilitating learning and change, developing skills for EBP and clinical networking, and to pioneer the use of innovative technology to facilitate trust wide communication for integration of the occupational therapy service. Within Lewisham and Greenwich Trust we have created a new post for a practice development occupational therapist to work specifically on the aims and objectives of the Trust and department to push these areas highlighted of staff and service development and improving quality of services. In our poster presentation we would like to outline how we have looked at the work done and published by other trusts and to present our model for how we have implemented this new role, how are utilising our practice development occupational therapist and the systems we are developing to work collaboratively across multiple sites.

References

Care Quality Commission (CQC) (2014) Regulations for service providers and management: Regulation 17 Good Governance. Online: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance>. Accessed: 05.11.18.

College of Occupational Therapists (2010) Code of ethics and professional conduct. London

Health Care Professionals Council (2017) Continuing Professional Development. Online: <https://www.hcpc-uk.org/aboutregistration/standards/cpd/>. Accessed: 05.11.18.

Heive et al (2011) Evidence-based practice: Attitudes, knowledge and behaviour among allied health professionals. *International Journal for Quality in Health Care*, 23(2), 198–209.

Folland, J. (2011) Practice development: Using an innovative approach to transforming occupational therapy services. *Cumbria Partnership Journal of Research Practice and Learning*, 1(1), 23–25.

Keywords

Adult physical health, Education and students

Author Information

Marie Keegan is a practice development occupational therapist within Lewisham and Greenwich Trust.

Poster P136**DEVELOPING AN OCCUPATIONAL THERAPY HEALTH AND WELLBEING SERVICE FOR NHS STAFF WORKING AT THE ROYAL LIVERPOOL AND BROADGREEN NHS TRUST****Whalley M, Wallace C** Royal Liverpool and Broadgreen University Hospital Trust

NHS staff sickness causes major issues for front line services delivering quality patient care and maintaining positive outcomes for the health of the nation. However, with ever decreasing budgets, lower recruitment rates, an aging workforce, longer working life expectation and greater physical, mental and emotional demands, staff working in the NHS frequently feel the pressure when providing quality patient care. Inevitably and paradoxically, their own health and wellbeing can suffer, resulting in high sickness rates, staff turnover and low morale. Over the past 5 years, the Royal Liverpool and Broadgreen Hospital has developed an innovative AHP service to provide staff therapy to improve the health, retention and employment experience of valued staff. Working alongside occupational health and HR, the staff occupational therapy and physiotherapy service provides support and identifies risks and reasonable adjustments for staff referred to the service. Staff can be referred by their line managers, via self-referral, HR or OH. Staff typically present with musculo-skeletal problems, stress and mental health problems as well as long term health conditions. The staff therapy service aims to work with individuals to enable better understanding of their condition and promote self-management skills. By providing tailored treatment and equipment, the service has contributed to reducing the Trust's sickness rates. It has delivered effective return to work programmes and provided a number of awareness sessions to promote staff health and wellbeing. The poster details the numbers of staff seen, range of interventions, feedback and potential cost savings within the Trust.

References

Improving Lives – the Work, Health and Disability Green Paper www.gov.uk/government/uploads/system/uploads/attachment_data/file/564038/work-and-health-green-paper-improving-lives.pdf

Waddell and Burton, Is work good for your health and wellbeing?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

Heavy use of agency staff linked to worse patient and staff experience – Article BMJ Feb 2018: 360; K553

Health & Work Champions Project RCOT & PHE Dec 2016

AHP Advisory Fitness for Work Report <https://www.cot.co.uk/ahp-advisory-fitness-work-report>

Keywords

Adult physical health, Long term conditions, Managers, Mental health

Author Information

Mandy has over 30 years' experience in the NHS services providing occupational therapy in employment, with a particular interest in Equality Act legislation. Mandy works in the Royal Liverpool and Broadgreen Hospital as a specialist occupational therapist in staff health and wellbeing and is a health and work champion.

Catherine works part time for the Staff Occupational Therapy Service at the Royal Liverpool and Broadgreen University Hospital Trust as well as the Chronic Fatigue Services at Broadgreen Hospital. Catherine has extensive knowledge and clinical experience working in the field of employment within both England and Wales.

Poster P137**ADVOCATING FOR OURSELVES – AN OCCUPATIONAL THERAPY INTERNSHIP SOCIAL MEDIA STRATEGY****MacFarlane S, Felle C** Alzheimer Scotland and Queen Margaret University **Maclean F** Queen Margaret University **Hunter E** Alzheimer Scotland

Alzheimer Scotland, in partnership with the Scottish government, has recognised the need for, and evidence base to support, the allied health profession (AHP) led contribution with people living with dementia, their families and carers (Scottish Government 2017, Alzheimer Scotland 2017). As such, one ambition of this policy is to enhance access to AHP services at the earliest opportunity. This strategic intention underpinned the development of a social media project by occupational therapy interns working in partnership with Alzheimer Scotland, Santander Universities UK and Queen Margaret University, Edinburgh. As occupational therapists, social media allows us to share best practice, network and provides opportunities for learning (HCPC 2018, RCOT 2015). To support these aims, a social media project was developed with @AHPDementia, the purpose of which was to share the role of an occupational therapy intern with #OTIntern2018 and the role of occupational therapy within dementia care with #RoleOfOT. A strategy was constructed and implemented that had a conversational tone, avoided profession specific language and appealed to the target audience of AHP students. Evaluation of the project to measure the reach and impact was established by quantitative statistics such as increase in followers, likes and views as well as the

qualitative data of comments and feedback from those involved. Moving beyond the established professional presence on other social media platforms such as Twitter, this project innovatively used Instagram as a tool for sharing creative professional content with a unique target audience, building towards a well-trained AHP workforce.

References

Alzheimer Scotland (2017) Connecting people, connecting support. Edinburgh: AS. Available at: https://www.alzscot.org/assets/0002/9408/AHP_Report_2017_Web.pdf Accessed on 13.10.18.

College of Occupational Therapists (2015) Introduction to social media. London: COT. Available at: <https://www.rcot.co.uk/sites/default/files/Introduction-to-social-media-2015-July%20%281%29.pdf> Accessed on 13.10.18.

Health and Care Professions Council (2018) Guidance on social media. London: HCPC. Available at: <http://www.hpc-uk.org/registrants/socialmediaguidance/> Accessed on 13.10.18.

Scottish Government (2017) Scotland's national dementia strategy 2017–2020. Edinburgh: SG. Available at: <https://www.gov.scot/dementiastrategy> Accessed on 13.10.18.

Keywords

Dementia, Mental health, Education and students, Older people

Author Information

S MacFarlane is a 2018 occupational therapy intern at Alzheimer Scotland, Edinburgh. MSc Occupational Therapy (Pre-Registration) student at Queen Margaret University.

C Felle is a 2018 occupational therapy intern at Alzheimer Scotland, Edinburgh. MSc Occupational Therapy (Pre-Registration) student at Queen Margaret University.

Poster P138**PROMOTING HOW OCCUPATIONAL THERAPY CAN HELP PEOPLE LIVE WELL WITH DEMENTIA ON TWITTER**

Milligan C, Brown J NHS Greater Glasgow and Clyde
Dorman L NHS Fife

Twitter is considered a valuable, cost effective and accessible way to communicate with people. Quality improvement methodology was utilised to direct the project of a new Twitter account, @AHPDementia. Its aim was to test if Twitter was a useful platform to increase engagement with the public about dementia and what occupational therapists CAN do to support people living with dementia. A small group of six occupational therapists tweet daily, from across Scotland, utilising clinical knowledge from working with people living with dementia. Work is linked to the Alzheimer's Scotland strategy – Connecting People, Connecting Support (2017), which outlines an AHP vision for change. This links with commitment 10 of Scotland's National Dementia Strategy 2017–2020. For the benefit of occupational therapy to be realised for all people living with dementia and their carers, we require to develop new ways of thinking and working that increase our visibility. The initial aim of the project was to reach 1000 followers. The account in August 2018, 8 months after commencement, has 1,254 followers. As professionals we have personally developed our skills and competences with the use of social media and can see the benefits of delivering universal practical occupational

therapy advice to empower the public to understand the role of the profession. Twitter is a high impact free resource that is accessible to all. We have received feedback on tweets, and the statistics generated from Twitter have enabled us to select the top 5 monthly tweets, which shape future work.

References

Alzheimer's Scotland (2017) Connecting People, Connecting Support, Edinburgh. Available at: https://www.alzscot.org/assets/0002/9408/AHP_Report_2017_Web.pdf Accessed on 05.11.2018

Scottish Government (2017a) Scotland's National Dementia Strategy 2017–2020. Scottish Government. Available at: <https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/pages/0/> Accessed on 05.11.2018

Keywords

Long term conditions, Dementia, Mental health, Older people

Author Information

C Milligan is a Clinical Specialist Occupational Therapist in NHS Greater Glasgow and Clyde, and member of the Occupational Therapy Scottish Dementia Working Group.

J Brown is a Lead Occupational Therapist in NHS Greater Glasgow and Clyde, and member of the Occupational Therapy Scottish Dementia Working Group.

Poster P139**IMPLEMENTING A SEVEN DAY PAEDIATRIC OCCUPATIONAL THERAPY SERVICE – THE BENEFITS AND CHALLENGES**

Besrant K, Greenway S, Evans B University Hospital Southampton

Title of paper: Implementing a seven day paediatric occupational therapy service – the benefits and challenges. Aim of poster presentation: To share the service model used at Southampton Children's Hospital in providing a seven day acute paediatric occupational therapy service. Background: The move to deliver consistent, high quality services seven days a week within the NHS has been on the political agenda in recent years, following the publication of 'NHS services open seven days a week: Every day counts' (NHS Improving Quality, 2013) and with the contribution of NHS Services, Open Seven Days a Week Forum: Summary of initial findings (2013). There is a strong body of evidence linking reduced level of service provision at the weekend and poor outcomes for patients. In 2015, following a consultation and with the provision of enhanced funding to meet the British Society of Rehabilitation Medicine staffing levels for rehabilitation, a modified seven day occupational therapy service was implemented within Southampton Children's Hospital. The weekend service provides interventions to both orthopaedic patients and patients receiving neuro-rehabilitation. Method: Data was obtained and analysed over a period of 2 years between April 2016 and April 2018, to identify the impact of the weekend service, with a focus on weekend discharges and reduced length of stay. Qualitative data was also obtained through parental questionnaires on their perception of the benefits of receiving occupational therapy input over a weekend. The poster describes the seven day service model used, the

challenges faced, the solutions identified and the organisational benefits.

References

NHS Improving Quality (2013), NHS Services Open Seven Days a Week: Every Day Counts. Leeds: NHS England. Available at: <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Seven-Day-Services-Every-Day-Counts.pdf> Accessed: 05/10/18

NHS England (2013), NHS Services, Seven Days a Week Forum: Summary of Initial Findings. Leeds: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/12/forum-summary-report.pdf> Accessed: 05/10/2018

Keywords

Children and families, Neurological practice

Author Information

K Besrant is a paediatric occupational therapist.

S Greenway is a paediatric occupational therapist.

Poster P141**AN EXPLORATION OF THE EXPERIENCE PARTICIPATION IN A DANCE GROUP HAS ON THE HEALTH AND WELL-BEING OF STROKE SURVIVORS****Gill E** No organisation stated

In the United Kingdom, over 100,000 people experience a stroke annually (Stroke Association, 2018). Psychological changes post-stroke often result in poor community reintegration due to disengagement in premorbid occupations, loss of valued roles, reduced confidence and difficulty adjusting to a new sense of self (Williams and Murray, 2013). While participation in meaningful occupations is known to positively influence a person's health and well-being, it is important to facilitate meaningful activities into the long-term care of stroke survivors. The purpose of this study was to explore stroke survivors' experience of participating in a dance group within the community. A qualitative phenomenological approach was employed. A dance programme for stroke survivors was carried out within the community by a skilled facilitator. After six weeks of the community sessions, the researcher carried out semi-structured interviews with three participants. Results: The enjoyment gained from the dance classes motivated participants to engage in other purposeful activities throughout their daily lives. Participation in these classes also led to a perceived improvement in self-identity, self-perceived confidence and a sense of belonging gained through the social nature of being part of a group. The use of dance reflects the multifaceted nature in which engagement in a meaningful occupation can promote the health and well-being among stroke survivors (Wilcock and Hocking, 2015). Findings reflect similar research (Carin-Levy et al., 2009; Lewis et al., 2016; Williams and Murray, 2013); however, larger scale studies are warranted to further

investigate the psychosocial factors associated with dance and stroke.

Ethical approval was granted by the University of Cumbria Ethics board committee.

References

- Carin-Levy, G., Kendall, M., Young, A. and Mead, G. (2009) The Psychosocial Effects of Exercise and Relaxation Classes for Persons Surviving a Stroke. *Canadian Journal of Occupational Therapy*, 76(2), 73–80.
- Lewis, C., Annett, L., Davenport, S., Hall, A. and Lovatt, P. (2016) Mood changes following social dance sessions in people with Parkinson's disease. *Journal of Health Psychology*, 21(4), 483–492.
- Stroke Association (2018) State of the Nation. Available at: https://www.stroke.org.uk/system/files/sotn_2018.pdf (accessed: 26 April 2018).
- Wilcock, A. and Hocking, C. (2015) *An occupational perspective of health* (3 edn) Thorofare, NJ: Slack.
- Williams, S. and Murray, C. (2013) The Experience of Engaging in Occupation following Stroke: A Qualitative Meta-Synthesis. *British Journal of Occupational Therapy*, 76(8), 370–378.

Keywords

Adult physical health, Long term conditions, Neurological practice, Older people

Author Information

The author recently completed a Masters in Occupational Therapy at the University of Cumbria.

Poster P142**THE OCCUPATION OF BEING A STUDENT: WHAT ARE THE BARRIERS AND FACILITATORS TO ACHIEVING MENTAL WELL-BEING?****Short J, Lowe J** Northumbria University

The mental well-being and mental health of students has become an increasingly reported topic across the media in recent years, with news articles completing surveys and reporting the findings that 87% of first year students find it difficult to cope with the academic and social stresses of university (The Guardian, 2017). Similar relevant studies have been carried out around first year students' lived experiences of their first year at university (Porteous & Machin, 2017). There is also a vast amount of evidence around the psychological well-being and stress factors relating to undergraduate student nurses (Smith & Yang, 2017). Smith and Yang (2017) found that there was a positive correlation between stress and psychological well-being. However, there is limited research looking at this from an occupational perspective or around what could be considered as barriers and facilitators to achieving mental well-being from an undergraduate student's perspective. An empirical qualitative study focusing on the experiences of first year occupational therapy students through a questionnaire and semi structured interviews highlighted the key anxieties, facilitators and barriers to achieving mental well-being as an occupational therapy student. These were explored utilising an interpretative phenomenological analysis approach. This poster aims to present the findings and identify key areas where an occupational perspective can improve mental well-being in this population.

Ethical Approval from Northumbria University.

References

- Porteous, D.J. & Machin, A. (2017). The lived experience of first year undergraduate student nurses: A hermeneutic phenomenological study. *Nurse Education Today*. 60. 56–61.
- Smith, G.D. & Yang, F. (2017). Stress, resilience and psychological well-being in Chinese undergraduate nursing students. *Nurse Education Today*. 49. 90–95.
- The Guardian (2017).

Keywords

Mental health, Education and students

Author Information

Jessica is a final year MSc (pre-registration) occupational therapy student at Northumbria University.

Julie-Anne is the professional lead for occupational therapy and head of subject Community Wellbeing at Northumbria University.

Poster P143**WE AIN'T BREAKING ICE. YOU KNOW WHAT I MEAN: CO-OCCUPATION AND ATTACHMENT BETWEEN MENTORS AND THEIR CARE-LEAVER MENTEES****Carder-Gilbert H, Dallos R** Plymouth University

Vulnerable children and young people have benefited from being mentored by a stable adult; however, little is known about why mentoring is helpful and this limits the extent to which theory or research can help guide its application (Dallos et al., 2018). Co-occupation is a synchronous back and forth of actions (Pierce, 2000). It has been argued that co-occupation develops the internal attachment model of an infant who is bonded to an adult caregiver (Price and Milner, 2009), but it is not clear if co-occupation can produce similar attachment changes in disadvantaged teenagers and young adults. The aim of the current research was to explore narratives jointly articulated about the mentoring relationship and to observe interactions between the dyad. The current research jointly interviews six mentor–mentee dyads who were connected for 2–6 years, and using a thematic analysis (Miles and Huberman, 1994) and a conversational analysis (Veroff et al., 1993) explores the therapeutic processes of their relationship. Themes related to comfortable emotional tone, the empowerment of the young person, the importance of doing activities together and the reciprocal empathy between them emerged. Their social interaction helped to construct the meaning of the shared bond through collaboration, active listening and checking, and shared moods, including laughter. The evidence supported the idea that positive changes in the internal attachment model of the young person had occurred as a result of co-occupation with the adult mentor. Reflections of the capabilities, knowledge and skills related to effective mentoring are considered.

Ethical approval was given by the Faculty of Health Ethics Committee at Plymouth University. Participants or their legal guardian gave their informed consent.

References

Dallos, R., Carder-Gilbert, H.P., Salter, R. and Penn, S. (2018) 'Taking the Stone from My Heart: An exploration of the

benefits of a mentoring programme (PROMISE) for children at risk of significant harm', to be published in *Clinical Child Psychology and Psychiatry* [Preprint]. Available at: <https://doi.org/10.1177/1359104518805227> (Accessed: 4 November 2018).

Miles, M.B. and Huberman, A.M. (1994) *Qualitative Data Analysis* (2nd Edn), Thousand Oaks, CA: Sage Publications.

Pierce, D. (2000) 'Maternal management of the home as an infant/toddler developmental space', *American Journal of Occupational Therapy*, 54, pp. 290–299.

Price P. and Milner, S. (2009) 'Extraordinarily ordinary moments of co-occupation in neonatal intensive care unit', *OTJR: Occupational Participation and Health*, 29(2), pp. 72–78.

Veroff J., Sutherland, L., Chadiha, L.A. and Ortega, R.M. (1993) 'Newlyweds tell their stories: A narrative method for assessing marital experiences', *Journal of Social and Personal Relationships*, 10(3), pp. 437–457.

Keywords

Children and families, Mental health, Disadvantaged people, Social care

Author Information

Hassina trained as a psychological researcher before retraining as an occupational therapist. She currently works in mental health. She has a special interest in therapeutic outcomes for young people who are disadvantaged by context and social environment. Some reflections on this experience are considered in the talk.

Rudi Dallos is an academic and clinical psychologist. He has practised as a family therapist for over 30 years. Rudi has published several books and numerous publications. He also trains health professionals in an integrative approach to systemic family therapy, combining ideas and techniques from attachment theory and narrative theory.

Poster P144**THE UTILITY AND EFFECTIVENESS OF INTRODUCING A SENSORY BASED OCCUPATIONAL THERAPY PROGRAMME WITHIN AN INPATIENT ADULT ACUTE MENTAL HEALTH SERVICE****Cooper N, Harrington N** Central and North West London NHS Foundation Trust

Findings in the Five Year Forward View for Mental Health (Mental Health Taskforce, 2015) highlight the need for the development of occupational therapy interventions which may improve self-management, occupational and social functioning. Sensory processing is a domain identified by occupational therapists as affecting all areas of occupational functioning (College of Occupational Therapists, 2013). Sensory processing is increasingly utilised within mental health inpatient settings internationally to support recovery-focused and trauma-informed therapy (Scanlan and Novak, 2015) and aims to support people to address their sensory needs and manage adverse behavioural responses (Champagne, 2008). Limited research has been conducted within the UK, therefore further exploration is required to develop the evidence base. This poster provides valuable insight into the perspectives of occupational therapists on the utility and effectiveness of introducing a 6 week sensory based intervention programme in an inpatient acute adult mental health service. The programme includes the completion

of a sensory assessment and creating a personalised sensory box while exploring management of symptoms. The Mental Health Act 1983: Code of Practice (Department of Health, 2015) outlines the importance of reducing restrictive interventions; this poster aims to highlight the occupational therapist's essential role within that. The process of reducing restrictive interventions is currently implemented within the service following a pilot of successful sensory assessments. Clients have identified and requested specific tools in meeting their sensory need, particularly the use of music and musical instruments, further demonstrating the contribution that occupational therapy can make.

References

Champagne, T. (2008) *Sensory modulation and environment: Essential elements of occupation* (3rd ed.). Southampton, MA: Champagne Conferences.

College of Occupational Therapists (2013) *Practice Briefing – Sensory Integration*, London: COT. Available online: <https://www.sensoryintegration.org.uk/Resources/Documents/Resources/COT%20Practice%20Briefing%20-%20Sensory%20Integration.pdf> (Accessed on: 28/03/18).

Department of Health (2015) Mental Health Act 1983: Code of Practice. Available online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF (Accessed on: 12/04/18).

Mental Health Taskforce (2015) The Five Year Forward View for Mental Health. Available online: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> (Accessed on: 28/03/18).

Scanlan, J. N. and Novak, T. (2015) Sensory approaches in mental health: A scoping review. *Australian Occupational Therapy Journal*, vol. 62, pp. 277–285. Available online: <http://dx.doi.org/10.1111/1440-1630.12224> (Accessed on: 10/04/18).

Keywords

Mental health

Author Information

Naomi is a senior occupational therapist working in mental health on a male acute ward and a psychiatric intensive care unit (PICU) within CNWL. Naomi has a specialist interest in the use of sensory integration within mental health services to reduce restrictive interventions and promote physical health and wellbeing.

Norma is a newly qualified occupational therapist working in mental health on a female acute ward within CNWL. Norma has a specialist interest in working with clients diagnosed with personality disorders and implementing sensory integration techniques to help clients to self-regulate and regain control of their mental health.

Poster P145

TWO OCCUPATIONAL THERAPISTS' PERSPECTIVES ON WORKING WITH A RANGE OF CLIENTS, ACTIVELY USING THE OUTDOORS AS THEIR WORK SPACE TO GAIN MOTIVATION AND PHYSICAL AND MENTAL HEALTH IMPROVEMENTS

Diss R Beaumont College Niblock C The Cove – Lancashire Care

Through experiential learning an individual can explore their interests and abilities, finding motivation and purpose to improve their health and self-identity (Jeffrey and Wilson, 2017). Two occupational therapists compared their practice working with young adults with mental, learning and physical needs and identified therapeutic benefits for their clients working in outdoor settings. Taking clients on short walks or two day expeditions, there was a clear gain from the activities that these interventions provided. Students attending a special needs college participated in Duke of Edinburgh Award expedition training supported by their occupational therapist. It increased skill building practice in areas such as self-care and working collaboratively as a team. The necessary physical activity complemented the somatosensory input, helping to develop their sensory processing, sequencing and planning (Schaaf and Mailloux, 2015). Progress resulted in a wider range of achievement than was initially anticipated. Occupational therapists were able to address barriers which had previously prevented this activity being established for this group. Clients were encouraged to explore local outdoor environments within occupational therapy sessions, utilising maps and a cooking stove to make choices and routine around a simple walking activity. They took responsibility for where they would go and take a break, using the stove as a tool for assessment and social

opportunity. This gave young adults an alternative outlook on their identity and value. Through the occupational therapists sharing their practice, both have developed their ideas further and would like to share this learning with others to encourage outdoor working (Raine and Ryan, 2002).

References

Jeffrey H and Wilson L (2017) New Zealand Occupational Therapists' use of adventure therapy in mental health practice: *New Zealand Journal of Occupational Therapy*, 64(1), 32–38

Raine R and Ryan S (2002) Outdoor adventure activities for personal development, Katie's story: *Mental Health Occupational Therapy*, 7(3), 6–9

Schaaf RC and Mailloux Z (2015) *Clinician's Guide for Implementing Ayres Sensory Integration. Promoting Participation for Children with Autism*. Bethesda: AOTA Press

Keywords

Adult physical health, Learning disability, Mental health

Author Information

Rachel is an occupational therapist at Beaumont College in Lancaster. Within her job she manages the Duke of Edinburgh Award for young adults with learning and physical disabilities. She is a mountain leader and uses this qualification to support learning.

Catherine Niblock is an occupational therapist based at the Cove unit in Morecambe. She is a qualified outdoor instructor and uses the local landscape, coastline, hills and woodland to give her clients access to nature and physical activity, supporting their mental wellbeing. She likes to fell run and explore.

Poster P146

THE UK HAND TRANSPLANT PROGRAMME. DEVELOPMENT OF THE OCCUPATIONAL THERAPY ROLE IN INNOVATIVE PRACTICE

Burdon J Leeds Teaching Hospitals NHS Trust

The world's first successful hand transplant was performed in Louisville, America in 1999. Since then over 100 transplants have been performed globally (Alolabi et al 2017). In the UK, the first hand transplant was performed in Leeds in 2012, with NHS England commissioning hand transplants to be available through the NHS from April 2016. To date, a further 4 hand transplants have been performed in the UK. The body of published international data demonstrating improvement in function and quality of life has resulted in the procedure once regarded as experimental now becoming accepted as a

viable treatment option for carefully selected patients (Alolabi et al 2017, Shores et al 2015). A detailed multi-disciplinary assessment and treatment approach is essential to ensure the success of a hand transplant. The benefits of improved quality of life need to be carefully balanced against the risks of immunosuppressive medication required with transplant. The role of the occupational therapist has been a key part of the hand transplant team. The World Health Organization (WHO) International Classification of Function, Health and Disability (ICF) model was used as a framework to select the assessment tools and outcome measures used to measure function and ensure activity and participation were at the centre of the team's approach (WHO 2002). The role of the occupational therapist in the assessment and treatment of the first 5 UK hand transplant

patients will be presented, alongside practice developments and personal reflections from an occupational therapist working in this innovative area of practice.

References

Alolabi N, Augustine H, Thoma A (2017) Hand Transplantation: current challenges and future prospects. *Transplant Research and Risk Management*. 9: 23–29

Shores JT, Brandacher G, Lee WP (2015) Hand and Upper Extremity Transplantation: An update of outcomes in the worldwide experience. *Plastic and Reconstructive Surgery*. 135 (2): 351–360

World Health Organization (2002) *Towards a Common Language for Functioning, Disability and Health: ICF The International Classification of Functioning, Disability and Health*. Geneva, Switzerland.

Keywords

Adult physical health

Author Information

Joanna is a clinical specialist occupational therapist in hands and plastic surgery and the lead occupational therapist for the UK Hand Transplant Programme.

Poster P147

EVIDENCING THE IMPACT OF OCCUPATIONAL THERAPY: A QUALITY IMPROVEMENT ROUTE TO USING AN OUTCOME MEASURE IN COMMUNITY MENTAL HEALTH

Humby K, Kidd L South London and Maudsley NHS Foundation Trust

Context: In recent years South London and Maudsley NHS Foundation Trust has made a strong commitment to quality improvement (QI), working to develop a culture of continuous improvement and focusing on outcomes that matter most to our service users. Evaluating the clinical and cost effectiveness of occupational therapy in mental health practice has been identified as a priority for the profession (Birken et al 2017) and routinely collecting outcomes is a vital component of this. Barriers to use of standardised assessments have been heavily documented and routine use of them is low (Unsworth 2011). The project: A disparity in service provision across Southwark community mental health teams was combined with no robust way of evidencing the effectiveness of occupational therapy specific interventions. Using a QI framework, a standardised occupational therapy care pathway has been developed incorporating the regular use of the Occupational Circumstances Assessment Interview and Rating Scale (Forsyth et al 2006) to provide outcomes. The introduction of a discharge letter has been a key addition to the pathway and positive qualitative feedback has been gathered from service users regarding this. Occupational therapists are now able to evidence where interventions are having significant positive impact on areas of occupational functioning and meaningful engagement. Using a QI framework ensured constant measurement and evaluation of data. A subsequent QI project is now under way to introduce a patient reported outcome measure. This will increase the

richness of the outcomes data, with a view to further enhancing co-production of services as well as supporting future research.

References

Birken M, Couch E, Morley M (2017) Barriers and facilitators of participation in intervention research by mental health occupational therapists. *British Journal of Occupational Therapy*, 80(9), 568–572.

Forsyth K, Deshpande S, Kielhofner G, Henriksson C, Haglund L, Olson L, Skinner S, Kulkarni S (2006) *The Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS) Version 4.0*. Chicago: Model of Human Occupation Clearinghouse, University of Illinois at Chicago.

Unsworth C (2011) Evidence-based practice depends on routine use of outcome measure. *British Journal of Occupational Therapy*, 74(5), 209.

Keywords

Long term conditions, Mental health

Author Information

Kirsty graduated from Brunel University in 2010 and has worked as an occupational therapist within South London and Maudsley NHS Foundation Trust for the past 8 years. She has mainly worked in community roles for the trust and is currently the clinical lead occupational therapist for Southwark Community Services.

Lucy graduated from Cardiff University in 2014 and joined South London and Maudsley NHS Foundation Trust in 2015. Lucy has worked on inpatient wards and community teams across the trust and is currently working as a senior occupational therapist in a promoting recovery psychosis team based in Southwark.

Poster P148

DOES OCCUPATIONAL THERAPY INFLUENCE HOPE AND MOTIVATION? STORIES OF RECOVERY IN ADULT MENTAL HEALTH

Jacques S Sheffield Hallam University

The message of hope in the recovery model encourages those with mental illness to strive to find meaning and purpose in their lives (Jacobson and Greenley, 2001). Occupational engagement and presence can facilitate hope and meaning in the process of recovery (Lloyd et al., 2007), in which peer support also provides a significant contribution where experience and empathy are recognised (Weinstein, 2010). Aim: This study looks to explore how people who experience mental health difficulties may find hope and motivation in their recovery through meaningful occupation and activity during their inpatient mental health stays and beyond into peer support volunteering. Method: Peer support volunteers, who were all previous patients at a large NHS trust, were interviewed to gain their personal accounts of

hope, motivation and recovery and to ascertain if occupational therapy had an impact on their recovery journey. The interviews were analysed using Interpretative Phenomenological Analysis. Findings: Early findings suggest that occupational therapy activities are important in participants' recovery journeys to provide a sense of normality, skill building and hope for the future. Peer support volunteering is seen to be a way of giving something back and helping others as a crucial element of participants' ongoing recovery. The findings have the potential to inform occupational therapy practice and service provision. Ethics: The study was conducted as part of the MSc Occupational Therapy course at Sheffield Hallam University. Participants were peer support volunteers and approval came from the Grounded Research department at the NHS trust.

References

- Jacobson, N. & Greenley, D. (2001). What is recovery? A conceptual model and explication. *Psychiatric Services* (Washington, D.C.), 52 (4), 482.
- Lloyd, C., King, R., McCarthy, M. & Scanlan, M. (2007). The association between leisure motivation and recovery: A pilot study. *Australian Occupational Therapy Journal*, 54 (1), 33–41.
- Weinstein, J. (2010). *Mental health, service user involvement and recovery*. London: Jessica Kingsley.

Keywords

Long term conditions, Mental health, Support workers

Author Information

The author is currently a final year MSc student at Sheffield Hallam University. Passionate about mental health and recovery and how occupational therapy has a vital part to play in this area.

Poster P149**SPECIALIST SUBSECTION PAIN****Jefferies S Harbour Farm Occupational Therapy/RCOT Specialist Section Pain**

RCOT had an invitation to attend an event on chronic pain in Westminster for a professional body to influence future policy. During this event there was a clear call for action for professionals to become more involved within pain and pain services. Main aims of the Pain Subsection are

- Role to members to be part of influencing future policy by attending events and adding to the evidence base for clinical practice
- Members will be able to help review national guidelines, for example for NICE, NHS England, The British Pain Society, British Pain Guidance Review and international policies/reviews, DWP, Return to Work, FIT notes, Work Retention Programmes
- Members will be part of shaping pain services nationally as at present in some regional and national teams there is no occupational therapist

- Promote the subsection to be a resource for fellow occupational therapists within RCOT to ask questions to if practitioners have difficult and complex cases and share best practice
- Pain crosses all sections and specialisms so will be beneficial to lots of RCOT members
- Be part of the discussions for the new interventions being offered and join the discussion regarding cannabis oil for pain relief
- The subsection can give advice and guidance on areas such as outcome measures and interventions which are effective and evidence based for practitioners to use

Keywords

Adult physical health, Long term conditions, Mental health, Social care

Author Information

Samantha is a core member of the Pain subsection.

Poster P150**DEMONSTRATING THE COST EFFECTIVENESS OF OCCUPATIONAL THERAPY WITHIN ACUTE MENTAL HEALTH SETTINGS****Jhumat N, Murphy T Central and North West London NHS Foundation Trust**

In response to the Improving Lives, Saving Money campaign (Royal College of Occupational Therapists 2018), the adult acute mental health occupational therapy teams across all of Central and North West London (CNWL) NHS Foundation Trust's catchment areas committed to embracing the national drive campaign by including it as an annual objective in the Trust's occupational therapy research and development strategy (Willis 2017–2018). As a cohort of adult acute occupational therapists, we are committed to sharing one example of an existing innovative, cost-effective intervention that showcases the quality of care in our respective boroughs: 1. An outreach occupational therapy programme, providing four weeks of goal-orientated intervention to facilitate early discharge; 2. Occupational therapy interventions with individual service users in response to episodes of aggression on the wards to minimise coercion and restrictive practice; 3. Installing adaptive pieces of equipment in service users' homes during admission in order to reduce gaps in accessing resources and avoid unsafe discharges from hospital; 4. The role of the occupational therapist in ensuring the least restrictive, most cost-effective discharge planning route is being followed; 5. The important relationship between in-patient occupational therapist and third sector/charity organisations in optimising service user empowerment, choice and offering an alternative to secondary care input. The collaborative poster will

demonstrate the profound impact occupational therapy has had in adult acute mental health services within CNWL: outlining with clear projected cost-saving outcomes, providing least restrictive and safe practice, reducing hospital stays and offering choice for service users. Feedback from service users and carers will also be a central feature.

References

- Royal College of Occupational Therapists (2018) *Improving Lives Saving Money*. London (RCOT) available at <http://cotimprovinglives.com/about/> accessed on 5.11.2018.
- Willis, S (2017–18) *Central and North West London NHS Foundation Trust Occupational Therapy Research and Development Strategy*. Unpublished.

Keywords

Managers, Mental health

Author Information

Nicola is the lead occupational therapist for Adult Acute Mental Health Services in Brent. She is also a senior research practitioner for the Adult Acute Service Line in her Trust: Central and North West London NHS Foundation Trust.

Tallis is the lead occupational therapist for Adult Acute Services in Harrow. She is also a senior research practitioner for the Adult Acute Service Line in her Trust: Central and North West London NHS Foundation Trust.

Poster P151**THE GARDEN GATE IS OPEN: PROMOTING WELL-BEING THROUGH NATURE IN END-OF-LIFE CARE**

Pilgrem E Phyllis Tuckwell Hospice Care Leckie K Marie Curie

In the health and care system, gardens and gardening can make a strong contribution to keeping us well and independent (Buck 2018). Our work shows that the benefits

of Social and Therapeutic Horticulture (STH) are equally achieved in end-of-life care. Enhanced quality of life, improved well-being, restoration, adjustment and

normalisation, affirmation of life and preparation for death through meaningful and valuable occupation are some of these positive elements (Cimprich 1993, Hartig et al

2014). An STH for Palliative Care expansion scheme funded by St James's Place Foundation demonstrated that innovative nature-based occupations can be used to support

people to live well with advanced and terminal illness. These interventions, including accessible indoor table-top gardening, have the potential to address complex and

multifaceted issues that impact clients (Haller and Kramer 2006). Outcomes and evaluation in this scheme, social and therapeutic horticulture research and practice wider afield with the STH4PC Interest Group indicate immediate improvement to wellbeing. We aim to promote the therapeutic value of STH as a holistic intervention to be utilised by occupational therapists in palliative and end-of-life care. The poster will

- demonstrate the positive impact of STH on quality of life and wellbeing, underpinned by the STH Model (Pilgrem 2018)

- include mechanisms to embrace risk and overcome barriers to enable participation in STH
- give practical examples of STH utilised with clients throughout the disease trajectory.

Ultimately, the poster will help enhance delegates' theoretical and practical understanding of this meaningful occupation for consideration within their clinical practice. **References**

Buck, D. (2018) People, places and health: Come into the garden [Presentation] STH4PC Interest Group Study Day, 13 October 2018. Farnham: Phyllis Tuckwell Hospice.

Cimprich, B. (1993) Development of an intervention to restore attention in cancer patients. *Cancer Nursing*, 16(2), 83–92.

Haller, R. and Kramer, C. (2006) *Horticultural Therapy Methods*. Boca Raton: CRC Press.

Hartig, T., Mitchell R., de Vries, S. and Frumkin, H. (2014) *Nature and Health*. *Annu. Rev. Public Health*, 35, 207–28.

Pilgrem, E. (2018) *Social and Therapeutic Horticulture for Palliative Care Model* (unpublished).

Keywords

End of life care

Author Information

Occupational therapist, PDD STH, RCOT Merit Award 2018. STH4PC interest group chair.

Project lead for HUK St James Place Foundation Award Project 2016–2018. Practice development facilitator and occupational therapist for Marie Curie.

Poster P152**REMOTE DIGITAL MONITORING TECHNOLOGY AND PEOPLE WITH DEMENTIA: THE POTENTIAL TO IMPROVE THE RESILIENCE OF FAMILY CARERS**

Barnett D Sheffield Teaching Hospitals NHS Foundation Trust

Most older adults wish to live at home for as long as possible and this is the favoured option of policymakers (Kim et al 2017). Providing informal care for people with dementia is likely to make family carers feel burdened or stressed (Chaaya et al 2017, Wild et al 2008). Consequently there is a need for interventions to support caregivers (Sutcliffe et al 2016, Thyrian et al 2017). Patient and public involvement: Advice from a community elders panel informed the research purpose, design and methods. Research purpose: To find out if remote monitoring technology affects levels of wellbeing and burden and enables family carers to recognise changes in routine behaviour. Research design: A self-selecting, non-randomised feasibility study over six months, with background data gathering. Research methods: A person with dementia plugged their kettle into a digital plug. If the kettle hadn't been used during a specified time period, their family carer was alerted on their smartphone or computer and was asked to respond. Standardised surveys were carried out when the plug was fitted and 4 months later. Results: Recruited 30 paired participants. 13 people with dementia had improved well-being scores. 18 family carers' level of burden had reduced and 15 family carers' well-being scores improved or stayed the same. 12 family carers were able to recognise surprising patterns of behaviour. Conclusions: Remote monitoring technology can improve the resilience of family carers who are looking after a

person with dementia and occupational therapists are in a prime position to recommend this.

Ethical approval ER5178396 gained from Sheffield Hallam University.

References

Chaaya M, Phung K, Atweh S, El Asmar K, Karam G, Khoury R, Ghandour L, Ghush H, Assaad S, Prince M, Waldemar G (2017) Dementia and family burden of care in Lebanon. *BJPsych International*, 14(1), 7–9.

Keywords

Long term conditions, Dementia, Older people

Author Information

The author is a senior occupational therapist working on care of the elderly wards at Sheffield Teaching Hospital NHS Foundation Trust. She was seconded to Sheffield Hallam University as a research assistant to work on the project and during this time obtained a HEIF Fellowship.

Poster P153**PRE-ADMISSION OCCUPATIONAL THERAPY TELEPHONE CLINIC IN ELECTIVE NEUROSURGERY****Worby S, O'Neill C** The National Hospital for Neurology and Neurosurgery

In light of the increase of patients and governmental drivers, it is necessary to review the entire aspect of the patients' journey, starting with pre-admission (Gilmartin et al, 2009), the average length of stay at the National Hospital for Neurology and Neurosurgery (NHNN) in 2015 being 6.9 days. A pre-admission occupational therapy telephone clinic was set up in 2015 for elective neurosurgical patients at NHNN. A screening tool is used by the nurses in pre-admission assessment clinic (PAC) to identify patients having difficulties with occupational activities. These patients are referred to occupational therapy telephone clinic with diagnoses including spinal surgeries, brain tumours and normal pressure hydrocephalus. By gaining information about the patient's function before admission and making timely referrals to local community services, the clinic aims to optimise patients' function prior to planned surgery, improving functional outcomes post-surgery and expediting discharge home; reduce risk in the community associated with poor function by recommending equipment, referrals to local community teams such as falls (O'Brien et al, 2013); reduce length of stay by ensuring a smooth transition home post-surgery, with community services and equipment referrals in place (Way et al, 2003); increase efficiency of the inpatient intervention as information gathering and appropriate referrals have been completed, allowing inpatient therapists to focus on the patient's function post operatively. Since the service was established, length of stay for elective patients has reduced by

1.5 days and this service has been a contributing factor in the overall reduction in length of stay.

References

Gilmartin J, Chin H & Leonard P (2009) Pre-admission clinics in day surgery. The 'one-stop shop': Tools and methods for practice improvement and service development: *Practice Development in Health Care*, 8 (4), 239–252

O'Brien L, McKeough C & Abbasi R (2013) Pre-surgery education for elective cardiac surgery patients: A survey from the patient's perspective: *Australian Occupational Therapy Journal*, 60, 404–409

Way P, Fairbrother G, Grguric S & Broe J (2003) The relative benefits of pre-operative clinic vs on admission approaches to preparing patients for elective cardiac surgery: *Australian Critical Care*, 16 (2) 71–75

Keywords

Adult physical health, Long term conditions, Neurological practice

Author Information

Susannah Worby is a clinical specialist occupational therapist working in the Neurosurgery Therapies department at the National Hospital for Neurology and Neurosurgery. Susannah and her co-author run pre-assessment occupational therapy clinics assessing elective neurosurgical patients prior to admission.

Caroline O'Neill is a clinical specialist occupational therapist working in the Neurosurgery Therapies department at the National Hospital for Neurology and Neurosurgery and running the pre-assessment occupational therapy clinic with her colleague.

Poster P154**THE USE OF THE ARMEOSPRING DEVICE IN CONJUNCTION WITH TRADITIONAL OCCUPATIONAL THERAPY UPPER LIMB REHABILITATION****James E, Oliveira M** Ascot Rehab Ltd

Robotic therapy of the upper limb offers the opportunity for high intensity training that is motivating in an enriched and interactive virtual environment with complex motor tasks which aid motor recovery. Upper limb exoskeletons have been introduced in neurorehabilitation, helping to guide and de-weight the patient's limb, enabling many degrees of freedom in a natural workspace. Robotic upper limb devices can be beneficial for more severely affected individuals who are unable to sufficiently lift their arm against gravity or lack fine motor control. At present there is insufficient evidence that robotic therapy is superior to conventional rehabilitative therapy and it is for this reason that we incorporate it into our upper limb rehabilitation programmes. At Ascot Rehab, the occupational therapists are fortunate to have the ArmeoSpring device and this has been used to complement traditional therapy in a range of conditions, including spinal cord injury, stroke and rotator cuff injury, all with positive effect. In addition to a treatment modality we are able to use the joint range of motion measurement and target test done on assessment as an outcome measure to complement our other outcome measures. From our experience of using the armeo as part of the rehabilitation programme, patients have benefited as evidenced in clinical outcomes and they have enjoyed using it. Our poster will illustrate and discuss a single case study where we will demonstrate how we have used robotics alongside traditional therapy and the outcomes we obtained from this intervention.

References

Evaluation of the effects of the arm light Exoskeleton on movement execution and muscle activities: a pilot study on healthy subjects: *Journal of NeuroEngineering and Rehabilitation* 2016 13:9 <https://doi.org/10.1186/s12984-016-0117-x> Pirondini et al. 2016

The Armeo spring as a training tool to improve upper limb functionality in multiple sclerosis: a pilot study. *Journal of NeuroEngineering and Rehabilitation* 2011 8:5

<https://doi.org/10.1186/1743-0003-8-5> Gijbels et al; licensee BioMed Central Ltd. 2011

Weight compensation characteristics of Armeo Spring exoskeleton: implications for clinical practice and research. *Journal of NeuroEngineering and Rehabilitation* 2017 14:14 <https://doi.org/10.1186/s12984-017-0227-0> The Author(s). 2017

Keywords

Adult physical health, Long term conditions, Neurological practice

Author Information

E James is Head of Occupational Therapy at Ascot Rehab.

M Oliveira is a senior occupational therapist.

Poster P155**IT AIN'T WHAT YOU DO, IT'S THE WAY THAT YOU DO IT: THE IMPORTANCE OF 'HOW' IN DEMENTIA****Pearce S** Understanding Dementia

Aims: To highlight the significance of relational factors when delivering interventions for dementia. Background: 'Occupational therapists deliver evidence-based interventions' (Royal College of Occupational Therapists) and colleagues often discuss the relative merits of different activities in dementia. Critical analysis: By definition, evidence based interventions work, assuming that results are objective and generalisable. However, the manner of delivery can also affect outcomes. Kitwood's term 'malignant social psychology' (Kitwood 1997, p4) referred not to particular interventions but to the culture and attitudes of healthcare professionals to people with dementia in their care. A new intervention is developed by experts, tested under controlled conditions and shown to work (Spector et al 2003). Skilled therapists confirm its effectiveness and it is identified as best practice, included in guidelines (NICE 2018) and used extensively. However, restricted budgets may result in the same intervention being delivered less frequently, over fewer sessions or by minimally trained assistants. Even minor changes can influence results (Cove 2013), and the subjectivity of people with dementia (Kitwood 1997, p70) can render subtle differences profound. The impact of these factors on the effectiveness of interventions for dementia is discussed. Conclusion: The success of therapy in dementia depends on both the interventions chosen and the therapist's approach and manner. Nuanced skills, attitudes and therapeutic relationships help to maximise the effectiveness of evidence-based practice. Relevance for occupational therapy: Occupational therapists apply clinical and communication skills to interventions for people living with dementia. We should not overlook their importance when delegating work and preparing practice guidelines.

References

Cove, J (2013) Effectiveness of weekly Cognitive Stimulation Therapy (CST) and the impact of additional carer training for people with dementia. Doctoral Thesis. University College London.

Kitwood T (1997) Dementia reconsidered: the person comes first. Open University Press: Maidenhead.

NICE (2018) Dementia: assessment, management and support for people living with dementia and their carers. NICE guideline [NG97] Available at: <https://www.nice.org.uk/guidance/ng97/resources/dementia-assessment-management-and-support-for-people-living-with-dementia-and-their-carers-pdf-1837760199109> Accessed on 30.10.2018.

Royal College of Occupational Therapists (undated) Occupational therapy evidence factsheets. Available at: <https://www.rcot.co.uk/about-occupational-therapy/ot-evidence-factsheets> Accessed on 26.10.2018.

Spector A, Thorgrimsen L, Woods B, Royan L, Davies S, Butterworth M and Orrell M (2003) Efficacy of an evidence-based cognitive stimulation therapy programme for people with dementia: randomised controlled trial. *British Journal of Psychiatry* 183: 248–254.

Keywords

Dementia, Older people, Social care

Author Information

Shirley Pearce has worked with older people living with dementia in residential and day care, memory clinics and the community. She founded the charity Understanding Dementia to bridge the gap between awareness and a real understanding of dementia, how it affects the person and how we can lessen its impact.

Poster P156**'WE ARE STRONGER TOGETHER!' IDENTIFYING THE NEED FOR A SPECIALIST PROFESSIONAL GROUP IN PAEDIATRIC ONCOLOGY, MAKING IT HAPPEN AND REAPING THE REWARDS****Cooper A** Birmingham Women and Children's NHS Foundation Trust

The Teenage Cancer Trust (Smith et al: 2016), NICE (2014) and RCOT (2010) identify the specialist and essential role of occupational therapists working with children and young adults within cancer care. However, there is no guidance for provision of occupational therapists in the commissioning of these services, leaving them open to risk. In addition, the Teenage and Young Adult Cancer: Research Priorities (Aldiss et al: 2018) identifies the top 10 research priorities in teenage and young adult cancer care, three of which directly link to occupational therapists' core skills, with a further two having potential for development of the occupational therapist role. After a scoping exercise of 21 paediatric primary oncology treatment centres across the UK, the author identified massive variations in staffing levels, grades and interventions provided. Geographically, therapists were widespread; however, in all cases therapists voiced a passion for developing their services and connecting with other specialist occupational therapists in the field. This presentation demonstrates how a specialist group of occupational therapists in paediatric oncology was formed, linking in with RCOT via the CYPF specialist section. It will demonstrate how barriers were overcome through the use of IT and social media, how priorities and work streams were identified and audited, and benefits which have been achieved

to date, including expanding to include international networks. This will demonstrate how a professional group, however small, can utilise its strength as a professional body to make the most of the specialist resource we have, to improve our own practice and services, and have influence at a national level.

References

Aldiss S., Fern L.A., Phillips B., Gibson F, on behalf of the Teenage and Young Adult Cancer Priority Setting Partnership Steering Group (2018). Final Report of the James Lind Alliance Priority Setting Partnership [s.l.]. Available at: <http://www.jla.nihr.ac.uk/priority-setting-partnerships/teenage-and-young-adult-cancer/> Accessed on 05/11/2018.

NICE (2014). Cancer services for children and young people. Quality standard. Available at: <https://www.nice.org.uk/guidance/qs55/resources/cancer-services-for-children-and-young-people-pdf-2098728855493> Accessed on 05/11/2018. London: NICE.

RCOT (2010). Children and young people with cancer. Guidance for occupational therapists. London: RCOT.

Smith S., Mooney S., Cable M. and Taylor R. (2016). The Blueprint of Care for teenagers and young adults with cancer. 2nd edition. London: Teenage Cancer Trust.

Keywords

Children and families, Long term conditions, Managers, End of life care

Author Information

Alison has worked as an occupational therapist for 3 years at Birmingham Children's Hospital in oncology and haematology,

following 15 years working in acute adult mental health services. She is passionate about developing occupational therapy in paediatric oncology services.

Poster P157**THERAPY PASSPORT – SINGLE ASSESSMENT PAPERWORK**

Kirwan S Great Western Hospital NHS Foundation Trust
White L Great Western Hospital NHS Foundation Trust

Developed to meet the key commitments of Swindon Community Health Services. Recent change in structure of acute and community services allowed: Joined up working; Development of a multi-professional/multi-service assessment document.

Working group established: Front door therapy; Acute occupational therapy/physiotherapy; Swindon Intermediate Care Centre; Community rehabilitation team.

Key findings: Each team using different assessment paperwork to identify the same information; Large amount of duplication; Patient frustration at being asked the same questions.

Vision: Amalgamation of existing assessment paperwork into one document; Completed by both professions; Follows patient throughout their therapy journey; Can be added to/updated – documenting all information in one place; Therapy continuation notes – intervention clearly written in chronological order rather than scattered throughout medical notes; Paper documentation – community staff unable to add to paperwork but use for information.

Therapy feedback: Positive uptake and use by all teams; Created a sense of 'therapy identity' across trust; Time saved by not duplicating assessments; More joined up working between therapists; Inclusion of clear goals/outcome measures demonstrates effectiveness of input throughout patient journey; Effective transfer of care/information between therapy services; Community review hospital therapy input – establish more patient centred goals for ongoing rehabilitation.

Ward feedback: Having all paperwork in one place helped with monitoring therapy input; Inclusion of criteria led discharge information shows when patient is therapy ready for discharge.

Recognition: Staff Excellence Award nomination; 'Innovation in Practice' category finalist.

Further work: Involvement in Home First project – development of Home First assessment; Establish method of transferring information into hospital from community.

References

Cohen ZA (May 2003) 'The Single Assessment Process; An Opportunity for Collaboration or a Threat to the Profession of Occupational Therapy.' *British Journal of Occupational Therapy*, 66 (5) 201–208

Mayers C, Ridout A (June 2006) 'Evaluation of the Implementation of the Single Assessment Process and its Impact on Occupational Therapy Practice.' *British Journal of Occupational Therapy*. 69 (6) 271–280

Corr S, James S (May 2004) 'The Morrision Occupational Therapy Outcome Measure (MOTOM); Measuring What Matters.' *British Journal of Occupational Therapy*. 67 (5) 210–216

Atwal A, McIntyre A, Wiggett C (September 2011) 'Risks with older adults in acute care settings; occupational therapists' and physiotherapists' perceptions.' *British Journal of Occupational Therapy*. 74 (9) 412–418

Royal College of Occupational Therapists (November 2017) 'Reducing the pressure on hospitals. A report on the value of Occupational Therapy in England.' Royal College of Occupational Therapists

Keywords

Adult physical health

Author Information

S Kirwan is an acute occupational therapy team lead.

L White is an acute occupational therapy team lead.

Poster P158**HOME BASED MEMORY REHABILITATION: FROM MASTER CLASS INTO PRACTICE**

Barton E, Sole T, Mahoney V Central and North West London NHS Foundation Trust

The latest National Institute for Health Care Excellence (NICE) dementia guidelines (2018) recommend considering cognitive rehabilitation or occupational therapy to support functional ability in people living with mild to moderate dementia. Home Based Memory Rehabilitation (HBMR) is an evidence based early intervention for people with dementia developed by Mary McGrath in Belfast (McGrath & Passmore 2009). More recently, McKean et al. (2017) have implemented a project in Scotland, increasing the evidence base for HBMR, leading to the aim of rolling out HBMR across Scotland. HBMR consists of a structured format delivered over 4–6 sessions focusing on structure, repetition, habits and routines. The approach is occupation focused and person centred. In March 2018 the Royal College of Occupational Therapists hosted a master class facilitated by Mary McGrath on the HBMR. Following attendance at the forum, two occupational therapists working in different memory services

within Central and North West London NHS Foundation Trust formed a working group to trial HBMR. Due to the challenges of delivering a new intervention within a diagnosis target focused environment, each occupational therapist piloted the intervention with two clients and offered between two and four sessions. This poster will outline the process the working group established to implement HBMR within services, developing local tools and resources to support the occupations and goals identified by the clients. The poster will report the results of the outcome measures used and the positive impact the therapy has had on service users.

References

College of Occupational Therapists (2012) Evidence Fact Sheet: Occupational therapists help those with dementia and their carers. <https://www.rcot.co.uk/about-occupational-therapy/ot-evidence-factsheets>

McGrath M and Passmore P (2009) Home-based memory rehabilitation programme for persons with mild dementia. *Irish Journal of Medical Science*. 178 (Suppl 8), S330

McKean et al. (2017) Developing and delivering evidence based post diagnostic interventions in dementia – the national occupational therapy experience in Scotland. Alzheimer Europe Conference, Berlin 2017 Alison McKean, Wendy Chambers, Elaine Hunter, Duncan Pentland. Access link: <http://rcotannualconference.org.uk/wp-content/uploads/2017/06/Session-47.pptx>

National Institute for Health and Care Excellence (2018) Dementia (NICE Guideline 97) Available at: <https://www.nice.org.uk/guidance/ng97/resources/dementia-assessment-management-and-support-for-people-living-with-dementia-and-their-carers-pdf-1837760199109> [Accessed 02.11.2018]

Poster P159

STROKE SURVIVORS' EXPERIENCES AND PERCEPTIONS OF POST STROKE FATIGUE EDUCATION IN THE SUBACUTE PHASE OF STROKE. A QUALITATIVE STUDY

Tremayne L Royal Cornwall Hospitals NHS Trust **Freeman J** School of Health Professions, University of Plymouth

Aim: To understand stroke survivors' experiences and perceptions of post stroke fatigue (PSF) education in subacute stroke.

Background: PSF is a subjective and disproportionate mental or physical exhaustion impacting on rehabilitation, morbidity and quality of life (Lerdal et al 2009). Patient education of PSF is recommended (Intercollegiate Stroke Working Party 2016). However, interventional studies are limited in their evidence base and inconsistently translated to practice (Wu et al 2015). There is a paucity of research to understand stroke survivors' experiences and perceptions of PSF education in order to understand current provision and perceptions of its development. **Methods:** A pragmatic qualitative study with a critical realist ontology was conducted. A general qualitative inquiry was used involving ten individual semi structured interviews analysed thematically. **Findings:** The overarching theme of acceptability and adaptability reflected how stroke survivors manage PSF and are suggested as aims of education.

- Theme one highlighted the individual and diverse nature of PSF, including predictability, triggers, impacts and causes, important within education.
- The variability of stroke survivors' current experience reflected variability in content and context of PSF education, impact on recovery, perceived barriers and facilitators.

Poster P160

ON THE OUT – REACHING OUT IN THE ABSENCE OF OUTREACH SERVICES

Murphy D, Carley G BEHMHT

Although we have found that many men make substantial progress within our occupational therapy day service within HMP Pentonville, many of them have experienced significant childhood trauma which has left them with complex attachment difficulties. It has become evident that the relationships formed within our service are often amongst the most positive they have formed to date, and the rapid withdrawal of such support at the point of release can add to the sense of anxiety and emotional instability during this important transition to independence. To compound the challenges faced, community resources are increasingly scarce, and for those who fall below the threshold for community mental health service support,

Keywords

Dementia, Mental health

Author Information

Emma is Head Occupational Therapist for Brent, CNWL and Service Manager for Older People CMHT and Memory Service, Brent. Emma has a strong interest in dementia research and is a trust-wide Dementia Research Champion for CNWL.

Tim Sole is an occupational therapist working in the specialist area of memory clinics. Tim has a strong passion for helping those of all ages better use memory skills. Facilitating cognitive rehabilitation has helped develop valuable skills in supporting older adults to maintain independence.

- The role of stroke services described perceived responsibility and ability of stroke services to provide education, core education across the stroke diversity and tailoring required.

Ethical approval was obtained through Plymouth University Faculty of Health and Human Sciences and Peninsula Schools of Medicine and Dentistry Student Ethics Committee (02/2018) and the Stroke Association National Research Department before the study commenced.

References

Intercollegiate Stroke Working Party (2016) National clinical guidelines for stroke. 5th edition. London: Royal College of Physicians.

Lerdal A, Bakken L N, Kouwenhoven S E, Pedersen G, Kirkevold M, Finset A, Kim H S, Bakken L N (2009) Poststroke fatigue – a review. *Journal of Pain & Symptom Management*, 38 (6), 928–949.

Wu S, Kutlubeav M A, Chun H Y Y, Cowey E, Pollock A, Macleod M R, Dennis M, Keane E, Sharpe M, Mead G E (2015) Interventions for post stroke fatigue. *The Cochrane Database of Systematic Reviews*, (7), pp CD007030.

Keywords

Adult physical health, Neurological practice

Author Information

L Tremayne – UK research study conducted as part of a Masters in Clinical Research at University of Plymouth.

J Freemans is a Professor of Physiotherapy and Rehabilitation. Academic supervisor of research study and Masters in Clinical Research.

approaching those that do exist can be a daunting prospect. Our occupational therapy service has responded by providing a brief period of outreach work to support those first few weeks outside. This work has included helping with practicalities such as negotiating the benefits, housing and social care systems, accompanying people to introduce them to their new support networks, and phone calls to provide emotional support and obtain brief progress updates. These early weeks following release are known to be the point of the greatest vulnerability for recidivism, and although in the early stages, signs suggest we have provided a safety net that has prevented the men we work with from falling back on historical habits that typically lead to returning to prison.

References

HMP Inspectorate of Probation and Prisons (2016) An Inspection of Through the Gate Resettlement Services for

Short-Term Prisoners. Manchester: HMPPS. Available at <https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2016/09/Through-the-Gate.pdf> Accessed on 05.11.08

Howard League for Penal Reform (2017) Howard League responds to 'devastating report' on through the gate service for prisoners. London: Howard League for Penal Reform. Available at <https://howardleague.org/news/throughthegate210617/> Accessed on 05.11.08

Independent nurse (2017) Prison mental health: Filling the gaps after release. London: <http://www.independentnurse.co.uk/news/prison-mental-health-filling-the-gaps-after-release/151905> Accessed on 05.11.08

Ministry of Justice (2013) Transforming Rehabilitation: A Strategy for Reform. London: <https://consult.justice.gov.uk/digital-communications/transforming-rehabilitation/results/transforming-rehabilitation-response.pdf> Accessed on 05.11.08

Keywords

Criminal justice, Mental health

Author Information

Deborah Murphy is the lead occupational therapist and manager of the Wellbeing Centre at HMP Pentonville. She has worked as an occupational therapist within mental health services for over twenty years, with over a decade of this specialising in working with offenders with mental health issues.

Poster P161

THE INDIVIDUAL PLACEMENT AND SUPPORT MODEL: EXPERIENCES OF THOSE WITH MENTAL HEALTH CONDITIONS, AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Raeside C Student – Glasgow Caledonian University
McQueen J Glasgow Caledonian University

Background: Evidence continues to build on the value of Individual Placement and Support (IPS), enabling those with long-term mental health conditions to find mainstream employment. Many individuals would like to work; however, unemployment for this population remains high to date. IPS research has currently targeted the effectiveness of the model, with less emphasis on how individuals perceive and experience IPS and the return to work. Objective: This poster explores the meaning and purpose around finding work for individuals with mental health conditions on an IPS programme. Findings based on lived experiences of nine participants from two Scottish charities running IPS, should be useful to enhance and develop services. Methods: This study involves qualitative data collection, using semi-structured interviews and interpretative phenomenological analysis (IPA). Results: Transcript analysis revealed three master themes: 1) 'Working is good for me': positive aspects to working; 2) 'Rome wasn't built in a day': time-unlimited supported journey; and 3) 'My inner critic': negative aspects to working. Service users praised IPS for the on-going practical and emotional support in overcoming self-identified occupational barriers. Conclusion: Paid employment

was greatly associated with alleviation of depressive symptoms, financial freedom, social inclusion, and increased self-esteem. Participants described the person-centred, time-unlimited approach taken by the employment specialists (ESs) and occupational therapists (OTs), as the main enabler to maintaining paid employment. Barriers, such as anxiety and work-related stress were identified, however, participants felt supported to overcome negative symptoms.

Approval granted from GCU Research Ethics Committee.

Keywords

Adult physical health, Long term conditions, Mental health, Disadvantaged people

Author information

Claire Raeside is an occupational therapist who recently graduated from Glasgow Caledonian University, February 2019. Her main areas of interest are in mental health and vocational rehabilitation, specifically IPS.

Dr. Jean McQueen is a lecturer in occupational therapy at Glasgow Caledonian University and supervised Claire on this dissertation project. She is a registered occupational therapist and certified disability management practitioner. Clinical interests include forensic mental health, mental health, vocational rehabilitation, and alcohol brief intervention. Jean also provides training workshops in IPS and is a certified fidelity reviewer for services providing this employment model.

Poster P162

CO-FACILITATING A FATIGUE MANAGEMENT GROUP INTERVENTION WITH BRAIN INJURY SURVIVORS

Morrey S, Hill J Sheffield Health and Social Care NHS Trust

Fatigue is one of the most common and persistent symptoms following an acquired brain injury (ABI). Consequently, it can have a significant impact on a person's identity, their ability to pursue meaningful occupations and roles, and their quality of life (Headway 2016; Jonasson et al. 2018). For occupational therapists at the Sheffield Community Brain Injury Rehabilitation Team, fatigue management is a clinical priority and has historically been a one-to-one intervention. However, due to ever-growing resource pressures, a fatigue management group was identified as a way to develop their practice, increasing efficiency whilst retaining the quality of occupational therapy intervention. Group work following ABI has been shown to be beneficial for peer support (Cooper et al. 2009), though data is limited regarding other perceived additional benefits (Hammond et al. 2015). In this intervention, the peer support component is further strengthened by ex-client volunteers, who co-design and co-facilitate the course. This enables clients and carers to learn

about fatigue management from a clinical perspective enhanced with the reality of lived experience. The 8 week course is now in its sixth cycle and has engaged with 30 clients and carers. Outcome measures have been collated using the fatigue severity scale alongside qualitative data before and after the group. Analogue scale data shows some improvement in perceived global fatigue ratings. The qualitative findings suggest themes of an increased understanding of the impact and causes of fatigue, opportunity to learn from others and increased ability to effectively manage fatigue using a range of personalised strategies.

References

Headway (2016) Managing fatigue after brain injury, 2nd edition. <https://www.headway.org.uk/media/3995/managing-fatigue-e-booklet.pdf>

Jonasson, A., Levin, C., Renfors, M., Strandberg, S., Johansson, B. (2018) Mental fatigue and impaired cognitive function after an acquired brain injury. *Brain and Behaviour*

Cooper, J., Reynolds, F. and Bateman, A. (2009) An evaluation of a fatigue management intervention for people with acquired brain injury: an exploratory study. *British Journal of Occupational Therapy*, 72 (4), 174–179

Hammond, F.M., Barrett, R., Dijkers, M.P., Zanca, J.M., Horn, S.D., Smout, R.J., Guerrier, T., Hauser, E. and Dunning, M.R. (2015) Group therapy use and its impact on the outcomes of inpatient rehabilitation following traumatic brain injury: Data from Traumatic Brain Injury – Practice Based Evidence Project. *Archives of Physical Medicine and Rehabilitation*, 96 (8),

accessed online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4517295/>

Keywords

Long term conditions, Neurological practice

Author Information

Sarah Morrey is an occupational therapist working in Sheffield Community Brain Injury Rehabilitation Team.

Jess Hill is an occupational therapist working in Sheffield Community Brain Injury Rehabilitation Team.

Poster P163

FRAILTY AT THE FRONT DOOR: REFRESHING THE THERAPY SERVICE IN THE EMERGENCY DEPARTMENT

Bowden C Poole Hospital NHS Foundation Trust

Last winter the NHS faced a high demand on its services and best predictions for this winter fear worse to come. An increasing number of patients attend the emergency department (A&E) each year. Although older people make up a small proportion of A&E attendances, many require admission to an acute ward, which can lead to a lengthy hospital stay. Whilst many require acute medical input, many patients could return home (NHS England 2018). Occupational therapy has been able to demonstrate improved outcomes when sited within A&E. Recent publications highlight the benefit of allied health professions – and occupational therapists specifically – being able to accurately assess and arrange suitable support to facilitate safe discharge home and reduce readmission rates (Berry 2018; James et al. 2018; COT 2016). Locally there has been a drive to provide rapid access to community services through national pathways such as Discharge to Assess and Trusted Assessor models. The hospital is focusing on realigning patient pathways through A&E and encouraging more timely discharges. The Front of House therapy team has had its staffing increased to provide an enhanced service. The team works collaboratively with physiotherapists, social work colleagues and community teams. This poster explains the improvements to processes and pathways to provide more timely assessments, and how links were developed with community services to hone

discharge pathways and reduce readmissions. It also explores how a proactive front door team can have a positive impact on the other hospital wards and the overall patient experience.

References

James K, Jones D, Kempenaar L, Preston J, Kerr S (2018) Occupational Therapists in emergency departments: A qualitative study. *British Journal of Occupational Therapy*, 81(3), 154–161.

Berry M (2018) Therapies Take a Lead [online]. NHS England Blog. Last accessed 5th November 2018 at <https://www.england.nhs.uk/blog/therapies-take-a-lead/>

NHS England (2017) AHPs Into Action: Using AHPs to transform health, care and wellbeing [online]. Last accessed 5th November 2018 at: <https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf>

College of Occupational Therapists (2016) Reducing the Pressure on Hospitals: A report on the value of occupational therapy in England. College of Occupational Therapists, London.

Keywords

Adult physical health, Long term conditions, Older people, Social care

Author Information

Chris Bowden has worked in a range of occupational therapy posts across the country within emergency departments, acute admission units and intermediate care.

Poster P164

CO-DESIGNING A DEMENTIA FRIENDLY EYE CLINIC

Craig C Lab4Living, Sheffield Hallam University

Dementia is a term used to describe a group of syndromes, including Alzheimer's Disease, which are characterised by deterioration in cognitive functioning. Dementia been identified by the World Health Organization (WHO) (2012) as one of the major causes of disability worldwide, impacting on both the person and their caregivers and families (Ferri, 2005). Whilst occupational therapists play a significant role in adapting the home environment to maximise participation, less attention has been given to their role in the context of acute care settings. Indeed, the symptoms of dementia mean that people need more time to understand information and procedures. Procedures in acute care can be daunting, resulting in distress for the patient (International Longevity Centre, 2016) who may be unable to describe their current health needs (Royal College of Ophthalmologists, 2015). The service improvement project 'creating a dementia friendly eye clinic' focused on people who had sight loss or who were at risk of experiencing sight loss in a northern city in the UK. The service work comprised

two elements: an ethnographic study including interviews with over 20 staff working within the eye clinic and a focus group with people with dementia. Analysis of the findings from this phase formed the basis of a series of design responses and pre-prototypes. These pre-prototypes then formed the basis of phase two of the study where feedback was elicited from people with dementia and staff working across the service. The design responses and feedback from participants will be shared during the presentation.

References

World Health Organization (2012) Dementia: a public health priority. Geneva. World Health Organization.

Ferri CP et al. (2005) Global Prevalence of Dementia: a Delphi consensus study. *Lancet* 366 (9503) pp 2112–2117.

International Longevity Centre, Dementia and comorbidities: Ensuring parity of care. 2016: London, England.

Royal College of Ophthalmologists, Quality standard for people with sight loss and dementia in an ophthalmology department. 2015: London.

Keywords

Dementia, Older people

Author Information

Reader in Design and Creative Practice in Health and co-director of Lab4Living, an interdisciplinary research cluster at Sheffield Hallam University.

Poster P165**OCCUPATIONAL THERAPISTS' REFLECTIONS ON TRANSFERRING THEIR LEARNING FROM A THERAPEUTIC RELATIONSHIPS WORKSHOP INTO PRACTICE**

Yazdani F Oxford Brookes University **Stringer A** Jonkoping University

Research aim: The aim was to explore the experience of practising occupational therapists in transferring their learning from the Mindful Therapeutic Relationship (MTR) workshop into their own clinical practice. The workshop was developed based on the Intentional Relationship Model (Taylor 2008) and focuses on therapists being aware and mindful of the therapeutic relationship processes that occur during and after intervention. Research design: Thirteen occupational therapists participated in the workshop and subsequently completed between one and four reflection notes. These notes were subjected to a qualitative thematic analysis. Research method: Participants of the workshop were asked to write a weekly reflection for a period of four–six weeks to submit to the researcher. Thematic analysis strategies (Guest et al 2012) were used. Results: The findings were organised into three themes: therapeutic relationship reasoning, barriers to implementing the current learning and

facilitators of transferring theory into practice. Conclusions: The therapists value learning and practising strategies that can support therapeutic relationships. Reflection skills seem essential for establishing and developing therapeutic relationships; such skills may need to be facilitated by the work environment.

Ethical approval was obtained from Oxford Brookes University.

References

Taylor RR (2008) *The intentional relationship: Occupational therapy and use of self*. Philadelphia, PA: F.A. Davis.

Guest G, MacQueen KM, Namey EE (2012) *Applied thematic analysis*. Thousand Oaks, CA: SAGE Publications, Inc.

Keywords

Managers, Education and Students

Author Information

Dr Farzaneh Yazdani is a senior lecturer with 25 years' experience of being an academic, practitioner and researcher.

Amy Stringer is an occupational therapist currently working towards her post-registration Masters degree.

Poster P167**PHYSICAL AGENT TECHNOLOGIES, AN OCCUPATIONAL FRAMEWORK FOR CLINICAL APPLICATION**

Bracciano A, Stollberg J, Kaipust M Creighton University **Bracciano E** Des Moines Orthopedic Surgeons

Physical agent technologies are procedures and interventions systematically applied to modify client factors when pain, neurological, musculoskeletal or skin conditions are present that may be limiting occupational performance. Physical agents use various forms of energy to modulate pain, modify tissue healing, skin and scar tissue, increase tissue extensibility, and decrease edema or inflammation (AOTA, 2014). There are many misconceptions which fuel the debate related to physical agent use (Brown, 2015). There appears to be a dichotomy between education and clinicians regarding use of physical agents and the appropriate level of educational training and preparation necessary for safe, effective use of these modalities as an additional tool in the occupational therapist's repertoire of interventions. Physical technologies are a tool which can facilitate patient outcomes, improve efficacy and patient satisfaction when implemented within an occupational, biopsychosocial perspective and comprehensive approach. Integrating physical agents into clinical practice requires a paradigm shift for occupational therapists to facilitate clinical reasoning and stimulate evidenced-based practice. This poster will discuss commonly used physical technologies as identified in the AOTA Physical Agent Modality position paper (Bracciano, 2012), their biophysiological effect and impact on occupational performance, and present a non-linear, dynamic framework to facilitate clinical reasoning and appropriate, effective use.

References

Bracciano, A., McPhee, S., Rose, B., (2012). Physical Agent Modalities: A position paper. *American Journal of Occupational*

Therapy, November/December 2014, 68 (Suppl. 1), S1–S2. doi:10.5014/ajot.2014.686S01

Brown, T., (2015). Do physical agent modalities fit under an occupational therapy scope of practice? *British Journal of Occupational Therapy*, 78, 143.

American Occupational Therapy Association, (2014). *Occupational therapy practice framework: Domain & process* (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1–S48. doi:10.5014/ajot.2014.682006

Keywords

Adult physical health, Neurological practice, Education and Students, Older people

Author Information

Alfred Bracciano is a clinician and academician. He is a Fellow in the American Occupational Therapy Association (AOTA) for his work in Asia and education. He speaks extensively on physical agents, orthopedics and hybrid distance education internationally and is content expert to AOTA and the US Department of Defense.

Dr Stollberg has advanced certification and training in a variety of clinical techniques and hand therapy. He has presented extensively nationally on work conditioning and industrial rehabilitation.

Poster P168**CHILDFREE WOMEN AS OCCUPATIONAL BEINGS****Wells G** Canterbury Christ Church University

Social norms and cultural expectations have long intimated that to be a woman is to be a mother (Peterson and Engwall 2013). However, times are changing, with increasing numbers of women choosing to be childfree (Ashburn-Nardo 2017). With the growth in feminism, considerable development has occurred regarding the opportunities available to women and it is increasingly accepted that women should have the freedom to make all decisions affecting their lives (e.g. Scholz 2010). However, women who challenge social norms by choosing to be childfree are often regarded with suspicion and face considerable stigma (Ashburn-Nardo 2017). Occupational therapists are concerned with the occupations that people need or want to do. Occupations commonly link to the roles that people fulfil and these roles contribute to the uniqueness of a person and define who they are (Chard 2010). When considering the roles that an individual may perform during their life course, that of parent is expected to pervade much of adult life. If a woman chooses to be childfree this will have consequences for the occupations and roles that she will engage in. This poster will provide a critical exploration of existing literature that explores the experiences of childfree women. Adopting an occupational lens, the consequences of being childfree will be considered

in terms of the experiences of women as occupational beings. As occupational therapists it is essential that we develop our understanding of women as complex occupational beings to ensure that our practice is truly person centred.

References

- Ashburn-Nardo L (2017) Parenthood as a Moral Imperative? Moral Outrage and the Stigmatisation of Voluntarily Childfree Women and Men. *Sex Roles* 76(5–6): 393–401
- Chard G (2010) Chapter 13 – Analysis of Occupational Performance in Curtin M; Molineux M; Supyk J (Eds) (2010) *Occupational Therapy and Physical Dysfunction. Enabling Occupation*. 6th Edition. London: Churchill Livingstone Elsevier
- Peterson H, Engwall K (2013) Silent bodies: Childfree women's gendered and embodied experiences. *European Journal of Women's Studies* 20(4): 376–389
- Scholtz S (2010) *Feminism*. Oxford: One World

Keywords

Children and families, Mental health

Author Information

Gemma is a Senior Lecturer and the Professional Lead in Occupational Therapy at Canterbury Christ Church University.

Poster P169**HOW MEANINGFUL ARE VIRTUAL REALITY GAMES FOR UPPER LIMB REHABILITATION POST-STROKE?****Iofciu M** Hounslow and Richmond Community Healthcare Trust **Pentland D, Macmillan I** Queen Margaret University

The poster showcases the findings of a literature review answering the call of Pollock et al. (2014) to update the knowledge in the field of virtual reality (VR) use for upper limb rehabilitation post-stroke. The poster will present the games used for upper limb post-stroke rehabilitation and will rate their meaningfulness. Purpose and aims: The poster showcases the findings of a literature review answering the call of Pollock et al. (2014) to update the knowledge in the field of virtual reality (VR) use for upper limb rehabilitation post-stroke. The poster will present the games used for upper limb post-stroke rehabilitation and will rate their meaningfulness.

Research design: The literature search was conducted in eight databases during May 2017 and is currently being updated with the latest data to identify the progress in the field in the past 18 months. Research methods: The review initially incorporated 72 articles and expanded the findings of the existing Cochrane reviews.

Results: The use of gaming consoles makes virtual reality accessible to more countries all over the globe; however, the literature lacks explanations regarding the game choices made. The games present were used for intervention and not assessments. The majority of the games are concentrating on sports. There are no studies focusing on personal activities of daily living and very few presenting instrumental activities of daily living.

Conclusion: One of the RCOT Strategic Intentions for the next 5 years is to 'position the profession... for the 21st Century' (RCOT 2018). Virtual reality and rehabilitation gaming in particular are in their infancy. Due to their client-centred, holistic approach focused on meaningful occupations, occupational therapists are placed in good stead to lead the new wave of rehabilitation

gaming by tackling the issues highlighted by the literature review.

References

- Pollock, A., Farmer, S.E., Brady, M.C., Langhorne, P., Mead, G.E., Mehrholz, J. and van Wijck, F., 2014. Interventions for improving upper limb function after stroke. *Cochrane Database Syst Rev*, 11(11).
- Royal College of Occupational Therapists, 2018. *Strategic Intentions 2018–2023*. London: Royal College of Occupational Therapists.

Keywords

Neurological practice

Author Information

Monica completed her MSc in occupational therapy pre-registration in 2017 at Queen Margaret University, Edinburgh. Monica works as a rotational occupational therapist currently based in the emergency department at West Middlesex University Hospital.

Poster P170**SUSTAINABILITY MATTERS: WFOT GUIDING PRINCIPLES FOR SUSTAINABILITY IN OCCUPATIONAL THERAPY EDUCATION, PRACTICE AND SCHOLARSHIP**

Shann S World Federation of Occupational Therapists
Ikiugu M University of South Dakota, USA **Whittaker B**
 Centre for Sustainable Healthcare, England **Pollard N**
 Sheffield Hallam University, England **Kahlin I** Swedish
 Association of Occupational Therapists **Hudson M**
 Max Planck Institute for the Science of Human History,
 Germany **Galvaan R** University of Cape Town, South
 Africa **Roschnik S** Sustainable Development Unit,
 England **Aoyama M** Nishikyushu University, Japan

The problem of climate change and its effect on life on earth has thrust the issue of sustainability to the forefront of primary human concerns in recent years. Unsustainable lifestyles, consequent climate change and the resulting threat to health and well-being mean that sustainability has to be part of the occupational therapy scope of practice (Wagman 2014). Claiming sustainability in this way would strengthen occupational therapy's relationship with the United Nations (UN) and World Health Organization by contributing towards achievement of the UN Sustainable Development Goals (UN 2018). From an occupational perspective, lack of sustainability changes the environment, which in the process threatens human ability to access meaningful and rewarding health enhancing occupations, and negatively affects health and wellbeing. The WFOT position statement on environmental sustainability (WFOT 2012) was followed by the development of 'Sustainability Matters', a 50-page document articulating the principles to guide the incorporation of sustainability into occupational therapy practice, scholarship and education (WFOT 2018). In this poster the five guiding principles will be explored to

- Consider a curriculum that would prepare future occupational therapy practitioners to engage with issues pertaining to sustainability in their practice.
- Empower service users interested in exploring more sustainable lifestyles so that their impact on the environment is positive.

- Assist service users adversely affected by the deterioration of the environment so that they are able to adapt to the negative consequences through their occupational participation.
- Support occupational therapy practitioners so that they are able to do work pertaining to sustainability and related issues.

References

United Nations (2015) Transforming our world: The 2030 agenda for sustainable development. Available at: <https://sustainabledevelopment.un.org/post2015/transformingourworld> Accessed on 05.11.2018

Wagman, P (2014) How to contribute occupationally to ecological sustainability: A literature review. *Scandinavian Journal of Occupational Therapy*, 21(3), 161–165.

World Federation of Occupational Therapists (2012) Position statement: Environmental sustainability, sustainable practice within occupational therapy. Forresterfield, Au: WFOT. Available at: <http://www.wfot.org/ResourceCentre> Accessed on 05.11.2018

World Federation of Occupational Therapists (2018) Sustainability matters: Guiding principles for sustainability in occupational therapy practice, education and scholarship. Available at: <http://www.wfot.org/ResourceCentre> Accessed on 05.11.2018

Keywords

Adult physical health, Managers, Mental health, Education and Students

Author Information

Samantha is the WFOT executive liaison to the Sustainability in Occupational Therapy Practice Project. She is the WFOT Vice President Finance and was the person responsible for putting the Sustainability Master Project onto the WFOT agenda. Samantha is based in the UK and runs a private occupational therapy practice.

Dr Ikiugu is Professor and Director of Research at the University of South Dakota, Occupational Therapy Department. He was the project leader during the development of the WFOT Sustainability Guiding Principles document. He has been an occupational therapy educator and researcher for sixteen years.

Poster P171**SELF-PERCEIVED PERFORMANCE IN ACTIVITIES OF DAILY LIVING, AMONGST A SAMPLE OF PATIENTS WITH CORONARY HEART DISEASE, ENGAGING IN CARDIAC REHABILITATION IN NORTH WALES**

Blago Mrs Betsi Cadwaladr University Health Board

Introduction: Coronary heart disease (CHD) is known to be a huge global issue. However, people are known to be living longer. Functional ability and engagement in activities of daily living (ADL) are believed to be components of healthy ageing. The aim of this project is to examine the self-perceptions of a sample of patients with CHD in cardiac rehabilitation (CR) in North Wales. Method: Qualitative design with use of semi structured interviews, structured from the Canadian Occupational Performance Measure (COPM). The semi structured interviews were audio recorded and the interviews were transcribed. Findings: All seven participants were active with CR. Three of the participants were post coronary artery bypass graft (CABG), three were post myocardial infarction (MI) and one had left ventricle dysfunction. The participants were aged between 63–87 years. Thematic analysis was used. Main themes identified were: support, energy conservation/pacing, assistive aids and outdoor recreation. Conclusion: It was evident

that functional ability was important to the participants and despite having difficulties with aspects of ADL, the sample of participants endeavoured to engage in ADL. This supports the need for a holistic and client centred approach. Evidence of participants applying compensatory techniques was apparent. It could be argued that increased advice on compensatory techniques, energy conservation and behaviour change could further increase independence and quality of life. It is felt that application of the COPM to semi structured interviews was an effective client-centred way to encompass self-perceptions and goals.

The integrated research application system (IRAS) was used along with a constructed proposal of research to request ethical approval from two committees. Favorable decisions were received from the below committees.

- National Health Service (NHS). West of Scotland REC 5. Proportionate review sub-committee. Approval received on 10th April, 2017.

- Betsi Cadwaladr University Health Board (BCUHB), North Wales. Research and Development Committee. Approval received on 16th May, 2017.

References

British Heart Foundation. (2015). Cardiovascular disease statistics 2015. British Heart Foundation Centre on Population Approaches for Non-Communicable Disease Prevention. Nuffield Department of Population Health. United Kingdom: University of Oxford.

British Heart Foundation. (2018). CVD Statistics – BHF UK Factsheet. Retrieved from <https://www.bhf.org.uk/research/heart-statistics>

Law, M., Baptise, S., Carswell, A., McColl, M.A., Polatajko, H., & Pollock, N. (2014). Canadian Occupational Performance Measure. (5th ed). Canada: Publications ACE.

World Health Organization. (2018). What is Healthy Ageing? Retrieved from <http://www.who.int/ageing/healthy-ageing/en/>

Crabtree, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.

Keywords

Adult physical health

Author Information

Occupational therapist. This research has also been submitted as part of MSc – Cardiovascular Health and Rehabilitation at University of Chester.

Poster P172

‘HOMES, NOT HOSPITALS’; INTRODUCING THE ROLE OF OCCUPATIONAL THERAPY WITHIN NEWLY DEVELOPED SPECIALIST SUPPORT TEAMS DRIVEN BY THE TRANSFORMING CARE AGENDA

Dickinson H Merseycare NHS Trust

The presentation aims to share the unique and developing role of occupational therapy within the newly established multidisciplinary ‘Specialist Support’ (SST) community based team, driven by the Transforming Care Agenda (2015) in Greater Manchester and Lancashire. The SST is commissioned to provide specialist assessment, treatment and support to individuals with learning disabilities and/or autism with complex needs who may have behaviours that challenge or present with a high risk forensic history. Occupational therapists positioned in the SST focus on addressing the occupational needs of individuals in community settings to reduce the risk of admissions to hospitals/secure services together with contact with criminal justice agencies. We work collaboratively alongside families and community providers to ensure specialist support and training are accessible alongside local community learning disability and mental health services. The development of the occupational therapy service within the SST has been underpinned by the Model of Human Occupation (Kielhofner & Taylor, 2016), which is visible within the assessment pathway (now including MOHO explOR), together with the integration of MOHO case formulation in our treatment planning and associated outcomes. The presentation will clearly demonstrate the positive impact of occupational therapy by sharing case study examples of how our practice has improved the quality of life of individuals whilst effectively mitigating risk behaviours. In doing so, we will

strongly position the role and unique skill set of occupational therapists to fulfil the aims of the Transforming Care agenda, to effectively enable individuals to live full and meaningful lives.

References

Kielhofner, G & Taylor, R (2016) Kielhofner’s Model of Human Occupation: Theory and Application. Fifth Edition.

NHS England, ADASS, LGA (2015) Building the right support. A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Parkinson, S, Forsyth, K, Durose, S, Mason, R & Harris, D (2009) The Balance of Occupation – Focused and Generic Tasks within a Mental Health and Learning Disability Occupational Therapy Service. *British Journal of Occupational Therapy*, 72 (8): 366–70.

Royal College of Occupational Therapists (2018) Eight core principles for occupational therapists working with people with learning disabilities. (Briefing). London: Royal College of Occupational Therapists.

Keywords

Learning disability, Criminal justice, Mental health, Forensic practice

Author Information

Background in mental health secure inpatient and CAMHS services. Specialist interest in participatory research design to explore occupational needs of individuals with LD/ASC with offending backgrounds.

Poster P173

DEVELOPING A MANUALISED SELF-CARE INTERVENTION IN MENTAL HEALTH REHABILITATION

Willis S, Patel T CNWL NHS Foundation Trust

Poor hygiene and lack of attention to self-care continue to be issues for some marginalised in our society, including those with mental health diagnosis (Bates 2012); this can be damaging to social relationships for the individual and difficult to address by health professionals (Bates 2014). As a profession we purport that self-care is core to our assessment and intervention (McCull & Law 2013). However, an audit carried out in a mental health rehabilitation unit found that only one in ten residents brushed their teeth daily (Patel 2010). This finding led to the development of an initiative specifically designed to address personal self-care within this health care setting. This presentation will outline the development of an occupation

focused assessment and intervention, which comprises six self-care health education and information group work sessions that address oral hygiene, eye, nose and ear care, skin and hair care, and looking after hands and feet. A self-report assessment based on the Occupational Self-Assessment (Baron et al 2004) has also transpired and will be shared. Newly emerging theory which looks at the interrelationship between social, emotional and physical health aspects of personal self-care will be discussed. The manualised package was piloted within six acute mental health rehabilitation units in a Central London trust between 2015–18. Results, which include the collation of pre and post outcome measures, staff and service user feedback, will be presented and demonstrate a benefit to both service users and the profession.

References

Baron K, Kielhofner G, Goldhammer V, Wolenski J (2004) The Occupational Self Assessment (OSA. V 2) University of Chicago, Illinois.

Bates, P (2012) Wash and brush up? Mental Health and Social Inclusion 16 (2) p 97–102.

Bates (2014) Vile bodies, Understanding the neglect of personal hygiene in a sterile society. Online book publication available at http://peterbates.org.uk/wp-content/uploads/2017/04/vilebodies_-_most_recent.pdf. Accessed 5.11.2018.

McCull M A & Law M (2013) Interventions Affecting Self-Care, Productivity, and Leisure among Adults: A Scoping Review. OTJR: Occupation, Participation and Health, 33(2) p 110–119.

Patel, T (2010) An Audit of Oral Hygiene Routines in Roxbourne Complex, CNWL NHS Foundation Trust, Unpublished report.

Keywords

Mental health, Education and Students

Author Information

Suzie Willis is Consultant Occupational Therapist and Head Occupational Therapist for Research and Development in CNWL NHS Foundation Trust London.

Tejal Patel is Lead Occupational Therapist and Senior Research Practitioner for Rehabilitation services in CNWL NHS Foundation Trust London.

Poster P174**ENABLING ENVIRONMENTS – ENABLING PRISONERS TO EXPLORE AND EXPRESS THEIR OCCUPATIONAL NATURE**

Murphy D, Williams S BEHMT

As occupational therapists we are conscious of how environment impacts on a person's occupational performance, emotions and behaviour. We recognise that our physical and social environments impact all other domains within the model of human occupation. So what if you are trying to evidence that you are fit to join society when your environment is largely restricted to a 6ft by 8ft cell? And what if you're trying to evidence you have empathy and positive interpersonal skills in an environment where bullying, sexual assaults and violence are the norm? To enable humans to transform and rehabilitate within prisons we need to offer safe therapeutic environments that allow for alternate ways of relating. As a professional group we have significant skills in understanding the components that create environments that enable our service users to flourish. Within this poster we will explore the enabling environment award, and the standards laid out by the quality network within the Royal College of Psychiatrists to allow services to achieve 'enabling environments' status. We will explore how these standards converge with what we have instinctively created through occupational therapy theory and philosophy. We will

reflect on our occupational therapists' and service users' personal journeys of creating an enabling environment within a notorious Cat B local remand prison, evidencing that as occupational therapists we have the skills to transform environments and lives even with the darkest places.

References

Royal College of Psychiatrists (2013) Enabling environment standards. London: College Centre for Quality Improvement. Available at <https://www.rcpsych.ac.uk/pdf/ee%20standards%20-%202013.pdf>. Accessed on 05.11.18

Kielhofner, G. (2008) Model of human occupation: theory and application. Baltimore, MD, Lippincott Williams & Wilkins.

Keywords

Criminal justice, Mental health

Author Information

Deborah is the Lead Occupational Therapist/Wellbeing Centre Manager at HMP Pentonville. She's worked as an occupational therapist within mental health for 20+ years, largely with offenders within secure hospitals, prisons and forensic outreach. She is the AHP lead for prisons quality network at the College of Psychiatrists.

Poster P175**ESTABLISHING PURE OCCUPATIONAL THERAPY POSTS IN A COMMUNITY MENTAL HEALTH TEAM**

Barton E, Bruce A Central and North West London NHS Foundation Trust

Occupational therapy is an essential element of any Community Mental Health Team (CMHT) in supporting service users to retain their occupation, identity and self-worth. The Royal College of Occupational Therapists Evidence: Adult Mental Health (RCOT 2017) recognises 'that engagement in meaningful occupation can promote good mental health, assist recovery and help people achieve personalised outcomes such as being able to care for themselves, engage in work and leisure activities, and participate within the community'. From January–September 2016 the four occupational therapists in the Brent CMHT were undertaking split posts delivering generic work/care coordination (1.6wte) and occupational therapy (2.4wte). The time allocated for occupational therapy was frequently overshadowed by the clinical needs of service users in crisis requiring care coordination. The reality was only a small amount of occupational therapy was being delivered, less than 1.0wte. The case was made to reduce the overall amount of occupational therapy by 0.4 wte. In October 2016 the posts were changed to two pure occupational

therapy posts. The poster will show how this change has increased access to occupational therapy for service users, e.g. from 3 referrals in January 2016 to 29 referrals in November 2016. The poster will reflect the breadth of assessment and interventions being delivered. It will include quantitative outcome measures, including reason for referral and qualitative feedback from service users. The occupational therapy posts are established in the service. Further data is being analysed for 2017/2018 to be included in the poster.

References

Occupational Therapy Evidence – Adult mental health, Fact sheet published November 2017. Royal College of Occupational Therapists <https://www.rcot.co.uk/sites/default/files/Adult%20Mental%20Health.pdf>

Keywords

Mental health

Author Information

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Poster P176**A CRITICAL DISCOURSE ANALYSIS OF HEALTH PROMOTION IN COMMUNITY OCCUPATIONAL THERAPY INTEGRATED TEAMS****Bennett P** NHS Highland & Glasgow Caledonian University

The purpose of this study is to critically analyse the concept of health promotion as it is constructed within occupational therapy and to explore how it is further constructed within an integrated community team in Scotland. In 2008 the then College of Occupational Therapists published the guidance document 'Health promotion in occupational therapy'. Since then, the political landscape of health promotion discourse has evolved dramatically in Scotland with the introduction of integrated health and social care teams (Scottish Parliament, 2015). This has subsequently had a major impact on the practice of occupational therapists. Health and social care teams have, historically, had very different cultures and this has led to a disparity in the way that language is used between the professions. As a 'health promoting' profession, I am keen to explore the language of health promotion for occupational therapists and what this means for practice. Semi structured interviews were conducted with a purposive sample of staff from an integrated team to critically explore their use of health promotion language. A critical discourse analysis methodology (Fairclough, 1993) will be used to analyse the transcripts alongside current policy documents. It is hoped that this study will support the growth

and development of a new organisational language culture to foster a better understanding of health promotion and language use within integrated teams.

Ethical approval was obtained from NHS Highland via IRAS on 16.11.2016. Ethical approval was obtained from Glasgow Caledonian University on 25.04.2017.

References

College of Occupational Therapists (2008) Health Promotion in Occupational Therapy. London: COT

Scottish Parliament (2015) SPICe Briefing Integration of Health and Social Care. Edinburgh. Scottish Parliament. Available from: http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-70_Integration_of_Health_and_Social_Care.pdf Accessed on 04.11.2018

Fairclough, N (1993) Discourse and Social Change. Cambridge. Polity Press

Keywords

Education and Students, Social care

Author Information

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Poster P177**A GROUP INTERVENTION FOR POST-STROKE FATIGUE TO AID RETURN TO WORK****Flavell L** University College London Hospitals NHS Foundation Trust **Hurford J** The National Hospital for Neurology and Neurosurgery

Return to work (RTW) is a primary goal for many people post-stroke (Phillips et al, 2013, Radford et al, 2013). Achieving this can represent full recovery and build self-esteem, confidence and quality of life (Ross Graham et al, 2011), yet reported RTW rates vary between 7–81% (Wei et al, 2016). Fatigue was rated as the second highest impairment barrier to RTW post-stroke and persisted as a relevant impediment over time (Hartke et al, 2015). The importance of interventions addressing this invisible impairment post-stroke has been highlighted (Phillips et al, 2018). Fatigue management is a core intervention delivered by occupational therapists in the vocational rehabilitation service at the National Hospital for Neurology and Neurosurgery (NHNN) Group interventions have been evidenced as effective in

alleviating post-stroke fatigue (Zedlitz, 2012) to have a greater acceptance of fatigue and make important shifts in other neurological conditions such as multiple sclerosis (Thomas et al, 2015), a fatigue management group course has therefore been developed specifically for individuals post-stroke aiming to return to work. We will analyse the results and interview participants to assess the effectiveness of this group intervention on vocational and psychosocial goals. This exciting project demonstrates the value of occupational therapy, whilst aiding service development, and helps to address wider issues of stroke survivors successfully returning to and sustaining work.

Keywords

Long term conditions, Neurological practice

Author Information

Highly specialist occupational therapist specialising in vocational rehabilitation based at the National Hospital for Neurology and Neurosurgery.

Poster P179**TIME FOR TEA****Sage E, Pechey L, Clark N** Canterbury Christ Church University

Aims: This presentation sets out to highlight how an unexpected learning opportunity helped to develop critical thinking and reflection further for two students when encountering another culture. Background: Final year students complete an extended assignment based upon an area of special interest. One student focused upon creativity and the other upon dementia. Both students came together to help facilitate an international student exchange event in England where a dementia cafe style workshop was facilitated for the first time. Critical analysis: Both students will discuss how this has helped to develop their critical thinking and reflection at the end of their three years

of undergraduate study, and how they have taken this level of learning out into their first post. Conclusion: Unexpected learning opportunities encountered helped to develop and build upon key skills for continuing professional development as new graduates in their first post. Relevance to occupational therapy education: Curriculum revalidation and development is an ongoing cycle within higher education (Carroll and Ryan, 2007). Including students within this process helps to identify to all parties key opportunities for learning that are occupationally focused, creative and meaningful.

References

Carroll, J. and Ryan, J. eds., 2007. Teaching international students: Improving learning for all. Routledge: UK

Keywords

Long term conditions, Dementia, Education and Students

Author Information

Emily Sage graduated from Canterbury Christ Church University (CCCU) with a special interest in creativity. Since graduating, she works within forensic mental health.

Laura Pechey is also a recent CCCU graduate, whose dissertation focused upon people with dementia. She currently works within the NHS.

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