

Research and Development Strategic Vision and Action Plan for Occupational Therapists working for Older People (OTOP)

October 2004

Introduction

This document represents the expert opinion and research priorities of members of OTOP, one of the specialist sections of the College of Occupational Therapists. OTOP, which is one of the largest and most long-standing specialist sections, has a membership of some 550 individuals and aims to provide professional and clinical information on all aspects of occupational therapy for older people. Members with clinical interests work in the fields of physical disability, mental health and learning disabilities in a considerable diversity of settings such as hospitals, day care, intermediate care, care homes and local authorities. In order to reflect this broad range of interventions, OTOP is comprised of 5 clinical fora focussed on falls, dementia, functional psychiatry, intermediate care and general medicine. However, not all members align with one of these groups, and OTOP membership includes a number of occupational therapists who work in education or research.

Publication of the *National Service Framework (NSF) for Older People* (DH 2001a) did much to support the work of occupational therapists for older people, and this document included many areas in which occupational therapists expect to play a major role. Its focus on significant causes of physical disability, such as falls and stroke, requirements for integrated mental health services for people with dementia and depression and the promotion of health and wellbeing highlighted key areas to which occupational therapists will contribute. Importantly, the NSF set standards for integrating services across health and social care, the domains in which occupational therapists are the key players with their role in undertaking person-centred assessments, discharge planning and provision of home adaptations and assistive technologies. A similar NSF is now being developed in Wales (Welsh Assembly Government 2004).

The unique contribution of occupational therapy to older people who live in care homes has also been recognized. Standard 22 of the *Care homes for older people: national minimum standards* (DH 2002) highlights the role of the occupational therapist in providing specialist equipment and environmental adaptations to meet assessed individual needs, and OTOP members consider that they also hold a key role in contributing to standards on assessment and enabling older care home residents to fulfil their occupational needs. A further policy document, *Fair access to care services* (DH 2001c), impacts on local authority occupational therapists who assess the needs of older people living at home. Identification of risks to personal independence and the management of daily routines contribute to priority-setting for the provision of services by local councils.

Advances in technology have provided further opportunities for occupational therapists to contribute to the health and well-being of the population, by enabling a greater number of older people to remain safe and independent in their own homes. The growth in availability of assistive technologies which encompass community equipment and environmental adaptations, and the potential for Smart Home technology which includes electronic devices monitored by computer, will offer additional research opportunities for occupational therapists.

The Strategic Vision developed within the following action points is supportive of, and complementary to, relevant policy objectives. Crucially for OTOP members, the NSF identifies the central role of research and development in the successful

implementation of its objectives and this will offer opportunities for occupational therapists to contribute to providing the essential evidence-base for practice. In Scotland, too, opportunities exist to contribute to improving healthcare for older people. *Adding life to years* (Scottish Executive 2002) highlighted examples of innovative practice in the care of older people, including rehabilitation initiatives.

Discussion of the need to tailor the *College of Occupational Therapists' Research and Development Strategic Vision and Action Plan* (Ilott & White, 2001) to OTOP members' research development was undertaken at a strategy workshop on 28th January 2004. In August 2004 the Research and Development Board ratified this document. Whilst the following six objectives are taken from the 2001 Strategic Vision, the action plan encompasses the needs of occupational therapists who work across the range of services available for older people.

Objective 1: Contribute to the creation of a 5-year strategic framework for occupational therapy in conjunction with other allied health professions

This objective was broadly endorsed, although a three-year timescale for review of the framework was considered to be appropriate as this would be in alignment with the OTOP business plan and committee terms. Setting short-term objectives was considered to be helpful as this approach would offer achievable milestones.

The interests of OTOP members are very broad, and professional collaborations were considered to be far more extensive than just the allied health professions (AHPs). The clinical roles of OTOP members require professional links with the range of workers across health and social care, within the voluntary sector and with independent healthcare providers. A number of areas were highlighted where OTOP would like to promote stronger links, and these included developing greater collaboration between aspects of physical disability and mental health, and with voluntary organisations such as Age Concern and the Red Cross.

In order to promote a strategic approach, the following objectives were agreed:

1. Identify a post on the OTOP committee to lead on research and development
2. Develop a section on the members' database to record research interests and activity
3. Identify and explore opportunities to strengthen links with charitable organizations, and insurance and independent health providers
4. Identify and explore opportunities to create links with the special interest groups of other professional organisations, such as the Chartered Society of Physiotherapy's group for older people, AGILE

Objective 2: Contribute to the inclusion of allied health professionals in policy formulation, implementation and evaluation

The high priority that is currently attached to the development of health and social care services for older people offers a number of opportunities for OTOP members to contribute to policy development, and occupational therapists have been proactive in this respect. The most notable activities so far have been contributions to the development of the NSF for older people, and a range of submissions made by the College to guidelines being produced by the National Institute for Clinical Excellence (NICE). OTOP considers that the appointment by the College of policy officers in England, Wales, Scotland and Northern Ireland will offer additional opportunities to contribute to policy development for older people across the UK.

In order to further this work, the following action points were agreed:

1. Continue to link with the College of Occupational Therapists and the regional officers to contribute to national consultations
2. Draw up a list of current UK policies that impact on members
3. Explore opportunities to contribute to relevant UK AHP strategies, such as the *AHP Research and Development action plan* (Scottish Executive 2004)
4. Undertake a scoping exercise to identify the involvement of OTOP members in policy development
5. Raise awareness amongst OTOP members of the relevant NICE guidelines that impact on current practice
6. Distribute the College and OTOP R&D Strategic Vision and Action Plan to national, regional and local research bodies as a means of raising the profile of occupational therapy research

Objective 3: Support the establishment of centres of excellence with sufficient infrastructure to sustain a research-active community of occupational therapy personnel

OTOP represents five main clinical fora, and it was acknowledged that different centres hold expertise in the various key topic areas. Among them, the University Hospitals of Leicester NHS Trust operates the national occupational therapy falls database, while Coventry University is particularly noted for its policy research in older people from an occupational therapy perspective. Several universities, such as Newcastle, Sheffield and Liverpool, have active research projects in the field of ageing and the University of Nottingham is a key centre of expertise in stroke research. Occupational therapists can both contribute to and learn from liaisons with such project groups. Many OTOP members have links with the Dementia Services Development Centres (DSDC) network, which originated at Stirling University. Now, DSDC sites exist throughout the UK and aim to offer a multi-disciplinary approach to the provision of services and information on all aspects of dementia www.dsdc.stir.ac.uk/network/network.htm

In order to increase awareness of the sites of expertise, the following action points were agreed:

1. Identify different centres of expertise and encourage mentorship and support for OTOP members in relevant fields of practice
2. Link with members in higher education to address priority research topics and to access information on student research projects

3. Link with the National Association of Neurological Occupational Therapists (NANOT) and the experts in stroke research at the University of Nottingham

Objective 4: Reinforce the requirements and responsibilities regarding the research capacity of all members

This objective was endorsed. There are already a small number of OTOP members who hold PhD qualifications and one consultant therapist in older people's mental health services. There was recognition of the continuum of research competencies, with all practitioners expected to be research aware, and identification of the need for members to become more familiar with research skills. The need for research activities to be undertaken within an ethical framework was also acknowledged.

OTOP recognises its role in supporting occupational therapy research in the field of older people, and makes three grants available each year to its members for relevant research or continuing professional development activities. In order to foster research capacity amongst the membership, the following action points were agreed:

1. Undertake a review of the OTOP research grant procedure to achieve best value from these awards and to ensure that applicants fulfil the requirements of the *Research Governance Framework for Health and Social Care* (DH 2001b). This will require establishing a robust application system with clear criteria
2. Fund a scoping study to identify OTOP members who are undertaking research, audit or service evaluations
3. Promote the College R&D publications and Register of Occupational Therapy Researchers on the OTOP website
4. Encourage members to submit Master's and PhD theses to the College library, and to publish relevant research in the OTOP newsletter, on the website and in peer-reviewed journals
5. Promote opportunities to access research skills training and the availability of awards to support research development

Objective 5: Promote the priority research topics and diversity of methods

This objective was endorsed. Due to the scope of OTOP members' activities and interests, and the high profile of the current agenda for health and social care for older people, it was acknowledged that a wide range of priority areas could be identified. In addition, it was noted that aspects of care for older people overlapped with other Specialist Section interests and this offered an opportunity to share resources and undertake linked activities.

The following actions were therefore agreed:

1. Liaise with clinical forum leaders to identify priority topics for research
2. Cross-reference activities with other Specialist Section research priorities

Objective 6: All members are expected to promote an evaluative culture to improve practice

The final objective was also endorsed. The current climate was considered to be positive for OTOP members, with an ethos of acceptance of the need for evidence-based practice, continuing professional development and research as part of clinical governance.

OTOP already has a wide membership and recognizes that many skills are demonstrated as part of daily occupational therapy practice. Dissemination of research activity was considered to be crucial to the development of a sound evidence-base, and this would further promote the role of occupational therapy to influential organisations such as NICE.

The following action points were agreed:

1. Ensure that OTOP research grant recipients submit a contribution to the newsletter and website
2. Encourage members to share their research activities through appropriate publication, and by presenting papers and workshops at the annual OTOP conference, other OTOP clinical fora study days and the College's annual conference
3. Promote the standard of a minimum half day a month protected time for research or quality enhancing activities, that was set in the Colleges R&D Strategic Vision and Action Plan (Ilott & White 2001).

Conclusion

The action points for developing and disseminating research activities within the field of occupational therapy for older people were ratified by the Research and Development Board in August 2004.

Implementation offers a wide range of challenges and opportunities due to the scope of activities undertaken by OTOP members. Links will be needed with the university sector and other Specialist Sections of the College. However, the high profile of older people's services within the health and social care environment offers considerable opportunities for the promotion of research activities for OTOP members.

Acknowledgements

Thanks are due to Jennifer Wenborn who co-ordinated the development of this Strategic Vision and Action Plan, and the members of OTOP who represented their clinical fora – Pat Chung, Anne Coomber, Anne Cornell, Rebecca Newman, Susan Moore, Sue Rey, Christina Ring, Susan Starmer and Dr Gillian Ward. Thanks are also due to Dr Elizabeth White who supported the development and drafted the document.

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Published October 2004