

What does an occupational therapist do? A lot more than many people realise insist Abbie Mowbray and Rebecca Berry.

Abbie and Rebecca are community occupational therapists who work for the Huntingdon neighbourhood team at Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). They are keen to promote the key role they play in helping people to remain as independent as possible and achieve their full potential, as well as the support their profession gives to the wider health and social care system.

In fact, Cambridgeshire and Peterborough has one of the few integrated health and social care occupational therapy services, which means they operate under all the relevant legal requirements for both health and social care organisations.”



Abbie Mowbray (left) and Rebecca Berry (right)

Abbie said: “We certainly do a lot more than order equipment, which seems to be the most common misconception. Rather, we help adults of all ages who have a variety of functional difficulties which affect their ability to do simple tasks most of us take for granted.

“We take a holistic approach, which includes assessing health, environmental and social factors. We carry out complex moving and handling assessments, assess people’s functional ability and discuss people’s expectations. We then agree personalised goals, focusing on what they can do, what is important to them, and what their individual needs are.”

Rebecca added: “For example, one of my patients is a young man who has learning difficulties and is in a wheelchair. He had to use a commode as he didn’t have a toilet he could use safely. He just wanted to be like everyone else his age, so we arranged for the toilet in his home to be adapted because it was something he needed, but which also improved his self-esteem and quality of life.”

Following assessment a tailored plan is put into place, which might also involve referrals to other services and signposting to the voluntary sector if required.

Abbie explained: “The plan can include rehabilitation, ordering standard and specialised equipment, and arranging minor adaptations like hand rails or major improvements, from installing a level access shower to, in some cases, organising extensions to properties.”

When more complex support is needed for major adaptations such as improved access to properties, ceiling track hoists, stair lifts and accessible kitchens, then occupational therapists also help people navigate the health and social care system to explore their options and the funding criteria to best meet their needs. Adaptations under £1000 are usually paid for by the NHS or social services, but those over £1000 are means tested through a Disability Facilities Grant. They also support rehousing requests with a housing needs report if needed.

Rebecca said: “Our aim is to identify their wider needs so they can stay at home for as long as possible and to future proof any care needs as their condition changes. Some people need minimal input to resolve any problems they’re having and can be quickly discharged from our care. Others may require longer term, more complex input which can result in us being involved in some cases for over a year.”

Abbie added: “We need to write detailed assessments because we have a lot of responsibility to ensure that their home environment is safe and to ensure any funding for adaptations is justified. We also need to ensure they use new equipment safely, through review visits, which may also involve training family members in how to use a hoist. An hour’s visit can often lead to double the time in paperwork, due to the level of their needs and the range of funding streams being applied to.”

Abbie and Rebecca both really enjoy their work in the community, but think more is still needed to educate their colleagues about occupational therapy.

Abbie said: “We now work in a more joined up way within the neighbourhood team and are integral to complex case reviews and MDT meetings, but I think there are still misconceptions about what we do. This article is one way we’re tackling this, but I really enjoy working in the community because it is such a wide ranging role which enables me to help improve people’s quality of life.”

Rebecca added: “I love my job. We don’t tell people what to do. We ask them what they want to achieve and it might be little things that make a big difference or something they couldn’t do before that they now can. I received a lovely thank you from a family whose son was unemployed and was scared to leave his mum alone in the house because she was having a lot of falls. With the right support and equipment in place he then felt able to leave his mum and find a job. We identify a problem and do our best to find a solution which makes our job very satisfying.”

A high proportion of referrals come from GPs, hospitals and other professionals, but anyone can refer. People who live in Cambridgeshire can self-refer by telephoning Cambridgeshire County Council on 0345 045 5202 and people who live in Peterborough can self-refer by telephoning Peterborough City Council on 01733 747474. All referrals are triaged and prioritised according to need, which can include urgent visits if needed to help people avoid being admitted to hospital unnecessarily.