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Committee for Social Development Consultation on Welfare Reform

Submission by the College of Occupational Therapists

Introduction

The College of Occupational Therapists (COT) is pleased to provide a response to the consultation on Welfare Reform which has been assisted by occupational therapists in Northern Ireland and the COT Specialist Sections in Work and Housing.

The College of Occupational Therapists is the professional body for occupational therapists and represents over 29,000 occupational therapists, support workers and students from across the United Kingdom of whom about 900 are in Northern Ireland. Occupational therapists work in Trusts, across health and social care services, they deliver services across housing, schools, prisons, the voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health and Care Professions Council, and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

The philosophy of occupational therapy is founded on the knowledge that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in, for example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation affects physical and psychological health.

General Comments:

Occupational Therapists work with people of all ages, supporting them to lead independent lives. They assess a person's holistic (entire) needs including physical, psychological, practical, social and emotional –helping individuals to achieve the occupational goals that are *important to them*.

Occupational Therapists are experts in assessing functional performance. They have a unique understanding of the impact of disability and illness on occupation (e.g. activities) recognizing that poor physical and mental health, disabilities, or the effects of ageing can affect people in different ways.



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Occupational therapists carry the statutory delegated function, on behalf of Chief Executives in Trusts* in Northern Ireland for recommendations for housing adaptations for people with disabilities. (*Health and Social Care Trusts have a statutory duty to assess the needs of disabled people, including their housing needs.) Housing adaptations can range in complexity and cost, from relatively minor, e.g. additional stair rail, to major works, such as ground floor extensions involving significant structural changes to existing properties. Occupational therapists also assess, prescribe and make provision for specialist equipment and seating.

Specific Comments:

Restriction of housing benefit in social housing sector: Under occupancy

The College has concerns about the impact the 'size criteria' which will be introduced for new and existing working-age Housing Benefit claimants living in a Housing Executive or housing association home, will have on disabled people. The College believes this is going to disproportionately affect disabled people

Disabled people can have different needs from accommodation from the non disabled, therefore size would not be a good indicator of need. Some, for example may require housing adaptations such as through floor lifts or additional rooms downstairs depending on individual needs. There may be requirements for rooms to store large and bulky equipment such as storage for hoists, pressure relieving beds (profile beds) and wheelchairs etc, as well as circulation space needed for wheelchair users and other needs such as people requiring assistance of carers for personal activities of daily living and safe transfer circulation space.

In the Department of Social Development, Welfare Reform Bill (Northern Ireland) 2011 Completed Equality Impact Assessment, April 2012, it said that "at 10 August 2011 there were 8,317 claimants receiving a premium in respect of disability, with 4,503 of those living in the social rented sector. (This does not include those receiving only a disabled child premium as there would be entitlement to a bedroom for the child when considering the size criteria.)"

It also included that "The impact of the measure on households containing a disabled claimant or partner suggests that a higher proportion of households containing a disabled person would more likely be affected by the introduction of the size criteria." We understand this to be saying that the 'size criteria' will particularly impact people with a disability. However at a later point it says that "As a proportion of the Housing Benefit caseload and the overall number of claimants in the social rented sector, the measure has no significant differential impact on disabled claimants."



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It also mentions Discretionary Housing Payments which it says allows the Housing Executive to give extra help to those facing difficulties meeting their housing costs on a case by case basis. The issue with discretionary housing payments is that many other vulnerable groups will be making a call on the same resources. We would question the practical sustainability of this approach and what will the duration of this payment be and can this be sustained over a long period of time.

If people are required to downsize there needs to be the stock to move to and as accessible dwellings are in limited supply disabled people are going to struggle to find smaller accessible accommodation. We are told there is an acute shortage of bungalow/wheelchair friendly accommodation throughout Northern Ireland and 'lifetime homes' do not meet wheelchair standards which tend to be the core of Housing Association builds.

Northern Ireland has a strong community infrastructure and family networks. Social support networks can be critical to independence. The political situation also affects social mobility and which community people will feel comfortable to move to which further adds to the overall difficulty finding suitable accessible dwellings. A move away from their existing communities/support could have a detrimental effect on the wellbeing of disabled people and significant financial costs for statutory care input.

Occupational therapists have collated data as part of their interventions and what is clear is that while families with younger members are more open to moving, the preference of the vast majority of people with a disabled family member is to stay and adapt rather than move.

Occupational therapists also have concerns regarding the implications for their practice. If an adaptation is added on, it may potentially mean adding another downstairs room. An alternative such as a lift may not be feasible due to the house layout requiring an additional bedroom or ground floor facilities. This could create greater under occupancy and have financial implications. The individual may then find themselves in an unsustainable tenancy.

From an occupational therapists' perspective, a house which has been adapted to suit the needs of a disabled tenant, whose tenant number has reduced should not be made to pay the excess if they are living in a house which has been adapted to suit their needs. It seems that they are being discriminated by being forced to pay an excess even though they may have no other option but to remain in their accessible home

Some other key issues which may arise in relation to the "room tax" or loss of Housing Benefit income due to under-occupation are:



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- The determination of bedroom usage where inter-floor lifts take up significant space in an existing bedroom.
- Changes of bedroom usage to other functions such as shower toilet /storage provision.
- The validation of the use of “spare” bedrooms for overnight care by informal and formal carers.
- Policy on providing an extension to provide a room for carers to stay overnight.
- Calculation of bedroom usage where two children normally assumed to share a bedroom under housing benefit policy cannot, due to physical disability or challenging behaviour. This could apply either to using a spare room to provide separate sleeping arrangements for the two children or where an extension is provided.
- The calculation of housing benefit where a lift cannot address the needs of a disabled person and an extension is required resulting in under-occupation of first floor bedrooms.
- The impact on relatives where a family member succeeds to the tenancy of an adapted home which is under-occupied. This could also apply possibly to a carer
- The additional difficulties disabled people will face in trying to down size to suitable, accessible accommodation in a location where they can enjoy the support of family and friends.

We do understand that changes need to be made secondary to the issues with lack of Northern Ireland Housing Executive (NIHE) housing, waiting lists for housing and the current financial crisis. The proposed changes will however only create a greater burden to some families already experiencing inequalities and whose budgets are already being squeezed by the cost of living. We are concerned the impact is going to be more significant for individuals, families and carers where someone has a disability in the household.

Occupational therapists in Northern Ireland say they are aware some larger NIHE properties may be solely occupied and suggested that, perhaps if the tenant said they were willing to be re-housed to a smaller property, they could be omitted from having to pay the excess in the interim until a suitable property becomes available. In contrast, however some houses are overcrowded and it does make sense that they should be accommodated in larger housing.

Effective planning and allocation by NIHE/ Housing Association housing will help prevent under occupation of homes where one person lives in a three bedroom family home sometimes with adapted facilities

We also note that foster children will not be accommodated for in house size which is likely to cause a greater strain for a service which is already in great need of applicants. This may affect potential foster carers coming forward.



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Work Capability Assessments:

Occupational therapists are Allied Health Professionals (AHPs) and are dual trained and skilled to assist and rehabilitate people who have physical health and mental health related conditions. Integral to any occupational therapy intervention is the assessment of functional capability for self-care, productivity, play and leisure.

Occupational therapists have particular expertise in assessing functional capability for work (work capability), to assess job demands and match demonstrated work capability to demands of a job in order to facilitate a return to safe, suited and sustainable work or to help maintain someone with a health related disability in work.

Research has shown that an accurate and reliable assessment of an individual's occupational functioning (work capability) facilitates a successful return to/maintenance at work (Innes et al 2010). To ensure accuracy and reliability when assessing work capability, occupational therapists use multiple data sources and multiple methods to collect the data in order to provide deep and rich information that combines subjective and objective measures of performance. Triangulation of the data collected is seen as imperative in order to make judgments regarding performance. The WCA may be seen as meeting a triangulation assessment process, in as much as a number of data sources are used, e.g. review of supporting documentation, interview and observation. However, the WCA does not incorporate an objective assessment of function and therefore the reliability, validity and utility of it as an assessment process may be questioned.

The current WCA process reduces work to a limited number of physical and cognitive/perceptual factors and descriptions that have very little bearing on whether an individual can or cannot work.

It may, therefore, be prudent to incorporate comprehensive and objective assessments of work capability carried out by occupational therapists who have skills and expertise in the objective assessment of function. The components of the objective assessment of function should be sufficiently comprehensive to reflect the actual demands of work, and not be a checklist of unconnected job factors that are removed from actual purposeful behaviour.

It is not surprising therefore, that occupational therapists support many of their clients to access benefits including Employment and Support Allowance (ESA). This involves the full process from supporting their clients to obtain an application form to attending medical examinations and tribunals. Supporting people through the application process, WCA appointment and appeals procedures including time to attend tribunals, is time consuming and a drain to NHS resources.



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Occupational therapists have concerns about the outcome for a number of service users who have undergone a work capability assessment (WCA), which is used to determine eligibility to the Employment and Support Allowance (ESA).

Presently the main company contracted to carry out WCAs do **not**, that we are aware of, recruit or employ occupational therapists for this assessment. We understand, nurses, GPs and physiotherapists are employed to carry out the WCAs in England and nurses and GPs in Northern Ireland.

Occupational therapists in Northern Ireland are concerned that the WCA depends on self reporting and from what we understand some requests to show some movements such as bend down, but not what an occupational therapist would term as a functional assessment. They have also voiced concerns that the WCA does not pick up on mental health problems well and the view and comments of assessors can be sometimes subjective e.g. how the person presents. They would like to see the process become less reliant on self reporting and move towards an evidence-based functional assessment that uses best practice in such things as triangulation of data.

They do not believe the present process of asking questions and filling in details on a computerised form which a decision maker subsequently looks at along with medical or other information presented will accurately assess a person's capability for work. Assessing capability for work is a complex process of using multiple methods to identify a person's limitations and abilities, which take more time the more complex the presentation on functional issues e.g. physical and mental health issues. Occupational therapists are also concerned that the part of the process which would allow or require information from a treating clinician, such as an occupational therapist, is not properly developed. Whilst not everyone will have a treating clinician involved, where relevant this may help give a more accurate functional assessment.

The system at present is fundamentally flawed if there are in the region of 40% of those appealing winning their cases. Occupational therapists are concerned that instead of promoting an individual's ability to work on health and wellness and managing their condition and improve their symptoms where this would be realistic or possible to do, going to tribunal is sometimes causing an opposite effect. They report that service users who are waiting to go to tribunal are often focusing on how ill they are, and not on how well they could become. This 'symptom magnification' they worry is making some service users more ill than well.

The College of Occupational Therapists would support the increased and enhanced role of occupational therapists in the fair and effective delivery of Work Capability Assessments. Occupational therapists would be very well placed to undertake work capability assessments particularly in relation to our



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biopsychosocial background and our specialism in functional ability and vocational rehabilitation. Occupational therapists are also trained at an undergraduate level to understand a wide range of physical, mental, cognitive and developmental impairments including the fluctuating and variable nature of disability. Occupational therapists are experts at evaluating an individual's ability to perform activities, analysing work tasks, and measuring a wide range of environmental factors that can affect work performance. Many ESA applicants have combined physical and mental health conditions and occupational therapists have dual training in these areas.

Whilst undertaking Work Capability Assessments, occupational therapists will act in accordance with the College of Occupational Therapists Professional Standards and Code of Ethics and Professional Conduct

<http://www.cot.co.uk/standards-ethics/standards-ethics> The Professional Standards stipulates that occupational therapists work in partnership with the service user, acting in their best interests including respecting the human rights of the service users; ensuring decisions and actions are always in the best interests of the service user and where necessary, acting as, or arranging for, an advocate to promote the best interests of service users.

Occupational therapists in Northern Ireland feel the process could be improved. They would like to see that it incorporates values and vision of 'Transforming Your Care' where the individual is at the centre. They believe that work and health should provide an approach which will encourage a services user's self reliance and self management of their condition where appropriate to do so

The College of Occupational Therapists continues to engage with the government in England for a fair process of Work Capability Assessments. The College of Occupational Therapists submitted a formal response to the DWP's consultation in September 2011 (*Work Capability Assessment Call for Evidence: Year 2 Independent Review*) based on feedback from its members and service users where we cited a number of recommendations for improvement.

This can be read by visiting <http://www.cot.co.uk/consultation/uk/work-capability-assessment-year-2-call-evidence-42-10-11>

Personal Independent Payments (PIPs)

The College welcomed the Work and Pensions Select Committee Report on 'Support towards additional living costs of working-age disabled people' (19 February 2012) calling on the Government not to introduce the new Personal Independence Payment (PIP) nationally until it is confident that the assessment process is fair and accurate.

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/news/dla-report/>



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As part of the assessment for PIP will review all a person's activities of daily living an occupational therapy assessment would seem to be the most efficient and accurate to do this.

Conclusion:

The College of Occupational Therapists welcome Welfare Reform but are concerned about

- The lack of occupational therapists involvement in the process and the added value their skills would bring with regards to Work Capacity Assessments.
- Disabled people who will be disproportionately affected by the size criteria for housing.

Policy in Northern Ireland is towards a whole systems approach and the need to move towards promoting health and well being. The aim proposed in the present Public Health consultation 'To improve the health and well-being status of all our people and to reduce inequalities in health' includes housing as an important element. We are pleased that Minister Mc Causland has been successful in changes which have been secured to the way Universal Credit can be paid to reflect Northern Ireland's unique circumstances. We do hope that that the under occupancy rule for disabled tenants can also be looked at.

Dame Carol Black and David Frost's Health at work – an independent review of sickness absence says "In an ideal system, people who are unable to work would be swiftly identified and supported; those with conditions that are compatible with their current work would receive early treatment and support to return quickly; and those needing to change jobs would be efficiently helped back into work. Costs would be fairly distributed between employers, individuals and the State, and incentives aligned to manage these costs."

The Review makes a number of recommendations to improve the sickness absence and benefits systems such as "Government should fund a new Independent Assessment Service (IAS). The IAS would provide an in-depth assessment of an individual's physical and/or mental function. It would also provide advice about how an individual on sickness absence could be supported to return to work. This service should usually be accessed when an individual's absence spell has lasted around four weeks. The College along with occupational therapists in England have been speaking to Lord Freud about this as well as looking at other elements of this overall system such as devising Allied Health Professionals (AHP) Fit notes



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The College believe that occupational therapists are ideally placed to carry out work related assessments. There are many occupational therapists who are regularly conducting assessments of an individual's functional capacity for work. The College of Occupational Therapists therefore supports the increased and enhanced role of occupational therapists in the fair and effective delivery of Work Capability Assessments and their expertise be used to develop an approach which would link together health and work. An enhanced connection between all of the government departments responsible for work and health would enable a more joined up approach perhaps across a theme of reablement to work. Fiscal measures to achieve this would be necessary. The College would be pleased to engage further regarding this or to offer any assistance to any planning or development in this area.

References:

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