



## Personal Outcomes Stories during COVID: Learning from practice

**Your role and organisation:** Lesley Smart, Community Occupational Therapist, HSCP

**How have you been able to keep a focus on what matters to people during COVID?**

My role has changed completely, in that all routine occupational therapy assessments have been suspended, due to the Covid 19 situation.

This means that occupational therapists (OT's) as part of the wider staff team, have been undertaking generic community care duty tasks, in response to the impact Covid 19 is having on people who receive social worker services.

**What have you had to do differently and what made this possible?**

Historically, there has always been a long waiting list for community occupational therapy services. When cases have been allocated to me from the waiting list, my role is to assess for equipment and/or adaptations, in order to maximise a person's independence and increase their ability to carry out activities of daily living, within their own home.

Unfortunately, due to a reduction in funding, particularly within the private sector and increasingly with local authority housing associations, a lot of the work is centred round processes and decision-making, based on fixed criteria.



There are numerous blocks in the system and the work can be demoralising at times, because you know that most people you see, are not going to meet the critical level of need, in order to receive what they have been assessed as requiring, by the COT service. In terms of outcomes, this is very unsatisfactory for me and the individuals who are assessed, as subsequently they go on to another waiting list for funding from our department, private sector grants or a housing association. This is often following a lengthy wait for the initial assessment.

Since Covid 19, our role initially was to screen the people on our individual caseloads and respond to any issues which have affected those people, as a result of Covid 19. As a result, our approach has been often more reactive and creative.

Simultaneously, COT's alongside other staff groups, have been operating a duty system which encompasses generic community care duty tasks, adult support and protection, welfare calls and urgent visits. This has consisted of a small staff team being office based, with the other staff members working remotely and a rotation of staff operating between the central office hub and remote bases.

One of the challenges has been that our main homecare provider had to reduce the service delivery by 60%, due to their staff shielding and other issues. This has meant a

constant juggling of resources and often having to source other providers to cover the service in the short term. Although dealing with those issues has been a steep learning curve at times, it has also been humbling and interesting and given me a greater appreciation for my wider team members. They have supported me with tasks and processes which are unfamiliar with immense patience.

The other big change is being involved in adult support and protection (ASP) calls and visits. COT's were previously on the ASP duty rota, but were removed, due to them being on two other duty rotas.

Undertaking ASP tasks, means that we work jointly with other professionals from specialist teams, such as mental health or learning disability colleagues. I feel that it is the ultimate joint working and there are great opportunities to use our core skills in that type of work. This includes our observational skills, thinking on our feet and pulling together all perspectives, to assess risk and identify possible solutions to a situation.

**What have you noticed that has been better?**

I feel that there has been greater collaboration between colleagues and increased support and assistance to each other. Overall, it's a feeling of us all pulling together. Also, communication between colleagues, checking in with each other and their families have increased. There has been more time to properly listen to people contacting our department and respond to their needs or provide information about third sector/voluntary services.

**How did this make you feel?**

I have really enjoyed being able to use my wider skills to improve outcomes for people. My current role has allowed me to actively undertake practical tasks and often advocate for people, in various situations. Working in a different role, I feel more energised and excited by my work and look forward to the new challenges and learning opportunities.

**What have you learned through this?**

This experience has given me the space to reflect on my own work, practice and the overall service. Prior to Covid 19, I was so caught up with the daily tasks and demands, there was little time for reflection and any connection with colleagues.

I have a strengthened appreciation for my colleagues who work permanently in the community care duty team. Their depth and breadth of knowledge and capacity to carry out complex, often challenging pieces of work is amazing.

**Anything else you want to tell us?**

I would love to be able to focus on a more outcomes-based assessment format within my organisation. I also wonder how these conversations could be started during an assessment visit and recorded within our current assessment proforma. In addition, I would like to see the development of more creative approaches to meeting individual's needs, rather than the current prescriptive pathways.