skillsforcare

Optimising occupational therapy placements across social care

In partnership with

NHS

Context

The purpose of this guide

The purpose of this guide is to explore the benefits, opportunities and practicalities of occupational therapy practice-based learning in social care settings. Likewise, although the guide focuses on the profession of occupational therapy, practice-based learning in social care settings has wider application to other allied health professions (AHP) too. This should be a key consideration and area for development for all those reading this guide. Skills for Care produced this guide in collaboration with Health Education England (HEE) which has now merged with NHS England.

We know there are challenges for social care organisations in recruiting occupational therapists. We also know there is a link between where learners (apprentices and students) undertake their pre-registration placements and the settings they then practice in. An increase in placement opportunities is one solution to broadening awareness and experience of the role of occupational therapy within social care.

This guide is intended to support occupational therapy practitioners, practice educators and organisations to consider the potential placement opportunities available within their organisation and how they might establish a sustainable practice-based learning offer. Placement opportunities across social care enables learners to see the wider career pathway available to them, enabling the social care sector to grow and develop its future workforce.

This guide highlights the benefits of social care practice-based learning both for learners, people who draw on care and support and for the existing workforce. It shows how practice-based learning maps to professional standards and what experience occupational therapy learners can gain in a social care setting.

Who this guide is for

It's been created for occupational therapy practice educators and learning and development leads. Senior managers, registered managers, occupational therapists, students, apprentices, and higher education institutions (HEIs) may also find it useful.

How to use this guide

This guide comprises of 10 case studies from different placements. Eight are examples of current practice-based learning opportunities, and two (Hertfordshire equipment service and Royal British Legion) are examples of emerging areas where placements are being planned.

The placements include statutory, private, voluntary, and emerging placements. Across the diverse range of organisations, there are common core values, knowledge and skills as well as additional specialisms.

Each covers the following topics:

- Overview of the practice setting – an introduction to the setting.
- A day in the life of the practice-based learning setting – an overview of a typical shift within the organisation.
- Feedback from the practice educator – the practice educator provides their perspective.
- Feedback from the occupational therapy learner – the learner gives an overview of their experience of the practice-based learning.
- Hello, my name is… - an introduction to someone who draws on care and support.
- What can be achieved here? – looks at the values, knowledge and skills that can be developed during a placement.
- Multi-professional opportunities – highlights the opportunities offered by the placement to work with other professionals.

We recommend reading each of the case studies as even those which feature a very different setting to your own can still provide valuable insights. You can then go back to the case studies that you found most useful to inform your organisation's plans for developing or improving a placement strategy in the future.

How this guide can help you

Offering a placement is an excellent component of an employer's recruitment and retention strategy which also enables continuing professional development (CPD) opportunities for their staff. This guide aims to promote the discussion and consideration of placement opportunities within the team, stimulating conversation and supporting you working towards how you will offer a placement. The intention of the guide is to demonstrate how you and your team plan, implement and sustain practice placement opportunities to support our future workforce.

Useful resources

This guide complements numerous other useful resources that can be found at the end of this document. **Please note**, the terms 'practice-based learning' and 'placement' are used interchangeably in this guide. This aligns with terminology used in the complementary useful resources.

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FineFutures - private sector limited company

This is a great example of co-production between the university of Coventry, FineFutures (practice) and an occupational therapy learner to implement practice-based learning.

Overview of the practice setting

Finefutures is a private supported living company supporting people who have a learning disability, mental health condition or neurodiverse needs. It works alongside a housing association to source suitable accommodation for the people supported. Finefutures supplies personalised support packages with an ethos of promoting independence in daily living and ensuring clients have well-balanced and meaningful lives.

The housing association takes on properties from the open market as a company let, they then bridge the gap between landlords and FineFuture's clients. The clients have their own tenancy agreements. FineFutures takes referrals from secure mental health hospitals, family members, other care providers and social workers. Their support packages are funded either through the local authorities or Integrated Care Boards (ICB).

A day in the life of the practice-based learning setting

A typical day/shift in this setting can be incredibly varied. Generally, the whole practice team (which includes six members) is working on a day-to-day basis. A typical shift can include assessing new clients and writing proposals, assessing skills, implementing, reviewing and working on client goals, as well as working on positive behaviour management plans, support plans, risk assessments and mental health relapse plans. Team members may be required to attend team meetings, train new staff, visit clients, review activities and weekly planners or source and support any education or employment opportunities. Students are encouraged to be involved in all aspects. Third year students have managed their own small case load of 2-3 people, working on skill development and engagement levels as well as writing goals or running groups.

A shift may also involve assessing sensory processing disorders and implementing sensory strategies, completing notes, supporting budget plans and completing any referrals or attending multi-disciplinary team meetings. Typical days could also include property searching and viewing, ensuring the layout and environment are suitable to meet client's needs.

Feedback from the practice educator

Having a student gives you the time to assess and evaluate the role within the company, whilst thinking about your own skills e.g. clinical reasoning, implementing theory into practice. I found it allowed me to look at my own learning and see if there were any different models of practice being taught at university which could be beneficial to this setting. It also gave me the opportunity to gain a fresh perspective on things and see if anything could be done differently to promote occupational therapy within the setting or develop any of the assessments/paperwork.

I was able to develop my skills in facilitating supervision, as these were held face-to-face, weekly throughout the placement. While delivering supervision, it was helpful to revisit the learning agreement which was written in week one of the placement to ensure learning needs were being met. This allowed us to ensure the learner was meeting all the areas they were being assessed on. We had a halfway phone call with the university assessor, who was on hand if more support was needed throughout the placement.

Feedback from the occupational therapy learner

Whilst on this placement I had the opportunity to apply/implement how the occupational therapy process works in a community setting and how assessments and safety plans are personalised to support individuals.

My placement demonstrated how partnership working between providers and community professionals interlinks to support the needs of individuals. It was a good experience and I had the opportunity to be creative and implement best ways of working.

There was a range of different professionals working together, based at the head office. I shadowed other professionals to understand where their roles fit into the service and the expectations of the overall aim for the service, especially as this was a contemporary placement.

The structure of the practice-based learning/placement helped to meet my learning outcomes. Students would write a learning agreement in the first week of their placement, with aims of how they would meet the 10 components set by the university to pass their placements. This would then be reviewed in weekly supervisions, identifying learning areas to focus on for the coming week. Supervision was delivered weekly in 1-1 sessions. The university supplied each student with a supervision record book which was required to be filled out each week.

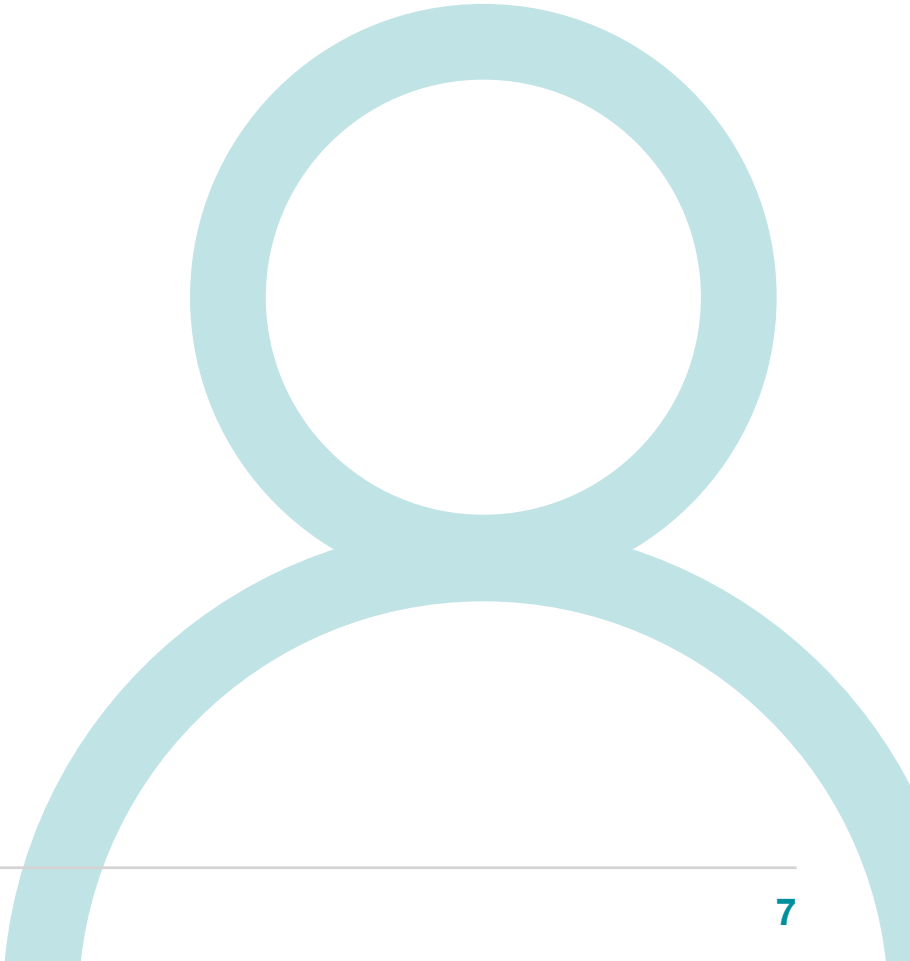
At the halfway point of each placement, halfway marks were completed to identify any areas that needed more focus (e.g. professionalism, ethics) to ensure the placement would be passed. There was also a visit or phone call from a university tutor to ensure the placement was working well.

Hello, my name is… Daniel*

I have been in supported living for nine years. My support is tailored to meet my needs. During the nine years I have learnt how to manage my home, find paid employment, develop daily living skills e.g. finances and cooking. I've done a lot of work with my support staff, the learning disability nurse and occupational therapist, and as a result I've become more independent so the hours of support I need have decreased. I did a six week, 1-1 course around relationships and the dangers of drug use. I enjoyed the course, it was made interactive and fun. It has helped me socially, understanding potential risks and how to avoid or deal with any situations.

When people work with me, I want them to:

- see me as a person (kind, caring, good) and an individual
- remember that your work environment is my home
- be respectful
- not judge
- be person-centred, do what's best for me
- make things fun and interesting
- not see me as "autism"
- understand my needs but know I can do things by myself.



*Daniel is not their real name

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- being person-centred
- having a holistic approach
- being inclusive and treating everyone with dignity.

Knowledge

- knowledge around autism, learning disabilities and various mental health conditions
- sensory processing disorder
- private health care and the funding behind support
- implementing occupational therapy in a community setting with lots of variety and seeing how it is beneficial
- how the housing and benefits system works as well as capacity assessments
- individuals with lots of diverse needs
- how occupational therapy can fit into a “non-traditional” setting, experiencing and gaining knowledge in lots of different areas and understanding the private side of social care
- different communication styles

Skills

- confidence
- time management
- rapport building
- understanding a range of diagnosis or behaviours displayed by those who draw on care and support
- multi-disciplinary team (MDT) working
- working within legal frameworks (safeguarding, lone working, codes of practice and ethics)
- using different assessments, goal setting tools and evaluation tools
- how to be creative with interventions.

Multi-professional opportunities

- learning disability nurse (part of in-house clinical team)
- mental health nurse (part of in-house clinical team)
- other clinical practitioners (part of in-house clinical team)
- social workers (employed by the organisation)
- NHS community teams
- mental health wards
- local authorities
- community initiatives and charities.

Hertfordshire equipment service

A flexible and creative approach to practice-based learning in an equipment service.

Overview of the practice setting

Hertfordshire equipment service (HES) is responsible for all equipment provision across Hertfordshire, working in partnership with the local authority adult care services and health partners. This is a non-client-facing role, and one where creativity and flexibility in practice-based learning are essential.

The role includes:

- triaging special product equipment orders and panels
- working with the wider service to ensure efficient processes and to prevent delay
- joint working with therapists and equipment prescribers to identify the most appropriate equipment for the identified need
- contributing to process and policy reviews, relating to equipment provision
- reviewing and updating stock and reviewing new equipment solutions
- creating training documents/guidance documents to be used by prescribers.

A day in the life of the practice-based learning setting

The role requires us to work five days per week and to be flexible with the hours worked to meet the needs of the service. It is predominantly office-based and learners are expected to work from the office on a daily basis. The equipment service is housed within the county council but works jointly with adult care and children's services, and with health partners across the local area.

We work with customer service, equipment offices, delivery technicians and a range of other people within the office environment. There is a team of five clinicians (a moving and handling adviser, two children clinical leads, an adults clinical lead and a tissue viability nurse). We liaise regularly with prescribers of the equipment and a wide range of professionals.

Feedback from the practice educator

I have been a practice educator for many years and have offered a variety of practice-based learning opportunities through different roles and settings. The benefits of being a practice educator include: the dissemination of knowledge to learners, sharing my love of my job, helping to meet the need, and to justify our actions and decision-making processes.

It's important to prioritise spending time with the learner at the beginning, to really understand their learning needs and objectives for the placement. This time also helps you to recognise their existing experience and strengths, as well as highlighting areas for further development. As this isn't a direct client-facing role, this initial discussion is vital, and it allowed us to map the opportunities of the setting and role to meet their learning needs. The nature of my role gave the opportunity for informal supervision; this was integrated within our day-to-day work and discussions. Additionally, formal supervision was provided weekly on a 1:1 basis.

As we are a non-client-facing role, it is necessary to take a creative approach to assessment during the practice-based learning experience. I felt confident that I had support from the university, my colleagues and fellow educators if needed. I applied the information from the university educator's training, and my existing experience as an educator to the learning and assessment process. For example, recognising the application of core occupational therapy skills and values, and how they are demonstrated differently in this role. We always hold the person at the centre of all our discussions and decision making. The amount of experience gained in relation to the equipment we work with, and the clinical reasoning skills learners develop is a fantastic way to meet learning outcomes.

The entire role centres around good communication and clinical reasoning, so it is easy to identify lots of opportunities where those skills are utilised. For example, when thinking about the Principles of Practice-Based Learning (CSP & RCOT, 2022), and the Career Development Framework (RCOT, 2021), opportunities are available to demonstrate learning across the four-pillars.

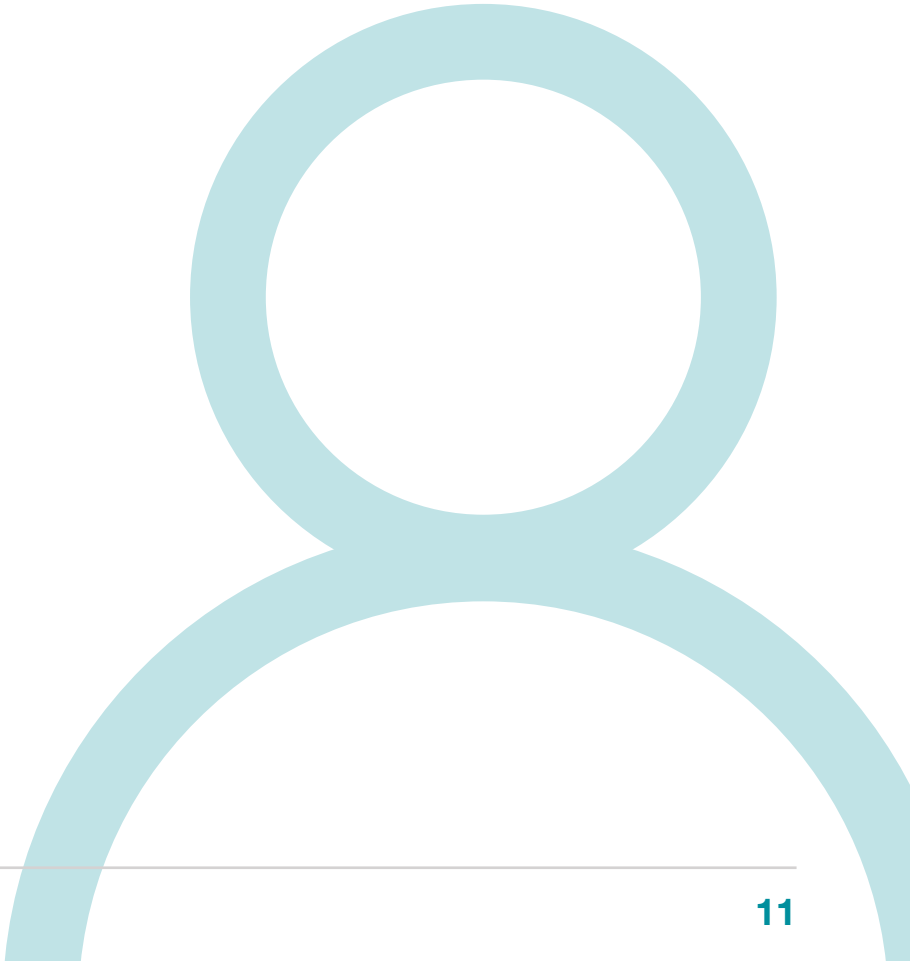
Feedback from the occupational therapy learner

I have learned how important clear clinical justification for the need of equipment is and I can transfer this into any occupational therapy role in the future. My knowledge around equipment provision for adults has grown significantly. Learning about the equipment services processes has been extremely useful for my current role in children's therapies. I have gained a vast amount of confidence and I now have more knowledge about budgets and funding. I have grown in confidence to know when we can challenge equipment requests and work collaboratively to find alternatives.

I would tell any future learner to spend time with equipment officers and drivers. Gain equipment knowledge by going in the warehouse and Googling if needs be. YouTube has videos of people using the equipment which are handy. Ask questions if you don't understand something, be thorough with checking, and document everything on ELMS (equipment loans management system).

Hello, my name is… Jim*

As a person receiving equipment, I hope that any discussions that take place around my needs and potential equipment solutions always recognise and understand my individual needs and choices and what is important to me. I have waited a little while for my assessment and am now really struggling without the equipment in place, and this can be frustrating. I am still adjusting to the fact that my needs have changed and that I now need to have this equipment, and so this is a difficult time for me even though it is very much needed. Your understanding of this is really important to me.



*Jim is not their real name

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- maximising independence, autonomy, choice and control
- strength-based approaches and risk positive approaches
- person-centred outcomes to facilitate participation in meaningful occupation, and life roles
- promoting physical and mental wellbeing of the people we work with.

Knowledge

- an extensive range of equipment solutions
- a broad range of presenting needs and considerations, including specific diagnoses, conditions and symptoms
- how each person presents differently and increase awareness of the impact of a range of biopsychosocial factors.

Skills

- clinical reasoning skills, including considering complex needs, and justifying the chosen solution
- effective written and verbal communication skills and documentation – reflecting on recording of others to review equipment orders, communicate effectively with equipment service colleagues and equipment prescribers
- difficult conversations - developing the confidence to challenge and question clinical reasoning decisions and justifications
- reflective practice - reflect on own practice and decision-making in a given situation
- triaging and prioritisation of needs and resources
- problem-solving with complex cases – risk assessment and management, to support a strengths-based and risk-positive approach.

Multi-professional opportunities

Within Hertfordshire Equipment Service

- equipment officers – working within the equipment warehouse, preparing equipment for delivery including special product orders and equipment which might require building to specification
- drivers and technicians – delivering and fitting equipment
- customer service
- other clinicians – moving and handling specialist advisor, tissue viability nurse, children's equipment lead
- range of adult care and health-based therapists and equipment prescribers.

Across adult care services

- a range of additional options to shadow across adult social care services and with potential partner organisations and services.

Leeds Early Intervention Team

An exciting example of a ground-breaking pilot and the importance of embedding practice-based learning into the new team.

Overview of the practice setting

The occupational therapy early intervention team (EIT) is a ground-breaking pilot to identify how adult social care occupational therapists can work differently for people who are referred to adult social care for the first time. Occupational therapists are now working at 'the front door' of adult social care, providing comprehensive assessments for people requesting social care services. Early occupational therapy intervention enables people to maintain and optimise their skills and confidence by providing early proactive intervention to delay deterioration. The pilot also aims to reduce costs to the local authority and for the customer by reducing their need for costly care packages.

The EIT is based in an adult social care office with other social work and occupational therapy teams. It currently operates across one area of Leeds with the expectation to expand and encompass the whole city if it is found to be an efficient and successful model of assessment.

Initial general referral criteria for EIT occurs when:

- a person may have care, support and adaptive equipment needs
- a person may require access to basic equipment
- a person may be struggling to meet their needs at home
- a person may have requested support from a Home Care service for the first time
- carers' needs have been identified
- Yorkshire Ambulance service have identified needs
- a person may be at risk of falls.

This is an exciting practice-based learning opportunity where innovation, diversity and contemporary approaches are paramount. The involvement of the whole team in practice-based learning enables all four pillars of practice to be embedded; clinical, research, leadership and education. This creates learning and development opportunities for the learner, practice educator and the wider team.

A day in the life of the practice-based learning setting

A typical day involves the occupational therapy learner learning about referral screening, with training and ongoing support from the educators. Once the team is fully staffed, the telephone screening will be evenly shared between all occupational therapy staff and the wellbeing workers. This will be another opportunity for occupational therapy learners to benefit from a whole-team approach.

Following screening we cross-reference electronic systems for relevant customer information, liaise with carers and other members of the team plus a wide range of agencies, and complete home visit assessments. This may involve setting up care plans, short-term rehabilitation support, adaptive equipment and signposting to other services. The role requires good communication skills, assessment skills, analysis, and creative thinking.

The occupational therapists and social workers previously worked separately and now our team works more collaboratively. One of the service's key outcomes is to reduce duplication of assessments. For example, occupational therapy assessments and care and support needs assessments were previously completed by two separate teams, but now they are completed in one assessment. This improves the experience of the person who draws on care and support and delivers more positive outcomes for their assessments, whilst improving service efficiency.

The EIT is at the early stages of development. Staffing is increasing as the service develops. Within the last two weeks of this practice-based learning opportunity, we had an additional wellbeing worker join the team. It is planned that the EIT will have two senior occupational therapists, three community level occupational therapists, one occupational therapy assistant, two wellbeing workers and one full-time team manager. We utilise a collaborative approach across the team to deliver and embed practice-based learning, meaning a more sustainable offer for the future. Indeed, the occupational therapy learner has been an important aspect to the team's formation as they have made valuable contributions to the ongoing development of the team, bringing fresh approaches and ideas.

Feedback from the practice educator

Whilst the occupational therapy learner was with our team it was important to create an environment that facilitated learning. It was also important to provide opportunities for the learner to develop leadership skills. This dynamic and exciting occupational therapy development opportunity enables learners to understand and implement preventative approaches, interventions, and to complete different functional assessments to identify further support needs of our customers.

I link my role as a practice educator to the four pillars of practice in the RCOT Career Development Framework.

- **Evidence, research and development pillar and professional practice pillar**
  Providing practice education to an occupational therapy learner has helped me reflect on my own professional practice. It has encouraged me to engage in research alongside the learner and my colleagues to extend my knowledge and contribute to the development of the whole team. I am currently researching outcome measures and models of practice and have been able to share this information with the learner to further enhance their learning experience.
- **The leadership pillar**
  Leadership has been an integral element during this practice-based learning opportunity. I have enjoyed working with the occupational therapy learner to achieve their goals and see how their knowledge and confidence increases from week to week.
- **Facilitation of learning pillar - top tips about being a practice educator:**
  - Provide opportunities to shadow and spend time in different areas within adult social care so the learner can fully understand the wider multi-disciplinary team and the variety of services available.
  - Have strategies for supporting an occupational therapy learner with a mixture of blended working; office-based, remote and community working.
  - Think about the importance of weekly planned supervision and set clear goals for the following week for the learner to meet their set goals and competencies.
  - Have set time for your own caseload and allocated time to support the occupational therapy learner's caseload.
  - Recognise the benefits of flexibility with working patterns.

Feedback from the occupational therapy learner

I began my placement on the same day that the EIT pilot launched. This gave me an insight into the efforts needed to launch a new and developing service. On this placement, I learned to independently screen appropriate referrals, offer advice, and document outcomes. During the initial assessments, I was encouraged to use clinical reasoning skills to recommend suitable occupational therapy interventions, e.g. bathing equipment, minor works, referral to other services and I can now begin to identify long-term care and support needs.

This practice-based learning opportunity significantly improved my knowledge and application of equipment related interventions. I also developed my understanding and implementation of the occupational therapy process by taking on a caseload. This afforded me the opportunity to develop a therapeutic relationship with customers and family members. With support from my practice educators, I was able to proceed with practises in a safe and client-centred way.

Another benefit of this practice-based learning was the opportunity to experience multi-professional working. This developed my understanding of other professional roles, and showed me how appropriate referrals and collaborative working are important aspects. For example, I made referrals to reablement, community nursing and/or physiotherapy, social workers, housing officers and signposted to other organisations/services which exist outside of Leeds City Council. Overall, I am grateful to the EIT for demonstrating sound practice knowledge. My educators were key to my learning experience, especially regarding evidenced-based interventions, assessments and when screening referrals. By my final week, I felt confident enough to independently assess and make recommendations.

Hello, my name is… Dorren*

I am 87 and this is the first time I have had any contact with social care as I like to be able to work things out for myself. I live in a ground floor flat with my dog and cat. I care for my brother and have recently been struggling to manage things at home due to my conditions, I have chronic obstructive pulmonary disease (COPD) and arthritis, nerve damage to my left hand, eyesight and dizziness. I had been feeling very low and had lost my confidence to do things.

The occupational therapy student rang me after my local community group got in touch with social care. I didn't know who to ring for help as I hadn't been in contact with social care before, just the doctors. The student visited me at home. He was so kind, he listened, explained everything in detail and advised me about all sorts of things I hadn't thought about myself. He was able to see what mattered to me and understood what I needed more help with. I am an inquisitive person and he was able to answer my questions.

Since the occupational therapy student visited to do my assessment, they have followed up on everything. It has helped me and given me peace of mind to know somebody cares. He arranged some care to help me with showering and I now have worked out how to wash my hair with one hand. I have learned to pace myself as my breathing is bad, but I just rest and then carry on.

I now have a physiotherapist who is working with me to improve my walking and confidence. The occupational therapy student even contacted my GP as I was self-medicating with my blood pressure tablets and has organised a box for my tablets. He fitted a rail to my bed to help get in and out and I feel safer with that. We also had an infestation of rats in the kitchen and they got in touch with the housing department to sort this. They were brilliant, my angel without wings. I feel a lot better now and feel there is someone there if I need them. It was the best thing I ever did and couldn't have asked for any better it has lifted my mood and I feel like I can do more now.

*Dorren is not their real name

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- Making meaningful differences with all our work
- Finding new and better ways to make things happen
- Supporting others to be and do their best
- Valuing each other and celebrating our differences
- Being open, honest, and trusted
- Treating people fairly
- Spending money wisely
- Working as a team
- Working with all communities
- Anti-racist and anti-oppressive practice.

Skills

- Quality conversations both screening and in assessments
- The ability to prioritise cases
- Strength-based recording in assessments
- Observation and analysis
- The importance of being open-minded
- Being client-centred
- Good verbal and written communication
- Being a flexible/adaptable team player.

Knowledge

- Legislation: The Care Act (2014); Mental Capacity Act (2005)
- Adaptations without delay
- Embracing risk and enabling choice
- Strength-based assessments
- Rehab/educational approaches
- Disabled Facilities Grants and adaptive equipment
- Moving and handling
- The importance of evidence to inform practice.

Multi-professional opportunities

Due to the varied nature of the team, there are opportunities to work with a wide variety of other professionals across the health and social care sectors. Some of the people we work with include:

- NHS community teams, such as physiotherapy, occupational therapy, district nurses, stroke/neuro teams
- Primary care network NHS staff
- Memory support worker
- Mental health colleagues, such as nurses, occupational therapists, social workers
- Rehabilitation officers to support people with visual impairments
- Housing colleagues, such as surveyors, housing officers etc
- Social workers
- Reablement staff who work from the Reablement Hub which are in patient reablement establishments
- Care agencies
- Third sector organisations, such as Age UK, Elderly Action groups and local community groups.

London Borough of Bexley: Reablement service

In this example, practice-based learning is embedded into the culture of the team.

Overview of the practice setting

The Bexley reablement service within adult social care provides rehabilitation, care and support for adults in their own homes. We complete assessments in accordance with the Care Act 2014 and work collaboratively with the university who links practice educators and learners to practice-based learning opportunities. The university also provides yearly refresher placement educator training for all occupational therapists within Bexley adult social care. During the practice-based learning opportunity, there is regular contact between the educator and the university co-ordinator. Additionally, there are face-to-face reviews at halfway and towards the end of the placement

A day in the life of the practice-based learning setting

During a typical day, we hold a morning reablement review meeting (multi-disciplinary meeting [MDM]) to discuss clients' progress. This involves reablement care providers and health colleagues including nurses, occupational therapists and physiotherapists. We'll then discuss feedback from the meeting with the supervisor for allocated cases.

The learner can attend a joint visit or shadow visit with the educator or another worker from the team to complete an initial assessment, review, or functional assessment of a client. A functional assessment could be an activity of daily living (ADL), cognitive or equipment review. There are opportunities for the learner to discuss the visit and action plans with a supervisor. They are then supported to complete paperwork, write up assessments and observations as well as referrals, reflections and liaising with other agencies.

Feedback from the practice educator

I am proud to be a practice educator. Being a practice educator has enabled me to develop my critical thinking and analysis, and has given me opportunities to learn about new models. It has helped me take a more in-depth approach to my clinical reasoning to be more mindful about the ethical implications of practice. I believe it has also improved my evaluation skills and ability to identify evidence bases and their relation to our service.

An induction is provided to all learners. This consists of short talks with managers of internal and external teams working alongside each other in health and social care. There is the opportunity to shadow other members of the team and attend mandatory training both face-to-face and virtually.

Informal supervision is always available from the team while formal supervision is provided weekly with a named educator. Learners have reported that they find informal supervision very helpful, and they all comment on how supportive, friendly, and approachable team members are. There is also the opportunity to participate in peer supervision with other occupational therapy students and social work students.

Feedback from the occupational therapy learner

During my placement, I was able to experience the implementation of the occupational therapy process. I visited clients' homes where I helped to facilitate client-centred, goal-focused reablement, working with care agencies and rehab assistants. I experienced joint working with health and social care professionals including social workers, community nurses, GPs, physiotherapists and mental health teams.

The placement also gave me more knowledge of moving and handling procedures and how to complete occupational therapy assessments and social care assessments in accordance with legislation such as the Care Act 2014. I also gained knowledge of completing continuing health care (CHC) checklists, mental capacity assessments, telecare assessments as well as the assessment for major adaptation via the disabled facilities grant (DFG) process.

Hello, my name is… Ethel*

I was discharged from hospital with a reablement package of care. My mobility has deteriorated since I was discharged, and I am now struggling with getting out of bed, even with the assistance of the reablement support worker. I therefore need an occupational therapist for an urgent assessment to establish safe transfers. I also need a review of my reablement goals to ensure I can become as independent as possible.

*Ethel is not their real name

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- Implementation of anti-discriminatory practice and understanding multiculturalism in care profession, institutions and communities
- Accountability, autonomy and appreciation of clients' individuality and acknowledgement of their needs and wishes.

Knowledge

- Understanding of health and social care models
- Activities of daily living equipment
- Moving and handling assessment and equipment provision
- Rehabilitation techniques/approaches
- Telecare awareness.

Skills

- Multi-disciplinary team working
- Rehabilitation
- Moving and handling
- Goal focused rehabilitation
- Communication skills
- Assessment writing skills
- Good team working skills
- Ability to find solutions to problems.

Multi-professional opportunities

- Allied health professionals
- Social workers
- District nurses
- GPs
- Physiotherapists
- Mental health teams
- Staff from care agencies
- Rehab assistants.

London Borough of Lewisham: Occupational therapy service in adult social care

A spotlight example of integrated and partnership working.

Overview of the practice setting

The occupational therapy team provides skilled assessments within the home and treatment for adults with long-term, neurological and complex conditions who live in the Lewisham borough.

The team works with adults who have physical disability, cognitive/memory problems and/or problems performing activities of everyday life. They must have a permanent and substantial disability, and two or more care and support needs to be eligible for local authority support (Care Act 2014). Lewisham occupational therapy service also offers therapy and rehabilitation services for deaf people and those with substantial hearing loss, people with visual impairments and people with physical disabilities.

A day in the life of the practice-based learning setting

We operate with hybrid (office and remote) working arrangements.

A whole-team approach:

The borough is divided into four neighbourhoods with a team typically comprising of:

- One lead operational manager
- Two senior social workers
- Four social workers
- One senior occupational therapist
- Three occupational therapists
- Two social work case management officers
- One occupational therapy case management officer
- One neighbourhood coordinator allocated to each neighbourhood
- We also welcome practice-based learners and social workers who have been through the Assessed and Supported Year in Employment (ASYE) programme into the team.

These neighbourhoods are integrated with the health service and therefore have a very close-knit relationship with the GPs/surgeries, as well as community healthcare services and allocated care agencies. We also have a good working relationship with the local hospital, Lewisham and Greenwich NHS Trust (University Hospital Lewisham) and often work closely with the hospital therapy team.

Feedback from the practice educator

The placement gave me and the team the opportunity to think about clinical reasoning in more detail. Having an occupational therapy learner helped us to develop professional competence and enabled the team become more confident in their work. The interplay between the professional practice and facilitation of learning pillars were paramount; highlighting the need for practice educators to refresh their learning through knowledge on models of practice, evidence-based practice and outcome measures.

We have a collaborative approach to co-ordinating practice-based learning. A placement co-ordinator works between the practice educators and the management team to plan the practice-based learning opportunities. This includes ensuring the practice educator has the appropriate time to work with a learner. Furthermore, cohesive working between the educator, learner and university enables us to provide the most appropriate support or adjustments to enable the learner to thrive in this setting.

Feedback from the occupational therapy learner

This practice-based learning opportunity enabled me to experience the link between theory and practice. I was able to recognise and apply the occupational therapy process through on-going in-depth discussions, supervision, reflections, and case studies. I enjoyed the wide range of opportunities both within and outside the service. I now have a clearer understanding, application and wider knowledge of the role of occupational therapy within social care,

I found the holistic approach to services very interesting. I also found that the nature of the service gives more time to build a rapport with clients. I had weekly supervision, provided either in person or remotely, with regular check-ins and catch-ups as required with great accessibility to the educator and the team. This enabled me to work closely with the team to identify early on how to achieve my agreed learning outcomes.

I did sometimes find it challenging to have more than one educator, although I understand that the setting may offer shared educators due to the educators' availability or service needs at the time of the placement. Working with different educators, along with the opportunity to discuss any issues directly with the placement co-ordinator and their educators was beneficial. I learnt a diverse range of skills by having different educators.

Feedback from those who draw on care and support

We asked people who draw on care and support what they would want an occupational therapist learner to gain from this practice setting. The comments included:

- How to conduct a safe assessment
- How to deliver respect
- How to work with empathy
- An understanding of the limitations that their medication, condition or environment pose on their ability to complete their activities of daily living
- To be honest and to be good communicators.

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- Person-centred/holistic practice
- Inclusion, equity and diversity in practice
- Occupation-based practice
- Confidentiality and dignity
- Consent to assessment and intervention.

Knowledge

- Legislation, policies and procedure guiding social care practice (i.e. the Care Act 2014)
- Vast knowledge on the available equipment and adaptations
- Collaborative/joint working.

Skills

- Assessment – identification of strengths and difficulties
- Reflective practices
- Clinical reasoning
- Problem-solving
- Decision-making
- Written and communication
- Proactiveness
- Lone working
- Self-management
- Presentation skills.

Multi-professional opportunities

- Joint working with social workers
- Joint working with the wider multi-disciplinary teams (health community physiotherapist/occupational therapists, general practitioner multi-disciplinary team meetings, and joint assessments and reviews with home care agencies)
- The opportunity to shadow a social work care act assessment
- Lewisham adult therapy team (health)
- Link line (telecare team)
- Medequip for equipment delivery and installation
- Occupational therapy within the acute setting (local hospital).

Norfolk County Council: Housing

A spotlight example where collaborative learning is optimised by fostering an inclusive and welcoming learning environment.

Overview of the practice setting

A more accessible home environment can improve independence, reduce risk and reduce reliance on assistance. Social care occupational therapists have an established role in carrying out assessments and making recommendations for minor and major adaptations, partly driven by statutory obligations. Their specialist expertise is invaluable when finding the best solution to enable people to remain living in their own homes. Occupational therapists with local authorities are based within community teams and specialist integrated housing adaptation teams. The benefits of adapting the home are recognised as an effective way to improve the health and wellbeing of older people and people with a disability.

Assessments are offered to children and adults who may have housing and functional needs and determine whether housing adaptations are necessary and appropriate. A holistic assessment is completed, considering the needs of the service user, other household members and/or carers. Recommendations can include equipment prescription, minor adaptations, exploration of assistive technology and recommendations to the housing authority for Disabled Facilities Grants (DFGs). Occupational therapists also assess housing needs and the long-term suitability of a building, and where appropriate identify if rehousing is recommended.

A day in the life

We take a multiagency approach across housing, physical/mental health services, education and voluntary services. A typical day in an occupational therapy role here involves taking a hybrid working approach between home and office, working office hours, Monday to Friday, with travel to undertake visits.

The role involves the triage of new referrals, identifying risks, supporting positive risk-taking and undertaking assessments (including housing needs, stair/mobility, seating, moving with dignity and functional assessments). The occupational therapist will also make recommendations for housing adaptations including floor fixed rails, half steps, ramps, level access showers, wash/dry toilets, stair/through floor lifts etc.

During a shift, there may also be case discussion with peers and supervisor(s), the recording of electronic notes and navigation of electronic systems. Team members need to be able to prioritise tasks, co-produce, solve problems, undertake reflective practice, and research areas of practice to inform input i.e. medical conditions and prognosis.

Feedback from the practice educator

Placements provide the opportunity for practitioners to reflect on their practice. I enjoy working with learners to help to inform their knowledge and skills, and influence their approach to different challenges and scenarios. It is rewarding to see their confidence and knowledge grow.

I enjoy being questioned and actively encourage this. It's important to tailor learning opportunities to the learner's level and experience and to show praise. Equally as important is to welcome the learner as a member of the team; actively including them as you would any other member of the team. We really value learners in practice as they jointly deliver services with us.

There is satisfaction knowing that the information gained from practice-based learning in housing actively contributes to the learner's knowledge. They learn what is possible through housing adaptations and are involved in how the process works. This knowledge and experience will be invaluable and transferrable to future practice settings.

Top tips for creating an inclusive and welcoming practice-based learning environment:

- Plan an induction programme; introducing team members and using the wider team resource (joint visits/ shadowing).
- Facilitate inclusion and giving of time, ensuring you are approachable.
- Don't put too much pressure on yourself regarding paperwork.
- Raise issues/concerns in a compassionate way if it has a detrimental effect on practice.
- Build trust, and don't be afraid to give constructive feedback.
- Adjust expectations to learning level. Learning goals are a tool to support conversations around expected growth.
- Apply a coaching approach within supervision.
- Remember that supporting learners contributes to your own continuous professional development and provides opportunities for reflective practice, career growth and development.

Feedback from the occupational therapy learner

The occupational therapy role within housing is far wider than I had expected. Assessments are holistic, person-centred and focus upon maximising the independence, safety and wellbeing of those who draw on care and support. I like that you can follow the work through from start to finish, building a good rapport with service users and their carers/family, which I found very rewarding. Also, there are opportunities to work with children and adults.

Interventions are vast and can include:

- Equipment provision such as bath lifts, perching stools, toileting aids, profiling beds etc (adaptations are not always the answer)
- Minor adaptations (e.g. grab rails, threshold removal)
- Major adaptations (ramps, shallow steps, stair lift, through floor lift, internal door widening, level access showers, wash/dry toilets etc.)
- Housing needs support (housing needs reports and accompanied viewings)
- Moving with dignity (prescription of moving and handling techniques, transfer aids, hoists etc.)
- Posture management, including seating
- Onward referrals to a variety of services, including assistive technology, wheelchair services, community health teams, acute health services, social services etc.

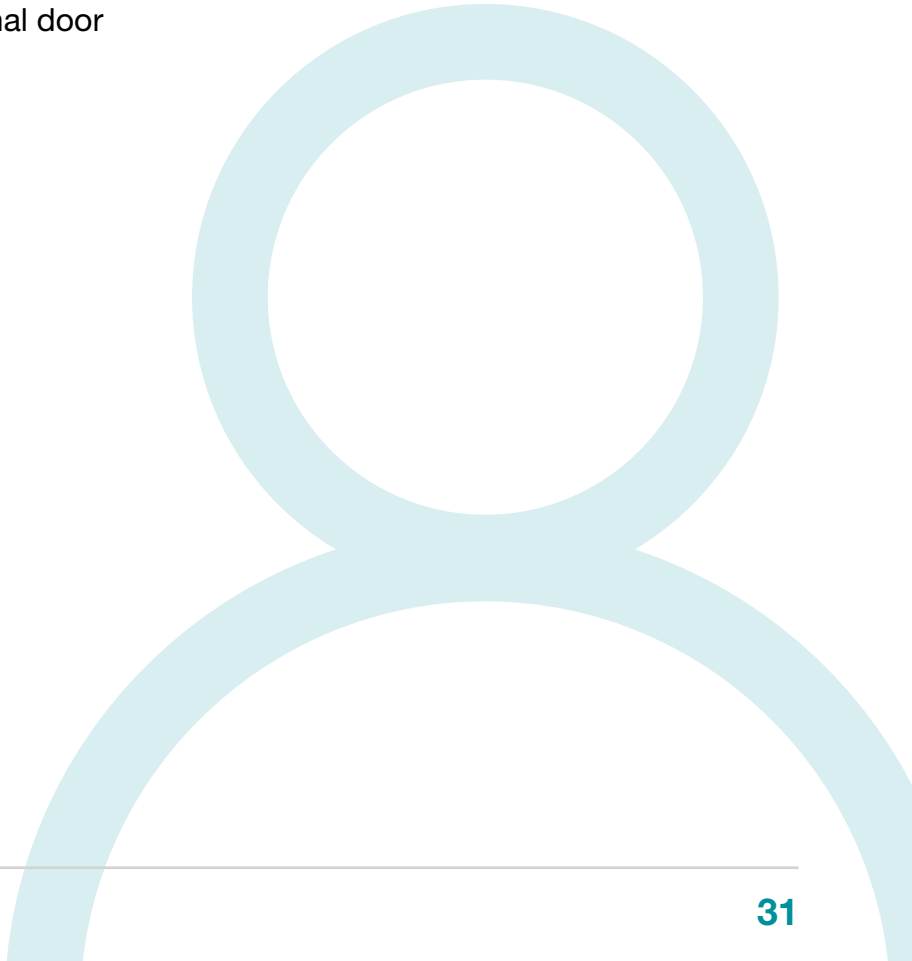
Hybrid working is easily achievable as technology is in place to support this i.e. Microsoft Teams, WhatsApp, Outlook, Zoom etc. However, peer support within the office, in addition to shadowing opportunities is hugely beneficial. multi-agency and integrated working provide ample learning opportunities and development. This contributed to me feeling included and valued in the team and with wider partners.

I was welcomed and felt included from the outset. For example, my practice educator prepared well for my placement. I found his coaching approach fantastic and enjoyed how he stretched my learning, enabling me to achieve more than I had planned. These welcoming approaches meant that I felt a sense of belonging and I was encouraged to optimise my potential. I would recommend a housing placement for all occupational therapy learners.

Hello, my name is… Grace*

Prior to occupational therapy input, I felt like a prisoner within my home, spending all my time in the lounge. I was desperate for some information and advice as to how my situation could be improved for both me and my partner and allow me to access all my home once again.

It was important that I felt listened to at the first meeting, where I could tell the occupational therapist and learner about my work and personal life prior to disability and illness taking precedence. It was important for them to get to know me, the bigger picture and what is important to both me and my partner. I found being involved in discussions around problem-solving and decision-making helped me feel a part of the process. I was kept informed throughout. I have found the adaptations to my home invaluable and supportive of my wellbeing, allowing me to shower every day (level access shower), regain my dignity when using the (wash/dry) toilet, where I can access every room (through floor lift and internal door widening) and independently access my community (ramp).



*Grace is not their real name

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- Code of ethics
- Strengths-based approaches
- Person-centred/personalised services
- Embracing neurodiversity
- Being culturally sensitive
- Respecting the autonomy of those who access the service
- Encouraging and enabling choice, shared decision making and partnership working throughout the occupational, therapy process
- Embracing and engaging in risk.

Knowledge

- Occupational therapy process
- The impact of occupational dysfunction on the health and wellbeing of people
- Environmental barriers and how these inhibit occupational engagement
- Knowledge of physical and mental health illnesses/ disabilities and how these impact upon function
- Strengths based approaches to recording. We look at what matters to the person and not what is the matter with the person
- Recognising and reflecting on own strengths, limitations, learning and development needs
- Being risk aware (identify potential risks and support positive risk taking, weighing risks versus benefits).

Skills

- Empathy
- Observation
- Activity analysis
- Active listening
- Professional curiosity
- Optimism, enthusiasm and the ability to motivate others
- Self-awareness
- Problem solving skills to advise people on the best support for them
- Digital skills to keep records
- High levels of creativity, initiative and responsiveness
- Adaptability and flexibility
- Good interpersonal and communication skills with the ability to clearly articulate needs/recommendations to service users and professionals.

Multi-professional opportunities

Multi-disciplinary working is a key component in social care The list of professionals we collaborate with is vast and can include:

- Social care colleagues including assistant practitioners, social workers, development workers, children with disabilities team
- Community-based health care colleagues including occupational therapists, physiotherapists, neurological nurse/occupational therapist, speech and language therapists, district nurse, matron, wheelchair services, palliative care colleagues
- Specialists/consultants
- Mental health and learning disability team colleagues including social workers, assistant practitioners, support workers
- Equipment technicians
- District council housing adaptation and home improvement agency colleagues (technical officer, case worker)
- Rehousing teams (case worker)
- Housing associations (adaptation officer)
- Addiction services
- Equipment representatives
- Care agency workers
- Education sector (teachers, teaching assistants).

Royal Borough of Greenwich prisons social care team

This is a spotlight example of practice-based learning where learning takes place in an a typical local authority community occupational therapy role. The work is exciting, wide-ranging and varied.

Overview of the practice setting

The Greenwich prison social care team provides a statutory service to the three prisons in the borough, HMP Belmarsh, HMP Isis and HMP Thameside. These are often referred to as the 'Greenwich prison's cluster'.

The prison social care team provides an assessment service to determine eligibility for clients referred from the Greenwich prisons cluster. Eligible needs are met, in accordance with Care Act guidance, equitable to provision in the community, and in accordance with the custodial regime. In addition to assessment and service provision, the team actively monitors the commissioned care provider service, which includes regular liaison with partner agencies including HMP colleagues, healthcare and contracted providers for personal care and support services.

The prison social care team is a small, highly effective service, comprising occupational therapy and case managers. To participate in the team's functions, all team members require enhanced Disclosure and Barring Service (DBS) and counter terrorism clearance (CTC) from the Ministry of Justice. Recruitment to any position, including practice-based learning opportunities within the prison social care team requires additional time to process the necessary clearance.

A top tip is to collaboratively plan these learning opportunities well ahead of time!

Referrals are received from service users, carers, family members, courts, solicitors, healthcare, prison colleagues, trained orderlies, other local authorities, hospitals, acute and forensic settings. Clients present with physical disabilities, mental health, learning disabilities, neurodiversity, sensory needs and substance misuse. To provide support, the specialist assessment provision includes recommendations for:

- rehabilitation
- assistive equipment (including sensory)
- adaptations to the environment
- moving and handling
- promoting partnership working to manage the complex needs of clients, including individuals with neurological needs, amputations, end of life and palliative care needs.

The prison social care team also supports clients' transition to other custodial settings, in addition to implementing planned release back into the community. Close working with prison 'safer custody' teams enables safeguarding concerns to be raised and addressed collectively, according to local authority and prisons' legislative guidance.

The team delivers a comprehensive training programme to support prisoners to train as care and support orderlies. This enables them to support other prisoners (clients) who need social care assistance with non-personal care activities of daily living. In addition to promoting skills and experience, this opportunity provides the care and support orderlies with an opportunity to evidence their rehabilitation and in turn promotes a reduction in reoffending.

A day in the life of the practice-based learning setting

The opportunity for enhanced partnership working in prisons, means that there are wide-ranging learning opportunities available in this practice-based learning setting. The team visits the prison sites to undertake face-to-face assessments, attend meetings and case conferences, and to gather information from various IT systems. All duties and visits are completed within the restrictions of the custodial regime; maintaining communication with prison staff, healthcare and the commissioned social care provider is key. This is important to assess the availability of clients and protect the security of partner agencies. Therefore, it is paramount to complete dynamic risk assessments to ensure that safety is maintained and promoted throughout.

There is an abundance of support available for the occupational therapy learner. For example, informal support is available from team members, case managers, commissioners and partner agencies. This includes the psychosocial substance misuse service, probation services, and the safer custody and safeguarding teams.

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Feedback from the practice educator

Engaging with practice-based learning is a fantastic opportunity for me to refresh my knowledge and learning whilst demonstrating the value of occupational therapy for clients in the custodial setting. This enables me to unlock my own learning across wider pillars of practice including the clinical, education, research and leadership pillars.

For example, I was able to demonstrate transferable knowledge and skills from theory to practice between various occupational therapy interventions to promote independence, wellbeing, and safety. There was the opportunity to reflect on assessment and service delivery processes, to continue to learn and improve the support provided to service users. I also had the chance to reflect on personal and professional responsibility, professional reasoning and decision-making skills.

From an education and facilitation of learning perspective, I was able to be creative with using an interactive functional model of supervision and reflective practice. This allows the learner to reflect on the quality, effectiveness and appropriateness of their practice. This builds an awareness of their responsibilities, attitudes, behaviour and emotional aspects of practice. This is paramount for practice-based learning in a forensic setting, as it enables reflection, and an increased awareness of equity, diversity and belonging. The ability to put aside our own judgements about the person being in the custodial system, and knowledge about their actions which may lead to preconceptions, is essential. I found that this supervision model helped the learner to adjust to working within the custodial setting. It supported us to work collaboratively to manage their learning experience, and the range of experiences and emotions they were exposed to.

Feedback from the occupational therapy learner

I enjoyed the challenges offered by this practice-based learning opportunity. I was very apprehensive when I started, and totally out of my comfort zone. However, I found the learning opportunity interesting and felt that the prison was clear about the service remit. I appreciated the learning that came from this setting, particularly the multiagency working. I was able to discuss some of the impacts of this in relation to the prisoner experience. I could see the range of agencies and services involved and how the roles of the social worker and occupational therapist ‘stitch together’ alongside the health and local authority involvement. This unlocked multi-professional learning opportunities for me.

During the placement I gained knowledge and understanding of the application of social care occupational therapy assessment processes in a custodial setting. I was able to reflect on the application of occupational therapy and models of practice as well as occupational therapy health and social care interventions to promote independence and wellbeing. I had the opportunity to observe and plan interventions using a health and social care multidisciplinary team approach. Overall, I improved my knowledge and application of occupational therapy in a custodial and forensic setting.

Feedback from those who draw on care and support

> Social care helped me, by listening and understanding what I need. Healthcare listen to you when you raise my concerns.

> Really good care

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- Promoting the core occupational therapy professional belief in the impact of occupation on health and wellbeing for clients who are in custody, either on remand or sentenced.
- Understanding that time in custody constitutes a deprivation of the basic right to liberty.
- Putting into practice the occupational therapy principles of practice: promoting the welfare and autonomy of our clients, within the secure custodial setting.
- Promoting a culture of equality, recognising the diverse needs of our clients, and ensuring that needs are recognised and addressed.
- Advocating for our clients who may require additional support to communicate their needs, wishes and views; particularly in adult male prisons, working within the secure setting.

Knowledge

- Physical functioning and the impact of disability, health and age-related deterioration
- Mental health
- Learning disability, neurodiverse needs
- Emotional and psychological impact of disability, health and age
- The impact of maintaining independence, health promotion and achieving occupational performance goals
- Observational skills and functional activity analysis
- Advocacy whilst in custody or for release planning
- Opportunity to engage in future research projects on the provision of social care in prisons
- Understand that as visitors to the secure custodial environment, there will be a degree of loss of liberty at work, i.e. no mobile phones; work within the timeframes and areas advised by prison colleagues; work within the security guidance of the establishment.

Skills

- Identifying and assessing occupational needs
- Analysing and prioritising needs with client
- Communicating needs and recommendations to partner agencies
- Risk assessments and management within a secure setting
- Undertaking personal protection training
- Evaluating and reflecting on goals and outcomes
- Being flexible and adaptable, as work is always within the regime and guidance
- Being responsive to urgent and risky situations.

Multi-professional opportunities

To achieve the best outcomes for clients, this will include liaising with a range of professionals including:

- Local authorities: social care, social work, occupational therapy, learning disabilities teams, substance use services
- Voluntary organisations
- Equipment provider services
- Community healthcare: mental health teams, wheelchair services, GPs
- HM Prison and Probation Service (HMPPS) colleagues – prison, probation, multi agency public protection arrangements (MAPPA), safeguarding, resettlement
- Parole board
- Commissioners and social care support agency within the prison
- Healthcare occupational therapy within the prison setting
- Housing occupational therapy to observe and reflect on the social housing issues following release from custody.

Adult Social Care Somerset County Council

An example of the value of practice-based learning and the importance of measuring impact.

Overview of the practice setting

Somerset County Council delivers a range of social care services to working age and older people with physical disabilities and people with mental health and sensory loss. We aim to support people in their own homes in the community wherever possible. Where that is no longer possible, our aim is to ensure the availability of good quality residential or nursing care.

Services are based on the principles of promoting autonomy and maximising choice. We provide advice, support and services to people and their carers. Our aim is to enable people to help themselves and have conversations that identify what they want to achieve. The team then works with them to identify local solutions so they can live a good life in their community. Working in an integrated way between community, voluntary, health and social care, is essential to enable communities to develop local services and support.

A day in the life of the practice-based learning setting

In this role there is quite a lot of remote working from home. Team members meet in the office, or at client's homes but most meetings happen virtually via Microsoft Teams (either meetings or chats). There is quite a bit of driving and lots of online learning.

The ratio of client contact vs. documentation and meetings in a typical week is around 1:6 (although this can be variable). The occupational therapy learner works with occupational therapists, occupational therapy assistants, social workers and adult social care practitioners (non-registered). There is also external contact with housing officers, technical officers, surveyors, builders, equipment companies, NHS physiotherapists and occupational therapists, GPs, specialist nurses and consultants.

Visiting people in their homes gives an enormous amount of information about the person and their environment, including what it important to them or what they can achieve (by seeing family photographs or the smells in the house). All other tasks that fill the day all come back to what clients need. A lot of office work is generated by visits to clients and includes writing reports and ordering equipment. A typical day is mostly spent in an office, either at home or in a council office. The advantage of being in a council office is that it offers the chance to meet colleagues and you can discuss things and learn from fellow occupational therapists, as well as social workers and adult social care practitioners.

Feedback from the practice educator

The practice-based learning experience gave a good opportunity to re-evaluate my own practice and see where improvements (e.g. documentation, clarity of clinical reasoning) can be made. It's an opportunity to show learners how great and enjoyable working in social care can be. I enjoy ensuring the learner feels welcome and valued as they may wish to apply for a job in the future once they are registered. This would be a great outcome to measure the success of the learning experience!

Top-tips for preparing for practice-based learning:

- be organised before the placement starts
- ensure you contact the occupational therapy learner ahead of starting and provide as much information as possible, an induction document may be particularly helpful
- make sure to organise any equipment, laptop, person protective equipment (PPE) in plenty of time
- have a timetable ready for the student showing what they will be doing for the first two weeks of their placement
- enable the learner to lead their learning and what they would like to achieve.

The supervision was shared between me and a second practice educator. We alternated who met with the learner for weekly supervision, sharing our notes and meeting together occasionally throughout the placement, at the half-way point and end of the placement. When discussing assessments, plans and interventions, I find myself thinking about why we do things the way we do. This enables me to evaluate our approaches and outcomes. Having a learner enables me to look at things differently, and ensures we are not getting stuck in certain ways of thinking.

Measuring placement outcomes are essential to optimise value and impact. We ask learners to provide us with feedback at the end of the placement. This provides insights into their experience and how we can improve placements in the future. This feedback and wider determinants of practice-learning activity is recorded on a learning and development team database. This is imperative for sustainability and continuous improvement of practice-based learning.

Feedback from the occupational therapy learner

The whole team is friendly, welcoming, supportive and organised. I received a comprehensive welcome pack, laptop and mobile phone, and had an induction and building passes within the first two days. It was a relief to see how organised they are at adult social care (ASC) Somerset.

Despite busy caseloads, everyone has spared me the time to tell me about their roles or to shadow them or answer any queries. I feel part of the team and will be sorry to go. I have learnt much about ASC, what it is, what the team does and have shadowed different team members to learn what their roles are. I've learnt more about the Care Act 2014, disabled facility grants (DFGs) and the legislation behind them.

I've had my own caseload, booked and carried out three assessments (after observing a few carried out) and learnt how to complete all the necessary paperwork - DFG form, risk assessment, stairlift specification form, taken relevant photos of stairs/bathrooms and measurements and made drawings of the stairs, existing bathroom and one of how the wet room should look afterwards. I was supported throughout. I'm learning to think about and develop my clinical reasoning to justify why the person needs the adaptation, this is key for next year when I graduate and get a job as an occupational therapist.

I've had training on Eclipse (record-keeping system), so I can look up information about the clients we are seeing. I've spent time at the fabulous Somerset Independent Living Centre, learning about all the different adaptive equipment that is available and shadowed assessments there. I've learnt how referrals are initially received by Somerset Direct and how they forward them to the appropriate team - ours are then dealt with by triage.

There is so much more, but learners will have to come and see for themselves! I would wholeheartedly recommend any occupational therapy learners to come and do a placement here!

Hello, my name is… Mrs Hadley*

A student occupational therapist came to see me and my husband for an assessment for a grant application for a stairlift. She asked good questions, she seemed on the ball and the questions she asked were very useful. She made us feel comfortable and encouraged us. She had a nice way of going about things and was very easy to talk to. I felt that she understood what our needs were. She listened to her practice educator's tips and took them on board.

*Mrs Hadley is not their real name

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- Person-centred support that reflects people's needs and aspirations
- Enabling conversations that focus on a person's strengths
- Interventions that are outcome-focused
- Giving people informed choice by helping them access information and advice; we can help them develop their own network
- Promoting independence and autonomy: building on personal capability and looking at community solutions
- Partnership working, partners working together to build resilience and enable early intervention
- Resilient communities: communities are empowered so that people can be supported in their community where possible
- Showing dignity and respect to clients (and colleagues)
- Working with the client and following their lead (when appropriate)
- Understanding the rural way of life and respecting it
- Being compassionate
- Being clear and honest
- Working in an inclusive way and environment, which enables people and does not discriminate against them.

Knowledge

- Care Act
- Mental Capacity Act
- Housing legislation
- Moving and handling equipment and legislation
- Safeguarding adults
- Aids and equipment for independent living
- Adaptions - bathrooms, kitchen, ramps, stair lifts
- Specialist seating
- All aspects of the occupational therapy process
- Understanding health conditions and disabilities and their impact on people.

Skills

- Falls management
- Moving and handling of people
- Seating assessments
- Partnership working with partners in health, housing and the voluntary sector
- Good communication skills, advocacy skills
- Assessment skills
- Report writing and documentation skills
- Reflection skills and learning from mistakes
- Valuing and acting on constructive feedback
- Activity analysis skills
- Applying legislation and guidance correctly
- Communication skills
- Problem solving.

Multi-professional opportunities

- District nurses, GPs and rehab teams
- Local authority
- Care providers
- Social workers/adult social care workers
- Housing officers
- Technical offers and builders
- Grant officers
- Equipment companies
- Medequip community equipment provider
- Mental health services.

Hertfordshire County Council: Early intervention vehicle (EIV) service

This model demonstrates a sustainable practice-based learning opportunity in the planning and design stage.

Overview of the practice setting

The early intervention vehicle responds to appropriate and screened 999 calls, with the primary aim of keeping people safely in their own homes, preventing a hospital admission, and ensuring the correct support is in place for the person. It's a service provided in partnership with the local authority and the NHS. Social care early intervention practitioners work directly with their health partner colleagues to provide the service.

A day in the life of the practice-based learning setting

The vehicle/service operates 8:00-18:30. The last call is 17:00 and there needs to be flexibility given the nature of the work e.g. depending on the complexity and location of the last call. Calls are triaged, but the situation is different every day, and for every visit, and the presentation is often different or more complex than the referral information might suggest. Practitioners always visit in groups of two: one social care professional and one health care professional.

The EIV van is loaded with a range of daily living assistive equipment, so that practitioners can provide an immediate response to many of the needs identified. Equipment also includes some lifting, moving and handling, and sit to stand solutions. A person may have fallen and be in a position that is difficult to access. Following medical intervention/assessment, the EIV practitioners often then have to establish the most appropriate way to support somebody back into a comfortable and safe position. Often, standard moving and handling equipment/techniques are not feasible with the space and access. This requires a creative approach, problem-solving on a case-by-case basis with positive risk assessment and considering standard moving and handling principles.

Practitioners must be able to respond confidently to a person's immediate needs with practical support for the person and carer, as well as emotional support given the events leading to the 999 call, such as a fall. The aim is to meet immediate needs, but to also consider longer-term care and support needs. Practitioners do not hold a caseload but assess and identify needs and then signpost and refer appropriately to meet any longer-term needs identified.

Feedback from the practice educator on the potential learning experience

I can see the huge potential for offering a valuable learning opportunity, particularly when I reflect on the opportunities the setting has given me in terms of my own practice development.

As this is an emerging service, and given the nature of the service and role, the best way to approach this would be to directly liaise with the university. If we can provide the university with a clear understanding of the potential demands of the role and setting, as well highlighting the opportunities it presents, this allows us to identify the right learner for the setting.

Some of the experiences encountered in this setting may be challenging, and so it's important to ensure a learner is well prepared in advance, and that I provide space for regular communication and an opportunity for supportive conversations that promote reflection. Ongoing informal conversations are vital, in addition to regular formal supervision. I'm also confident that there is support available from the wider team and my colleagues and that they can provide additional support for any learners.

I would ensure I had attended the relevant training and liaised with the university as needed so that I have a clear understanding of the placement objectives and paperwork and can map this against the setting. This will allow me to maximise the learning experience and create opportunities to develop and demonstrate specific knowledge and skills.

The Royal College of Occupational Therapists (RCOT) career development framework will also be a really helpful tool to guide this thinking, e.g. mapping the objectives and opportunities against the four pillars of practice. Finally, it will be important to get to know my learner, and their own individual learning needs and past experiences.

Learning opportunities for an occupational therapy learner

We have not yet supported a placement within this service, but it is clear that this would provide a valuable learning opportunity. We have had occupational therapy learners undertake shadowing opportunities within a very similar service.

At the time, a learner told us that this had been a brilliant opportunity, but that they would have benefitted in having much more time with the service given how individual each call and situation is. They also told us that given the nature of the role, their very brief time on the service offered a very profound and valuable experience, but that it was challenging at times.

The nature of the service means working with people at often very difficult, distressing, and vulnerable points in their life, and the learner reflected that having the time to understand and prepare for this is vital, but equally this is what contributed to the overall value of their learning experience.

What they found most helpful was that they had lots of time and space to reflect with their supervisor and the wider team, to discuss and share similar experiences and to learn from their insight. This support had been vital to them.

Hello, my name is… Claire*

I received support from the EIV service and was so grateful that it saved me going into hospital. I didn't know this service was available, but I'm so pleased it is and that we were able to avoid a long wait and could stay at home. What was so valuable about the service for us was the information the therapist was able to provide about local services, and most importantly the time spent with us to listen and to understand our worries and the things we are needing support with. It was so important that I could stay at home and now feel much more confident and safer with the suggestions, advice and equipment we were given.

*Claire is not their real name

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- advocacy
- maximising independence, autonomy, choice and control
- strength-based approaches and risk positivity
- person-centred outcomes to facilitate participation in meaningful occupation, and life roles
- the opportunity to promote the physical and mental wellbeing of the people we work with.

Knowledge

- assessment skills
- knowledge and use of range of equipment solutions available on vehicle including fitting
- an understanding of range of risk factors impacting on frailty and falls prevention
- an understanding of appropriate legislation, such as safeguarding within context of The Care Act (2014) and The Mental Capacity Act (2005), to support risk-positive and strengths-based risk management and decision-making
- local areas and universal services – knowing the community and resources available to support effective signposting
- an extensive range of presenting needs and considerations, including specific diagnoses, conditions and symptoms.

Skills

- person-centred assessment skills – able to identify immediate, medium and longer-term needs following a difficult and critical event
- moving and handling and functional assessment skills – ability to assess a range of transfers and mobility, and identify appropriate solutions
- creative and innovative solutions, problem-solving and clinical reasoning
- effective written and verbal communication skills and documentation
- the prioritisation of resources and effective signposting – working in a time limited away
- partnership and integrated working, direct partnership with health and social care.

Multi-professional opportunities

Within EIV service

- nurses
- paramedics
- GPs
- a range of clinicians and therapists-podiatry physiotherapists and other therapists
- social workers and community care officers.

Across adult social care

- adult social care services
- partner organisations and services.

Royal British Legion: a charity organisation

This model demonstrates a sustainable practice-based learning opportunity in the planning and design stage.

Overview of the practice setting

Galanos House is a Royal British Legion 101-bedroom care home that includes nursing and end of life care plus a residential floor and a specialist dementia care lodge as well as a new community hub that incorporates day care services.

Galanos House has a long-standing relationship with Coventry University. We have facilitated student nurse placements for many years and are extending the offer to student mental health nurse in 2023. We are currently developing and planning the same opportunity for occupational therapy learners. Alongside this, we also host medical students, supporting their development with end of life confidence especially around having difficult conversations, breaking bad news and supporting people at end of life.

We have found that being able to support learners has given us a lot of opportunity to learn and grow as a team. The challenges, questions and openings each student brings enhances the way we respond and learn together. Critical examination of our own practice through the eyes of others is a very powerful tool and one we constantly use to develop. Working on the floor with other members of the team, gives the learners the chance to share their knowledge and helps the staff at the home expand their knowledge and skills.

We have worked alongside residents and staff to establish what needs to be considered to ensure the best outcomes for everyone involved in providing practice-based learning opportunities.

We asked several residents what they would want an occupational therapist student to learn from this placement. The comments included:

- compassion
- dignity
- understanding
- tolerance
- discretion
- common sense
- sense of humour
- understanding of others' needs
- kindness
- patience
- not to be patronised.

A day in the life of the practice-based learning setting

The role of the occupational therapy learner here is to enhance the life of individuals/veterans that come to live here. This involves maintaining their skills and promoting independence and safety through a person-centred approach.

In addition to the above, Galanos House is a fun, friendly care home where all members of staff including occupational therapy learners can get involved socially with the many daily activities run by our amazing activity/wellbeing team. We focus on what the residents want, enabling them to take up new and old hobbies, and attending groups, for example gardening, flower arranging and sewing, just to name a few.

Feedback from the practice educator on their learning experience expectations

Offering practice-based learning opportunities are a two-way process. As practice educators, we enhance our knowledge and practice. This is beneficial for our own continuing professional development (CPD), gaining experience of supervision and being able to share the priorities and achievements of our organisation outwardly.

My manager has already been in touch with universities to plan how to offer an occupational therapy placement this year. The university is setting up my training to become an occupational therapist educator.

Potential learning opportunities for an occupational therapy learner

We've recognised that placements in the private and voluntary sector in social care can offer fantastic learning opportunities for occupational therapy learners.

It is anticipated that learners will be able to develop in all four pillars of practice.

- **Professional practice:** there will be many opportunities to be involved in the assessment process. This will underpin previous learning and offer the occupational therapy learner practical ways to explore and develop their responsibility and accountability in a real setting.
- **Facilitation of learning:** we can offer the occupational therapy learner a great deal of learning and support of professional development. We employ two practice development facilitators who will contribute to the occupational therapy learner's learning whilst on placement.
- **Leadership:** whilst on placement, the occupational therapy learner will be able to explore the differences between management and leadership and how this is evidenced in real-life situations. The occupational therapy learner will be given an opportunity to practice their management skills (prioritisation, use of resources, team working, communication, fairness and inclusivity) and develop their leadership potential (maybe leading a project, implementing a change, looking at practice improvement, exploring how they can influence others, recognising skills and talents in others) alongside developing and understanding responsibility and accountability of self and the team.
- **Evidence, research and development:** The occupational therapy learner will have many opportunities to get involved in both research and development. The home works with Enabling Research in Care Homes (ENRICH) which is the care home part of the National Institute for Health Research. We also work with ENRICH under the Clinical Research Network West Midlands arm of a special interest group (SIG) within the Institute of Health and Social Care Management organisation which is always carrying out or participating in research, often leading to changes in practice.

Feedback from student nurses who have been on placement here

> "I was blown away by the support time and patience given to me and I developed skills I didn't think I would be able to get during a placement."

> "I was supported so much and learned such a lot, especially communication skills."

> "I have loved every single moment here on my second year placement, I have learnt invaluable skills here."

What can be achieved here?

During the placement, the learner gains an insight into:

Values

- working with respect
- demonstrating a professional attitude
- promoting social justice
- ensuring human dignity
- the occupational therapist's code of conduct
- ensuring that social and physical needs are met
- promoting anti-oppressive practices
- race and gender equality
- religious equality
- class equality
- being respectful of age.

Knowledge

- legislation of this setting; we are governed by CQC, which includes the health and welfare of service users
- human rights
- equality
- data protection
- end of life care
- dementia care
- equipment needs
- mobility and transfers
- falls prevention
- risk assessment on cognitive and functional abilities
- MDT working
- prioritising workloads
- documentation
- audits of equipment
- effective communication
- safeguarding
- best interest meetings.

Skills

- increasing confidence through learning
- equipment needs
- pressure care and prevention
- leadership
- effective communication
- challenges with family dynamics
- choices and capacity.

Multi-professional opportunities

- wellbeing team
- nurses
- GPs
- social workers
- carers
- wheelchair service (NHS)
- community hub.

Recommendations

The following recommendations are suggestions for improving the sustainable offer of practice-based learning opportunities for occupational therapy learners in social care settings:

- To ensure an individual is offered a placement in social care whilst considering their needs in terms of equality, diversity and inclusion Equality Diversity and Inclusion Dare to Care
- To ensure that practice-based learning opportunities are offered fairly and transparently to enable all learners to benefit from the experience.
- To ensure data is collected so that there is an evidence base for planning and developing future placements.
- Create an organised approach to co-ordinating placement offers; ensuring there is job planned time for sustainable practice-based learning offers.
- Plan practice-based learning offers for students and apprentices throughout the year.
- Develop the skills of your practice educators (AHP Educator Career Framework) to modernise approaches to practice-based learning, and to look to work collaboratively with universities to lecture on the subject of social care.
- Team approach - can be more than one practice educator per learner and more than one learner per practice educator.
- To ensure a good induction for learners on placement.
- Support the development of quality and sustainable placement opportunities by utilising the principles of practice-based learning set out by the Chartered Society of Physiotherapy in collaboration with the Royal College of Occupational Therapists.
- Principal and strategic lead occupational therapists to work collaboratively and with health, and voluntary, community and social enterprise partners to build their future workforce. This may be through apprenticeships, sharing best practice regarding practice-based learning opportunities and expansion, and through early recruitment.
- To embrace new models of delivering practice-based learning e.g. digital, hybrid placements across social care and health, peer support models, leadership placements, research placements etc.
- To work within systems to create shared foundation preceptorship/transitional support offers to support the transition of final year learners into service.
- Social care placements are a unique opportunity for learners to reimagine their relationships with people, families and society. This aspect of learning should be utilised alongside opportunities in public heath such as preventing health inequalities.

Useful resources

Placement expansion

Educator Workforce Strategy

AHP Educator Career Framework

Principles of practice-based learning (developed by the Royal College of Occupational Therapists and the Chartered Society of Physiotherapy, 2022) Placement café - held on the second Monday 14:00-15:00 and fourth Wednesday 8:30-9:30am of every month.

Data Recording

Education and Training Tariff

Capital AHP Clinical Practice Placement Tariff Guide

Quality of learning environment

Equality Diversity and Inclusion Dare to Care

Supporting Pre-registration Learners

Health Education England Quality Strategy and Framework

Health Education England Practice-Based Learning Quick Guides

Capital AHP Learner Passport

Bridging the Gap to Leadership

- resources for educators
- the student voice

Future Learn

- Clinical supervision: teaching and facilitating learning
- Clinical supervision: assessing and providing feedback

Professional frameworks and standards

Royal College of Occupational Therapists Career Development Framework

Professional standards for occupational therapy practice, conduct and ethics

HCPC Standards of Proficiency – Occupational therapists

HCPC Standards of Education and Training

Learning and development framework for occupational therapists - new or returning to social care

Learning and Development Standards for Pre-registration Learners

Strategic direction

The Allied Health Professions Strategy for England: AHPs Deliver (2022-2027)

Other useful resources

Allied Health Professions' Support Worker Competency, Education, and Career Development Framework

NHS learning hub (accessible with an Open Athens Account)