

Living, not Existing:

Putting prevention at the heart of care for older people in Wales



Royal College of
Occupational
Therapists



Occupational Therapy
Improving Lives
Saving Money
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Value of Occupational Therapy
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Occupational Therapy

Improving Lives, Saving Money

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Foreword



It's a fact that more people are living longer and more people have long-term conditions. In turn, this will increase pressure on the funding of public services. To cope with the growing demand, it would be easy for local authorities to offer or commission only what is most cost effective to provide, instead of asking **what people really need to live: not just to exist**. We must guard against this if we are to realise the Welsh government's vision for older people.¹

Embedded in legislation, the Welsh government's vision makes clear that everyone is entitled to autonomy, purpose and services that protect and promote their overall wellbeing. Occupational therapists are unique in being ready to support this agenda because our profession's approach is rooted in working with

individuals to establish what matters to them and to set goals to help them maintain or regain their ability to do them.

Embracing the opportunities set out in the Welsh Government's vision, occupational therapists and their support workers across Wales are driving forward improvements that give people back their dignity and self-determination. Whether this is a period of intense support or home adaptations, once goals are met, the need for reliance on services diminishes and support can be safely reduced or even withdrawn. The older person retains their independence, control and self-esteem while the taxpayer gets a saving in the long term, essentially improving lives and saving money for the public purse.

Building on the College's previous report *Reducing the pressure on hospitals* (2016),² in this report we focus on the contribution that occupational therapists have in making services for older people more person-centred, helping the NHS and social care services to become more efficient by working better together and thereby ensuring services become more sustainable for the long term.

The recommendations in this report present an opportunity to pause and reflect on the good work that is already being done to promote the health and wellbeing of older people in Wales. Occupational therapy has proved its value. But now is the time for this work to go further and faster. We want occupational therapists to be given the tools and resources necessary to ensure that everyone across Wales receives these same high standards of care.

At the heart of our recommendations is evidence that doing the *right* thing for individuals can actually reduce their need for expensive care long-term. That is good for those who use social care services and good for those who pay for them. There can no longer be any excuse as to why every older person across Wales should not have access to the type of best practice occupational therapy services we identify in this report.

We need the whole health and care system to work together even more seamlessly. We have a golden opportunity via the *Social Services and Wellbeing (Wales) Act 2014*³ and the new *Primary Care Plan for Wales*⁴ for that to happen.

Improving Lives, Saving Money

For too long, we have collectively wrung our hands and exclaimed that something had to be done to 'fix' the social care system. We now have the policy framework in place in Wales to enable the long-term fixes which are required. The evidence set out in this report demonstrates how occupational therapists are the right staff group to lead these improvements. What we need now is for these examples to be replicated across Wales at scale and with pace.

Because of their unique set of skills, occupational therapists are perfectly placed to address what is needed right now. Leaders across the health and social care sector owe it to both the people entrusted to their care, and the taxpayers who fund that care, to take notice of this report's findings and act upon them.

In return, we commit as an organisation to doing whatever it takes to help.

A handwritten signature in black ink that reads "Julia Scott" followed by a horizontal line ending in an arrowhead.

Julia Scott
Chief Executive Officer
Royal College of Occupational Therapists

Executive summary

The case for change

In order to deliver outcomes for citizens and to ensure health and social care services remain sustainable in the light of continued financial pressure and increasingly complex demands, public services need to be:

- Preventative
- Located and focused in the community
- Integrated
- Equitable
- Cost effective.

Most critically of all, services should enable people to do and achieve what matters to them.

Occupational therapists make a valuable contribution to integrated, person-centred public services that both improve citizens' lives and make more effective use of public money. This report includes a small proportion of the many examples collected over a 12-month period to demonstrate this contribution.

Why occupational therapy?

It is well documented that occupations offer us choice and control, and support feelings of self-worth and identity.⁵ Too often the most vulnerable members of our society are provided with social care packages based on what is organisationally expedient for the provider rather than an understanding of the recipient's real needs. Occupational therapists identify what each person needs and wants to be able to do and helps them find ways of doing it. They see the whole person and by doing so return the autonomy, choice and control.⁶

Occupational therapy is unique in seeking to understand how people have already adapted successfully to change and how they are managing the consequences of frailty and ill health. That might mean helping someone to be able to make a cup of tea for themselves, when *they* want one. For others, getting out of the house to a café to see friends will help them to reconnect with their social support network and prevents feelings of depression.

Many older people talk of simply existing, not truly living. This is a sad indictment of how we treat the oldest and most vulnerable members of our society.

Finding ways to enable older people to continue to participate in daily life through problem solving, learning or relearning skills and making adaptations not only improves peoples' lives but also makes more effective use of public money. When people's needs are not met they come to rely on other services. Too much social care reverts to long-term support, reducing older peoples' autonomy over how they live their lives day-to-day. This has a dehumanising and disabling effect, which leads to dependence and strips older people of their vitality and self-esteem.

With the importance of wellbeing recognised within legislation,⁷ we must refocus on creating services that help older people to do as much as they can for themselves, for as long as they can; seeing a person's overall wellbeing rather than simply a set of support needs. Short-term, intensive reablement can result in a better quality of life and outcomes for older people,⁸ and reduce costs for providers.

Recommendation for change

Recommendation for change:

The Royal College of Occupational Therapists (RCOT) is calling for all Regional Partnership Boards to identify a named person to action and report on outcomes in three key areas.

Occupational therapists have a role in:

1. Prevention or delaying the need for care and support

The RCOT recommends that more occupational therapists are based within primary care to prevent or delay the need for care and support.

For action by: Regional Partnership Boards, Primary Care Clusters and GPs, Executive Directors of Therapies and Health Sciences, Executive Directors of Primary Care.

2. Helping older people to remain in their communities

The RCOT recommends that occupational therapists are deployed to develop person and community-centred approaches to ensure older people live independently for as long as possible in their communities.

For action by: Local authorities, Local Health Boards, Public Service Boards and Regional Partnership Boards.

3. Ensuring equality of access to occupational therapy

The RCOT recommends that partnership agreements are formally developed across local housing, health and social care sectors to ensure all older people, irrespective of social, economic or housing circumstance, have access to occupational therapy.

For action by: Public Service Boards, Regional Partnership Boards, care home and housing providers.

1

Prevention or delaying the need for care and support

The RCOT recommends that more occupational therapists are based within primary care to prevent or delay the need for care and support.

For action by:

Regional Partnership Boards, Primary Care Clusters and GPs, Executive Directors of Therapies and Health Sciences, Executive Directors of Primary Care.

Rationale

The GP workforce is under immense pressure. The ageing population and increased prevalence of long-term conditions have a significant impact on health and social care. The *Primary Care Plan*⁹ recommends the development of the primary care workforce to include occupational therapists as part of a wider primary care team. New models of general practice must support GPs to coordinate care for the local population, by providing them with closer working relationships with integrated community care teams. In order to support people to remain in their homes and communities, occupational therapy workforce numbers should reflect the health and social care needs of the local population, both rural and urban.

While every local Health Board is now locating occupational therapists in the Community Resource Teams (CRTs) and there are integrated teams in most areas, the development of dedicated primary care based occupational therapists is slow. This is a missed opportunity to both deliver the *Primary Care Plan* and to help support general practice. A 'clear fit' has been identified between the holistic, health promoting

nature of occupational therapy and primary care.¹⁰ The Royal College's report *Reducing the Pressure on Hospitals: the Value of Occupational Therapy in Wales*¹¹ demonstrated the contribution occupational therapists make in the primary care team.

The design of services must include structures and processes to enable occupational therapists to work closely with GPs and primary care colleagues. This means:

- Occupational therapists based within GP practices or community resource teams
- Primary care teams having timely, direct access to occupational therapy
- Ensuring that the disciplinary skills mix of integrated community teams reflects the actual needs of the local population
- Care coordination roles open to occupational therapists.

By utilising their specialist skills and approaches, occupational therapists can make cost savings for services while improving wellbeing outcomes for people.

The occupational therapists are based in the **Single Point of Access Team, Denbighshire County Council.**

In 2016 the Intermediate Care Fund (ICF) was used in a time-limited project that focused on simple/low complexity, (mid-level) adaptations over £1,000. This pilot aimed to provide a quicker and easier service for people as envisaged by the Enable scheme.¹²

Citizens did not have to go through a financial assessment for this grant, but the individuals selected needed to be owner occupiers and over 60 years of age. They also had to meet the same eligible need criteria used for other citizens.

Each adaptation under the pilot has been evaluated using a wellbeing questionnaire. On average the wellbeing scores were **15/30** prior to the adaptation and this rose to **28/30** after the adaptation.

The total cost of Elen's adaptation below was **£3,972.00**, avoiding the need for a care package of 45 minutes a day for personal care, saving **£5,460.00** per year. Elen was also at risk of a fall, which, if it resulted in a hospital admission of 10 days, could incur costs of around **£6,150.00**.

Elen's story

'I am 78 and I have terrible osteoarthritis which limits all my everyday activities and I have to rely on my husband, Joe to help me in pretty well everything. I have already had one right knee replacement and I am waiting for my left one to be done, which means that I'm prone to falling. I'm in a lot of pain and I wear a spinal brace for support and protection. I have no quality of life and now Joe has to help me with washing as I can't use the bath, but we are both starting to struggle with this in our relationship.

Heather, my occupational therapist, came to see me and we looked at how I do things now and she really worked out what the specific difficulties were. Heather asked me to think about what really mattered to Joe and I, and she gave us lots of options. We agreed that a wet room/walk-in style shower would be the best solution. Then Heather drew up an adaptation plan and the technical officer from Care and Repair worked with the builder and checked that the work was done according to Heather's plan. When it was all done they asked me to say whether the work had made a difference. I wanted to score it 10 out of 5 it is so good! I don't feel frightened anymore and the relief is wonderful. To feel safe makes such a difference to you.'

Service example 1. ARCH: A Regional Collaboration for Health¹³

ARCH is a unique collaboration between the three partners of Abertawe Bro Morgannwg (ABMU) University Health Board, Hywel Dda University Health Board and Swansea University. It spans six local authorities.

Under the collaborative, older peoples services have been integrated to change the culture and attitudes towards frailty. Using a prevention approach, occupational therapists are embedded throughout the services. They are part of Information, Assistance and Advice (IAA) services to ensure that people can access accurate, practical advice to help them maintain and enhance their occupational engagement. The IAA services provide a single point of access for all community and primary occupational therapy located in multi-professional and multi-agency prevention and care and support teams. This includes short-term assessment and rapid response, reablement and longer term care and support into the community resource teams. Reablement approaches prevent significant numbers of people from having to accept long-term care packages.

All the work is focused under the Frailty Programme Board. Specific guidance for complex discharge planning and the Transfer of Care Advice and Liaison Team is based on frailty levels rather than complexity of need. This ensures the transfer of accurate information between hospital and community services. 'Staywell Plans' are used in primary care to help people maintain their health and wellbeing and to ensure the most effective action is taken in a crisis. In 2016, the service used the Intermediate Care Fund money to employ support workers, who were supervised by the occupational therapists to support frailty services and maximise every individual's wellbeing outcomes.

2 Helping older people to remain in their communities

The RCOT recommends that occupational therapists are deployed to develop person and community-centred approaches to ensure older people live independently for as long as possible in their communities.

For action by:

Local authorities, Local Health Boards, Public Service Boards and Regional Partnership Boards.

Rationale

Health, social care and housing are inextricably linked, and occupational therapists can seamlessly work across the whole sector. The *Social Services and Wellbeing Wales Act (2014)*,¹⁴ the *Wellbeing of Future Generations Act (2015)*¹⁵ and the new *Primary Care Plan for Wales*¹⁶ all require services to focus on what matters to people to help them achieve their wellbeing outcomes and to deliver greater provision of services where people most need them; in their homes and communities. These transformed services will enable people to remain as independent as possible through preventative services, early intervention and greater co-production. Occupational therapists are at the heart of achieving this transformation and have a clear role in making the necessary transition in service redevelopment.

As people age, they spend more time in their home,¹⁷ but accessing the community and being involved in social activities remain vital for wellbeing and health.¹⁸ Occupational therapists should be deployed to work with older people to enable them to be part of their community, to access resources, assets and group activities to promote health and wellbeing, e.g. the *Lifestyle Matters* programme.¹⁹ Social prescribing offers an excellent opportunity to continue to ensure people can participate in occupations that matter to them. That sense of belonging and contribution is essential to good health and wellbeing. The profession can offer advice to community groups on adapting their approach in order to be accessible for people with multiple needs. The Regional Partnership Boards and Clusters need to consider how to make best use of this expertise. Occupational therapists are able to act as

a catalyst in establishing a 'promoting independence' ethos²⁰ to help a person achieve their wellbeing outcomes.

In addition, occupational therapists have a pivotal role in providing help and training for family, carers, reablement workers and trusted assessors. This has the overall aim of enabling a person to retain independence, minimise care costs and remain safe in their home. This, in turn, helps to reduce the levels of stress experienced by carers.^{21 22}

To deliver on this recommendation, the design of services should enable occupational therapists to take a community-wide approach. This would mean that occupational therapists:

- Take on leadership roles to provide expertise and mentoring to community providers
- Train carers and community workers to encourage a person-directed and enabling approach to care and support
- Work with community groups and providers to improve accessibility to existing resources and services for older people with complex needs
- Advise on the provision of equipment and adaptations to improve older peoples' independence beyond the home
- Contribute to developments that support self-assessment of standard equipment and minor adaptations for people with less complex needs.

By utilising their specialist skills and approaches, occupational therapists can make cost savings for services while at the same time, improving wellbeing outcomes for people and reduce unnecessary care packages, such as, for example, the need for two carers for one task (i.e. double-handed care).²³

The Gwent Enhanced Reablement Project is funded via the Intermediate Care Fund (ICF). The team includes a qualified occupational therapist, supported by 'enablers', who deliver interventions that focus on what matters to people, with the flexibility to support people in the social, emotional and leisure aspects of their life.

Mary's story

'I was already having the homecare team to help me manage things, but then I had bilateral foot drop and had to go into hospital. I was sent to the rehabilitation unit at Mardy Park when it became clear that I would need to use a wheelchair. This was terrifying; I didn't know how I was ever going to manage at home, alone, in a wheelchair and in an upstairs flat. I was desperate.

Hayley, the occupational therapist, from the Enhanced Reablement Project, helped me to consider the things that were important to me and what I wanted to be able to do and we talked about what sort of a new home I wanted. She sent Jenny, a senior enabler, to work with me. Hayley looked for some suitable options for a new flat and when I decided which was the best property they helped me with the move. Hayley and Jenny stayed in touch after I went home. They were worried about me as I wasn't eating and I didn't know anyone in the area. Hayley suggested that Jenny could help me settle in by coming shopping with me and visiting the local community. She encouraged me to cook and to buy a powered wheelchair so I could get out and about.

They also noticed that I was having trouble with my eyes and Jenny helped me make an appointment. I needed a cataract operation and having that has made a huge difference. I now do lots of things; my life is busy and full and with their help I have now got a passport to go on holiday with my family. They have changed my perspective on life to a 'can do' attitude.'

Service example 2. Flintshire County Council Housing Department

The housing specialist occupational therapist works with people who have applied for re-housing who have a physical, mental or learning disability. This wide ranging role ensures occupational therapy expertise is available in cases of homelessness, new build design and void property adaptation; managing the Specialist Housing Register, identifying potential tenants for properties and assessing the feasibility of further adapting a property to meet their needs.

Suitable housing is essential to enable people to participate in domestic, family and societal relationships, giving them the opportunity to engage in work and leisure activities; complete personal care tasks independently and manage their own conditions as appropriate to complete their occupations. This makes a significant difference to people's ability to meet their wellbeing outcomes and do what matters to them.

- An average of six adapted properties each month are assessed by the Housing occupational therapist. By matching the already adapted properties to citizens the costs of new adaptations of approximately **£15,000.00** a month are avoided.
- An average of four citizens each month are re-housed from properties in which they were experiencing falls on the stairs to homes with all amenities on one level. Reducing the need for emergency services and hospitalisation, a cost saving of **£545.00** per citizen (based on the 2016 Housing Health Cost Calculator).
- An average of three citizens each year are re-housed from residential care to enable them to return home. This results in a cost saving of **£793.47** per week/per citizen: an annual saving for the local authority of **£123,781.32**.



Stills from the film *Value of Occupational Therapy*. To view the whole film, visit: www.rcotimprovinglives.com/

3

Ensuring equality of access to occupational therapy

The RCOT recommends that partnership agreements are formally developed across local housing, health and social care sectors to ensure all older people, irrespective of social, economic or housing circumstance, have access to occupational therapy.

For action by:

Public Service Boards, Regional Partnership Boards, care home and housing providers.

Rationale

Everyone has the right to access advice and support in order to maintain their health.

*Vulnerable people should be treated with dignity and respect as equal members of society, entitled to enjoy the same rights, dignity and privileges as any one of us would expect.*²⁴

The Royal College of Occupational Therapists wants to ensure that people are able to access the appropriate expertise to address their needs. Wholly accessible occupational therapy services may range from signposting people to appropriate community resources, services and technology to working with residents in care homes with complex and end of life care needs. Occupational therapy assessment identifies solutions for maintaining or re-engaging with occupations that matter to the person. This enables and empowers them to make choices and to take an active part in decision making.

The RCOT recognises the difference that equipment and adaptations make to peoples' lives and the cost-effectiveness of these services, but solely focusing on the provision of equipment means the full range of occupational therapy skills are not utilised, and potential improvements in wellbeing outcomes are not achieved. Occupational therapists around Wales are

beginning to report that the implementation of the *Social Services and Wellbeing Wales Act (2014)*²⁵ is enabling them to work using all their skills and abilities, as required in prudent care services.

Equality of access should be the guiding principle for older people who, due to their age and health, are unable to care for themselves and keep themselves from harm. If equality of access to occupational therapy is to be achieved, the design of services must enable occupational therapists to widen their approach in order to meet the varying needs within their local communities. This means:

- Resourcing occupational therapy services sufficiently so that they can take referrals from all sections of society, including hard to reach groups
- Providing information to the public on ageing well and adapting the home to meet changing needs
- Providing opportunities to establish and maintain partnerships across sectors
- Providing access points to occupational therapy advice for community teams such as home care and reablement providers
- Training and mentoring roles, for example to care home staff.

By utilising their specialist skills and approaches, occupational therapists can make cost savings for services whilst improving wellbeing outcomes for people.

The Bridgeway Service in Bridgend, is an occupational therapy-led, time-limited reablement home care domiciliary assessment service. The annual costs of the package below for Mr Evans, as determined by the hospital, would have been **£45,760**. Following occupational therapy and a reablement programme the costs to prevent his admission to long-term residential care, do what mattered to him and to keep him active in his own community was **£11,140**. This represents a saving of **£34,620** annually.

Mr Evans' story

'Dad has dementia and was particularly anxious whilst on the hospital ward. It was determined he must be discharged to a nursing home with 24 hour supervision. He and all of us in the family knew that what mattered to him was to live in his own home. The hospital agreed to this providing there was an assessment by the Bridgeway service. The assessment indicated that a care package consisting of 4 one hour calls per day, 6 hours of sit-in services and two night-sits per week was required. My sister and I were expected to provide all other supervision.

The occupational therapist came on discharge and visited several times in the days and weeks following. Her assessment showed that although Dad struggles to learn new things and routines, he can be reasonably independent in his own environment, with his usual routines. Dad was much less anxious and distressed and more able to carry out activities at home. The occupational therapists set up a programme for Dad and the reablement workers came to help Dad work on it. We were so thrilled. He was able to start going back to his local pub with his friends. We, his two daughters, who supported him daily, were able to stay in work although we had been advised to give up work to 'supervise' Dad. Within two weeks the 24-hour support was not required. Telecare with an additional door sensor was arranged to check his night-time activity, but there wasn't any: Dad slept through each night and so the night sit-in services were cancelled. At the end of the occupational therapy programme all Dad needed was 2 x 45-minute calls of care per day.'

Service example 3. Cardiff Council Occupational Therapy Care and Support Reviews 2015-2016

Between April 2015 and March 2016 the occupational therapy team reviewed a total of 227 packages of care and direct payment arrangements. Service sustainability is vital for citizens and so where improvements produce cost savings by 'right-sizing' the packages to best effect, the occupational therapists can also help to ensure wider, more sustainable access for all citizens.

Occupational therapists assessed peoples' functional needs, provided and demonstrated equipment, and addressed moving and handling issues.

Best practice in manual handling is in-line with the All Wales Passport scheme and therapists draw upon their in-depth knowledge of equipment and adaptations. They work closely with care agencies and deliver training and workshops to educate care agencies on more complex equipment, such as standing hoists.

Cost savings

227 care packages assessed during 2015-2016

Prevented **26** increases of care as requested by care agencies saving **£120,514**

Reduced **42** care packages which saved the council **£274,765**

Total savings: £395,279

Examples of savings that also deliver improved outcomes

- Mr Jenkins – review of his care focused on the moving and handling aspect of care. It was possible to reduce all of his care from double-handed to single-handed care, reducing the weekly care delivery by 28 hours. **This saved £23,296 per year.**
- The care agency wanted to increase Mr Edwards package to two carers on every visit. With occupational therapy input, a review of the equipment and implementation of a moving and handling plan and advice, the package of care was able to remain as single-handed care. **This saved 19.25 hours of additional care per week giving a saving of £16,016 per year.**

In conclusion

Public bodies have duties to take reasonable steps to achieve the wellbeing objectives for their local populations.²⁶ The Regional Partnership Boards and Primary Care Clusters need to ensure citizens can access occupational therapists' skills equitably and at the right time and in the right place to more effectively meet peoples' wellbeing outcomes.

Service design should allow occupational therapists to expand their roles in enablement and rehabilitation, giving them the scope to redesign interventions to meet individual and local population needs and expectations, and to move towards a more preventive and enabling approach.

To reshape how services are delivered and to remove barriers to accessing occupational therapy, service design must position occupational therapists so that they can :

- Engage directly with GPs, either by being based within GP practices or within integrated teams that have direct links with local practices.
- Take on leadership roles working with community providers to provide training, coaching and expertise to ensure all carers and staff take a person-centred, enabling approach to working with older people.
- Be innovative in their approach and extend the range of their practice to giving advice, developing resources and working with communities.
- Contribute to developments that support self-assessment and self-management for people with less complex needs.

In short, using the occupational therapy workforce more effectively to enhance the prevention agenda will help to put health and care services onto a more sustainable footing and, more important for any civilised society, enable older people to live, rather than just exist.

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