DELIVERING THE BAMFORD VISION

THE RESPONSE OF NORTHERN IRELAND EXECUTIVE TO THE BAMFORD REVIEW OF MENTAL HEALTH AND LEARNING DISABILITY

Consultation Response Questionnaire

[7th September 2008]

College of
Occupational Therapists

Consultation Response Questionnaire

You can respond to the consultation document by email, letter or fax.

Before you submit your response, please read Appendix 1, at the end of this questionnaire, about the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Responses should be sent to:
Email: mentalhealthunit@dhsspsni.gov.uk

Written: Mental Health Unit
Room D1
Castle Buildings
Stormont
Belfast
BT4 3SQ

Fax: 028 9052 2500

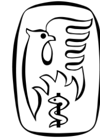
TO BE CONSIDERED AS PART OF THE RESPONSE TO THE CONSULTATION PROCESS, RESPONSES MUST BE RECEIVED BY DHSSPS BY 3 October 2008.

I am responding: as an individual ☐ on behalf of an organisation ✓

Name: Kate Lesslar
Job Title: Northern Ireland Policy Officer
Organisation: College of Occupational Therapists
Address: PO BOX 1502
Dungannon
BT70 9AA

Tel: 02887738999
Fax: 02887738999
e-mail: Kate.Lesslar@cot.co.uk

© College of Occupational Therapists



“Delivering the Bamford Vision
The Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability”

Response from the College of Occupational Therapists

1. Introduction

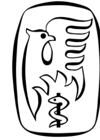
The College of Occupational Therapists (COT) is pleased to provide a response to the Department of Health, Social Services and Public Safety’s consultation on “Delivering the Bamford Vision: The Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability.” The response to this consultation has been completed with the assistance of the Northern Ireland Occupational Therapy Managers Forum in Mental Health and the College of Occupational Therapists Specialist Section - People with Learning Disabilities.

The COT represents over 29,000 occupational therapists, students and support workers across the United Kingdom, of which over 900 are either working or studying in Northern Ireland. Occupational therapists (OTs) in Northern Ireland work in the NHS in Acute and Community Trusts, the voluntary and independent sectors, schools, primary care settings, and a wide range of vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health Professions Council, and work with individuals 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 concept of occupation as a crucial element of health and well-being. Practice is based on holistic, client centred care.

2. General Comments

The College welcomes the response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability. Whilst the response of the Executive acknowledges that people with mental health problems and people with a learning disability are two distinct groups of people, with current preparation of a Service Framework for mental health services to be issued by December 2008 and a Service Framework for learning disability services to be issued by September 2009, we are concerned the combining of the reviews, reports and responses have resulted in a significant lack of attention to learning disability services. People with a learning disability have not been given equity of status throughout the response, nor have their needs in terms of access to mental health, addiction and forensic services been addressed.



Q1. Chapter 2 sets out a vision statement for delivery of services for people with a mental health problem or a learning disability.

Is this statement acceptable? **Yes**

If no, what needs to be changed in it?

Comments:
As occupational therapists we welcome the focus on the person centred approach. We view it as a positive way forward as it is compatible with the philosophy of occupational therapy and the way in which we address our clients' needs.

We welcome the establishment of the Inter Departmental Ministerial Group on Mental Health and Learning Disability and as a profession look forward to being involved in this group.

Occupational therapists in Northern Ireland have contributed to the development of the service frameworks for mental health and learning disability as they place great emphasis to partnership working with carers and users.

We agree with the aim that by 2014 no one will have a hospital as his or her permanent address. Within 'Recovering Ordinary Lives: The strategy for occupational therapy in mental health services 2007-2017 - A vision for the next ten years', we have stated the occupational therapist of the future will:

- Provide interventions in locations that best meet the needs of service users. Occupational therapy may be provided in the home or in other community-based settings as an alternative to hospital, in response to the choices of service users. *(Recovering Ordinary Lives Page 4, Bullet Point 1)*

Occupational therapists working with adults who have a learning disability welcome the statement emphasising the need for person-centred, seamless, community-based services. Occupational therapists have these principles at the core of their service and have demonstrated commitment to them in the style of service they deliver.

From their experience they know that this vision cannot be achieved without significant practical commitment. This requires significant building of infrastructure to support life long, meaningful service user involvement, including strategies to hear the voice of those people who have complex needs and those with no verbal communication.

Significant financial investment, above and beyond that committed, is also required if person centred plans are to become reality, particularly in relation to housing and services for those with specialised needs.

Continued overleaf

© College of Occupational Therapists
106-114 Borough High Street, Southwark, London SE1 1LB
www.cot.org.uk

We welcome the commitment to a seamless service and agreed care pathways and acknowledge the key role occupational therapists currently play within housing, education, councils, and others.

We are committed to ensure timely services, but are very concerned about the impact 20 week targets have already had on the quality of occupational therapy services. People with a learning disability (and particularly those with complex needs, whose numbers are increasing considerably), often have life long support needs. Interventions in relation to 'occupation' for adults with a learning disability can be comprehensive and complex to resolve, particularly given the poor infrastructure within services. The constant need to see increasing numbers of people within 20 weeks (shortly 13 weeks), results in assessment only, and few meaningful interventions.

Occupational therapists have a significant role to play in enabling community skills, maintaining people in their own home and facilitating social inclusion, through the provision of skills based teaching, equipment and adaptations, but currently only limited resources.

Q2. Chapter 3 deals with human rights, equality of opportunity, social inclusion.

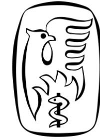
Do you agree that the proposed programme to promote social inclusion is needed? **Yes**

If no, why not?

Comments:
Occupational therapists have always had a strong remit to provide for a range of services. In the statement of strategic intent for occupational therapy in mental health in 'Recovering Ordinary Lives', it states, 'Occupational therapists will value recovery and will work within a socially inclusive framework to achieve goals that make a real difference to people's lives.' *(Recovering Ordinary Lives, 2.2, page 4, Para 3.)*

Also from the strategy, one of the 'Guiding principles for mental health occupational therapy practice: 'Interventions move the client in the direction of fuller participation in society through the performance of occupations that are appropriate to her or his age, social and cultural background, interests and aspirations.' *(Recovering Ordinary Lives, Page 5, 2.3, Bullet Point 5)*

Continued overleaf



The occupational therapy profession supports people to use services and occupational therapists support people to use services to participate in mainstream leisure activities, occupations and social networks

Occupational therapists working with adults with a learning disability fully endorse a commitment to improving human rights and equality of opportunity. Human rights, social inclusion and advocacy can only be achieved for people with a learning disability if there is practical assistance to change attitudes, engage people meaningfully and facilitation to move beyond a Disability Discrimination Act (DDA) specification for buildings and transport, to ensure they meet the needs of all people with a disability. Occupational therapists will continue to make recommendations for meaningful change.

Q3. Chapter 4 summarises current health and social care funding for mental health and learning disability services and proposes targets for the proportion of this which should be spent on community services.

Is this the right balance? **Yes**

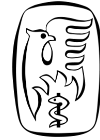
If not, what should the balance be?

Comments:
We welcome the principle of moving from hospital-based services to community services. We feel it is important to ensure that acute services continue to be available for those who need them. Hospital retraction should be in line with community developments which would support recovery for the longer term mentally ill; e.g. housing, development of day services (as recommended in the Department of Health, Social Services and Public Safety, Audit of Day Services by Price Waterhouse Coopers, September 2007), access to vocational and educational opportunities, social and leisure services.

With the emphasis of services moving towards the community we hope this will be reflected in the shift of expenditure towards proactive therapeutic interventions which promote recovery e.g. occupational therapy.

Occupational therapists working in the area of learning disability welcome the acknowledgement of the increasing numbers of people with complex needs and wish to highlight yet again, the significant role for occupational therapists to ensure safety, dignity and quality of life for this group of people – providing the practical assistance to make social inclusion a reality.

Occupational therapists have already played a key role in resettlement of people from long-stay hospitals and welcome the commitment to continue this. Different skills are required to facilitate community living and a commitment to acknowledging that staff skill mix in the community is required.



Many occupational therapists are the key professionals for people with a learning disability and dementia. There is no indication as to whether the figures quoted acknowledge the statistically significantly high numbers of people with a learning disability who may develop dementia, or indeed their inclusion in the proposed service. The Dementia Services Centre Northern Ireland has already demonstrated a commitment to this group of people. We therefore endorse the centre and the work it does and support it's continued success.

Occupational therapists working with adults who have a learning disability are aware of the significant costs and investment required to make social inclusion a reality. The Bamford vision will be very difficult to achieve within the investment outlined.

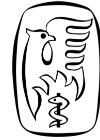
Q4. Chapter 5 describes the groups that have been or will be established to help deliver the Bamford vision across Government.

Are these acceptable? **No**

If not, what changes do you want to see to these arrangements?

Comments:
Both occupational therapists in the area of mental health and learning disability are of the opinion these are not acceptable, as the groups described do not provide clarification on where occupational therapists are to participate in this management of change. We presume occupational therapy will sit somewhere within the Bamford Management Structures but from this description and diagram we are unsure of where or how we are to do this. Whilst reference is made to professional bodies having representation in the new 'Patient and Client Council', we feel this would be grossly inadequate for occupational therapy, as this would not reflect the key role occupational therapy has in mental health and learning disability.

Additionally with reference to the key issues affecting people with a mental health problem or a learning disability, within the lead departments, we feel it is important to include third level institutions responsible for the training of health care professionals as part of the service delivery. This is to ensure the various health care professionals e.g. occupational therapists, nurses, psychologists, social workers and doctors will be prepared to deliver the vision of Bamford.



Q5. In particular, are the proposals to establish a Bamford Monitoring Group acceptable? **Yes**

If not, what arrangements do you want to see to ensure that Government is challenged by stakeholders?

Comments:
We welcome the establishment of the Bamford Monitoring Group for the purpose of driving the change and for the monitoring and quality assurance role. As with question four we would like clarification of stakeholder membership particularly occupational therapy.

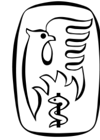
Q6. Chapter 6 describes the work proposed to update the cross-Departmental strategy and action plan for promoting mental health.

Are these acceptable? **Yes**

If not, what changes do you want to see?

Comments:
Occupational therapy as a profession strongly welcomes the cross-Departmental strategy and action plan for promoting mental health.

'Occupational therapy practice in the field of mental health is based on an understanding of the relationships between occupation, health and wellbeing and a belief in the potential of people with mental health problems to learn and grow. Health and wellbeing are supported by engagement in a balanced range of occupations that are chosen and valued by the individual. Conversely, having too few occupations or limited choices can lead to poor mental health. When a person is unable to engage in occupation, whether due to personal, social or environmental factors, the occupational therapist works with her or him to develop skills, challenge inequalities and promote social inclusion. The value of occupational therapy is demonstrated in action. *(Recovering Ordinary Lives Page 9, 4.1, Para 1,)*



Q7. Chapter 7 describes the work proposed to develop new mental health law and capacity law within a common framework.

Are these acceptable? **No**

If not, what changes do you want to see?

Comments:
While we support the proposal for substantial amendments to the Mental Health (Northern Ireland) Order 1986, we believe that mental capacity provisions should be considered at the same time and as part of the same piece of work because of the complex inter-relationship between the two. We are concerned that the current proposal of consecutive and separate legislation will leave service users and therapists in a vulnerable position, as they are currently making daily decisions regarding capacity in a vacuum. We agree that any legislative changes should be based on principles of human rights.

We would be keen to be further involved in discussions about the changes to the MH Order and capacity provisions to offer service users and carers more appropriate support at times of acute crisis and reduced capacity.

Q8. Chapter 8 identifies a range of issues that need to be addressed within the health and social care sector to deliver the Bamford vision.

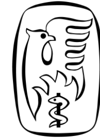
Are these issues acceptable? **Yes**

Are there any other issues which should be added?

Comments:
We fully endorse the principle of 'betterment', that the person resettled to the community must be able to receive better care and support than in hospital. Occupational therapists, particularly in the area of learning disability question how this will be measured, as little follow up has occurred to date, despite the best efforts of occupational therapists to improve skills and facilitate an improved quality of life

Under the Workforce section, we agree with the proposal for increasing staffing numbers, particularly for occupational therapists who can deliver key objectives for recovery, social inclusion, employment, education and training, teaching independent living skills, leisure and social life.

Continued overleaf



We would agree that a lack of accurate data about numbers of professionals makes planning difficult and would like to see mechanisms introduced to get annual figures for professional groups working in mental health or learning disability. We also support the use of models of delivery that emphasize MDT working, redistribution of responsibility, competency and values based practice and social perspectives of mental health and disability.

We would endorse the new service model which proposes a shift towards primary care services. In supporting the achievement of reduction of waiting times for people needing to access and use mental health services, occupational therapists, 'By focusing on skills and opportunities for occupational engagement, the occupational therapist not only helps service users to enrich their lives but is able also to make services more efficient and cost effective. For example, timely occupational therapy intervention can prevent unnecessary hospital admissions, facilitate early discharge, reduce the number of incidents on wards and support adults of working age in retaining their jobs during an episode of illness.' *(Recovering Ordinary Lives Page 12, 4.2, Para 3)*

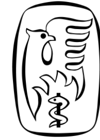
We feel strongly that there should be a regional information system as recommended, to ensure effective risk management, safer services, better communication and as will be required under 'The Regional Guidance for the Assessment and Management of Risk' which is currently under consultation and which is intended to replace the '2004 Discharge Guidance.'

Occupational therapists have demonstrated the key role they already play within the 'New Service Model', facilitating prevention, early intervention and practically supporting people to lead full lives and remain at home for as long as possible. The Department targets, as previously stated can work counter to this aim.

Occupational therapists have significant skills to advise on physical infrastructure issues. Involving occupational therapists will ensure access for all.

Workforce planning issues within learning disability services should make more mention of the need for Allied Health Professionals to ensure quality around the Bamford vision for people with a learning disability.

© College of Occupational Therapists
106-114 Borough High Street, Southwark, London SE1 1LB
www.cot.org.uk



Q9. Chapter 8 identifies the need to agree common care pathways for people accessing the range of mental health and learning disability services.

Do you agree that this is needed? **Yes**

If not, what should be done to address the problem?

Comments:
As a profession we agree with the need for common care pathways for people accessing mental health and learning disability services. We are aware of the challenge to ensure a consistent approach across Northern Ireland. We recognize the value and contribution of voluntary and community sectors in care pathways. It will be necessary to ensure the voluntary and community sector are funded adequately. Development of an information system must be given priority to ensure consistency for common care pathways.

Occupational therapists working in the area of learning disability feel that in particular a Care Pathway is required urgently for people with Down's syndrome who may develop dementia.

Q10. Chapter 9 identifies a range of issues that are being or will be addressed to improve services for people with a learning disability.

Are these acceptable? **Yes**

Are there any other issues which should be added?

Comments:
Occupational therapists have key roles to play with children, young people, adults and older adults with learning disabilities and autism in order to enable people to participate more fully in school, work and other meaningful activities. They have a major role in transitions, further education, vocational training, supported employment, leisure and re-settlement in the community. As such, delivery of this part of the Bamford Vision will require the full engagement of learning disability occupational therapists, an increased occupational therapy workforce and an Occupational Therapy Task Force to establish the plan for this delivery.

Occupational therapists in the area of learning disability fully endorse the vision espoused in chapter 9. Occupational therapists have been playing a key role in facilitating meaningful and successful: transition, day opportunities, respite, supported living and resettlement, through appropriate assessment, skills development, provision of equipment and access issues.

Care pathways and protocols should be developed between children, adolescent and adult mental health services to allow optimal patient care during the transition from one service to the other.

Q11. Chapter 10 identifies a range of issues that are being or will be addressed to improve services for adults with mental health problems.

Are these acceptable? **Yes**

Are there any other issues which should be added?

Comments:
Occupational therapists contribute a unique professional perspective that focuses on people's occupations in all areas of their lives: self-care, productivity, education and leisure. *(Recovering Ordinary Lives Page 12, 4.2, Para 1)*

As in one of the key messages for the commissioners of mental health services in Recovering Ordinary Lives Page 14, 4.2.5, we would 'Uphold the right of all mental health service users to receive an occupational therapy assessment and intervention to meet identified needs.' To this end services must be adequately staffed to meet the occupational needs of service users.

Q12. Chapter 11 identifies a range of issues that are being or will be addressed to improve services for children and young people with mental health problems.

Are these acceptable? **Yes**

Are there any other issues which should be added?

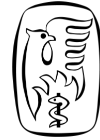
Comments:
We note there is a recognition that Child and Adolescent Mental Health Service (CAMHS) teams need to be augmented with additional staff and additional specialist skills. There have been occupational therapists working within multi–disciplinary Child and Adolescent Mental Health Services (CAMHS) in Britain for many years (Lougher 2001).

Historically, within Northern Ireland services have not been comparable; CAMHS has not been an area in which occupational therapists have been employed. At present, only two occupational therapists work within this specialist field (one in an in-patient setting and one in the community). As recommended in the original Bamford review for CAMHS, there is a need for occupational therapy representation to be a core element of CAMHS provision and service and workforce planning in Northern Ireland.

Continued overleaf

© College of Occupational Therapists

106-114 Borough High Street, Southwark, London SE1 1LB
www.cot.org.uk



The unique and key role that occupational therapy plays within CAMH services has been recognised by the NHS Advisory Service (1995) and Finch (2000). As highlighted in the Bamford review, occupational therapists are the only health care profession with core skills in assessing and addressing occupational dysfunction that contributes to or is a consequence of the young person's psychological problems. Occupational therapists provide specialist rehabilitation experience (including co-morbid physical, sensory processing or learning problems) that enable the young person to develop functional skills within the areas of productivity, self care and leisure.

Q13. Chapter 12 identifies a range of issues that are being or will be addressed to improve services for older people with mental health problems or dementia.

Are these acceptable? **Yes**

Are there any other issues which should be added?

Comments:
We endorse the range of issues identified to improve services for older people with mental health problems or dementia.

Many services are difficult to access for older people and packages of care for people with dementia to be maintained in the community are limited.

Work to improve early detection of mental illness and dementia is very welcome by occupational therapists as early detection of dementia will allow the occupational therapist to assist the client and their carers plan for future needs in relation to home adaptations and so prevent a crisis which may lead to admission to hospital or nursing home.

Occupational therapists can also carry out a range of cognitive assessments, which will assist with early detection of dementia and so allow for early intervention and management of risks. They can also carry out memory rehabilitation work which can provide clients with specific management strategies to deal with daily life tasks and maximize their skills, focusing on their existing abilities.

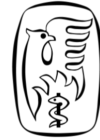
Psychological and other Therapies

A major concern for occupational therapists is the lack of availability of meaningful intervention for older people and people with dementia. The provision of a range of intervention including psychological, creative and other therapies for older people are "Ad-hoc" and viewed by many services as not important.

Continued overleaf

© College of Occupational Therapists

106-114 Borough High Street, Southwark, London SE1 1LB
www.cot.org.uk



Guiding principles for occupational therapy practice are that 'Interventions involve the client in activity' and through appropriate 'interventions support the client in developing or maintaining a satisfying personal and social identity.' *(Recovering Ordinary Lives, Page 5, 2.3, Bullet Points 3 & 4)*

Dedicated time and funded resources are required to provide a range of interventions to ensure this valuable service is available to older people in their environment.

Assistive Technology

This technology is difficult to access. There is a need for a dedicated person in each team to plan and ensure clear pathways and procedures to readily access and ensure this technology is available in a timely manner.

Dementia Services Development Centre

As a profession we fully endorse the work of the 'Dementia Services Development Centre' and the role it plays in training, research and promotion of good practice for people with dementia and their carers. We would recommend the sustainability of this centre in Northern Ireland.

Occupational therapists are currently working with an increasing number of people with a learning disability who develop dementia at a much younger age. These services also need consideration.

Q14. Chapter 13 identifies a range of issues that are being or will be addressed to improve services for people with mental health problems and addiction problems.

Are these acceptable? **Yes**

Are there any other issues which should be added?

Comments:
We would support the adoption of the 4-Tier Model of service delivery as described in the National Treatment Agency for Substance Misuse and recommended in the 'New Strategic Direction for Alcohol and Drugs 2006-2011'. We particularly welcome the fact that this will incorporate rehabilitation services and targeting vulnerable groups such as for example young people who experience truancy and exclusion from school.

Continued overleaf

© College of Occupational Therapists
106-114 Borough High Street, Southwark, London SE1 1LB
www.cot.org.uk

Because occupation is pivotal to health and wellbeing, and substance misuse can lead the person, in any phase of their life, to being unable to engage in occupation such as self-care, productivity, education and leisure, occupational therapists work with the individual to develop skills which enable them to reengage in their occupational roles. Supporting the individual in attaining, maintaining and regaining their occupational roles, the occupational therapist focuses on the strengths of individuals, rather than their problems, which in turn promotes social inclusion, encourages self-determination and builds confidence.

Explicit reference should be made to address the needs of people with a learning disability needing to access these services and receive specific treatments to address their mental health needs.

Q15. Chapter 14 identifies a range of issues that are being or will be addressed to improve forensic mental health services.

Are these acceptable? **<u>Yes</u>**

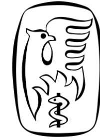
Are there any other issues which should be added?

Comments:
Occupational therapists would welcome the establishment of a Northern Ireland Forensic Network involving users, carers and relevant agencies and as a profession, we would be keen to be involved in the planning and delivery of all forensic services. At present, there are few occupational therapists working in the forensic area in Northern Ireland and as evidence based practice indicates, occupational therapy has a lot to offer this client group, for example with activities of daily living, exploring vocational opportunities, developing lifestyle skills, coping mechanisms and adaptive behaviours which will also facilitate resettlement.

We believe that postgraduate training in this specialist field would also be very beneficial to all healthcare professionals. As such, we agree that it is important to complete a training needs analysis on a multi agency basis for practitioners and other relevant staff working in forensic services. We also agree that collaborative training would be most useful.

Another issue we would like to emphasise is the need for services for individuals with personality disorders both within the Criminal Justice System and within wider mental health services and learning disability services.

Explicit reference should be made to address the needs of people with a learning disability needing to access these services with recognition that early specialist intervention and support is vital.

Q16. Appendix 1 summarises the actions being taken by Departments other than DHSSPS to improve services for people with a mental health problem or a learning disability.

Are these acceptable? **Yes**

Are there any other issues which should be added?

Comments:

Office of the First Minister and Deputy First Minister (OFMDFM) - Occupational therapists support the work of OFMDFM e.g. development of an anti-poverty strategy, promotion of social inclusion, equality issues, impact of the 'Troubles' on victims and survivors.

Department of Education (DENI) - Occupational therapists work with children with disabilities in the community and in both mainstream and special education schools and support ongoing developments. Special Educational Needs (SEN) Occupational therapists in Northern Ireland commend the inclusion of a new category to record mental health issues.

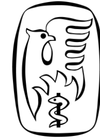
Department for Employment and Learning (DEL) - Occupational therapists are highly involved with people accessing training, education, employment and other opportunities in these areas of daily living with all client groups e.g. mental health and learning disability. Providing meaningful structure to a client's day e.g. work, education etc is at the centre of occupational therapy core skills and philosophy. Occupational therapy is central to the Condition Management Programme (CMP) and vocational rehabilitation. We work in partnership with other organisations such as volunteer bureaus, RETHINK and Action Mental Health (AMH) New Horizons.

Department for Social Development (DSD) – Occupational Therapy supports the provision of accommodation appropriate to people's needs and the simplification of permitted work as these are areas of prime concern when supporting our clients in the recovery process. DSD needs to acknowledge the environmental needs for additional space required by those with complex needs. Occupational therapists will continue to make recommendations to ensure everyone has access to housing and that a full life can be achieved

Department of Culture Arts and Leisure (DCAL).- Occupational Therapists work closely with organisations such as Artscare when working with clients with mental health and learning disability. Additionally we support the strategy for sport, physical recreation and full social inclusion in all community based facilities e.g. leisure activities, libraries, museums etc. Leisure / Creativity & meaningful age-appropriate activity is central to the role of occupational therapists

Continued overleaf

© College of Occupational Therapists
106-114 Borough High Street, Southwark, London SE1 1LB
www.cot.org.uk



Prisons – Occupational therapists support initiatives to provide additional services for prisons and would like to emphasize the value of occupational therapy assessment and intervention within the prison healthcare system.

Despite the significant list of others who provide services to people with mental health issues and or a learning disability, not one provide, or use facilities which have a 'changing places' toilet specification, effectively barring many people with personal care needs from being involved with these organisations or in these activities. Occupational therapists will continue to lobby for improved physical access to ensure social inclusion can be a reality.

Appendix 2 clearly demonstrates the paucity of provision of key AHP professionals at a time when they have the most significant role to play.

Q17. Appendix 3 describes the outcome of the equality screening exercise. Do you think that the proposals outlined in the Executive's response to the Bamford Review are likely to have any adverse impact on equality of opportunity or on good relations with regard to the Section 75 categories of people? **No**

If yes, please explain why and provide details of any qualitative or quantitative evidence.

Comments:
The proposals outlined in the Executive's response to the Bamford Review is clearly to protect the Human Rights and equality of opportunity for all people with regard to Section 75 of the Northern Ireland Act 1998. As a profession we have clearly set out in our strategy document that:

'Occupational Therapy is equally available to everyone on the basis of need, irrespective of age, gender, sexuality, race, religion, disability, place of abode, social class or other personal or cultural characteristic.' *(Recovering Ordinary Lives Page 5, 2.3, Bullet Point 1)*

© College of Occupational Therapists
106-114 Borough High Street, Southwark, London SE1 1LB
www.cot.org.uk

Q18. If you believe there are likely to be adverse impacts on any of the Section 75 categories of people, can you suggest any ways in which they could be reduced or alleviated in the proposals? **No**

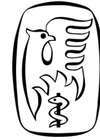
If yes, please enter suggestions here

Q19. Are you aware of any other equality implications likely to arise from the proposals? **No**

If yes, please explain.

Comments:
The proposals clearly demonstrate respect for human rights and promotion of equality of opportunity.

Staff within all sectors of service provision need to maintain a flexible approach toward access to their service as many services are still provided on the basis of age and not the needs of service users.



Q20. Are there any other comments you wish to make?

The College of Occupational Therapists and occupational therapists working in mental health and learning disability in Northern Ireland endorse and support the delivery of the 'Bamford Vision' much of which lies at the core of occupational therapy intervention and would like to highlight the correlation between it and 'Recovering Ordinary Lives. The strategy for occupational therapy in mental health services 2007-2017- A vision for the next ten years'

We will forward a copy of 'Recovering Ordinary Lives', which we hope you find useful. Please do not hesitate to contact us for further details or if we can be of further help

Kate Lesslar

Policy Officer Northern Ireland

College of Occupational Therapists
PO BOX 1502
DUNGANNON
BT70 9AA

Tel: 028 8773 8999
Email: Kate.Lesslar@cot.co.uk

Brenda Byrne

Chair of Mental Health Managers Forum
" Change in Mind" Project Manager
Mental Health Department
Daisy Hill Hospital
Newry.
BT35 8DR

Tel: 028 30835026 Ext. 4130
Fax: 028 30835295
Brenda.Byrne@southerntrust.hscni.net

References:

'*Recovering Ordinary Lives. The strategy for occupational therapy in mental health services 2007-2017. A vision for the next ten years' December 2006*
(College of Occupational Therapists) www.cot.co.uk
http://www.cot.org.uk/public/publications2/showpublication.php?c=1&pubid=1

Department of Health, Social Services and Public Safety, Audit of Day Services by Price Waterhouse Coopers, September 2007 http://www.dhsspsni.gov.uk/day-services-report.pdf

Finch J 2000 *Standards for child and adolescent mental health services* Brighton: Health Advisory Service

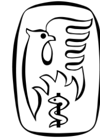
Lougher L 2001 *Occupational therapy for child and adolescent mental health* Edinburgh: Churchill Livingstone

NHS Advisory Service 1995 Together we stand: the commissioning, role and management of child and adolescent mental health services London: HMSO

4th July 2008 *Children and Adolescent Mental Health Services Review- Next Steps to Improving the Emotional Well-being and Mental Health of Children and Young People*. Call for Evidence - Response from the College of Occupational Therapists

May 2006 Department of Health, Social Services and Public Safety; *New Strategic Direction for Alcohol and Drugs 2006-2011*
http://www.dhsspsni.gov.uk/show_publications?txtid=17069

Department of Health, Social Services and Public Safety, Regional Guidance for the Assessment and Management of Risk which is currently under consultation and is intended to replace the '*2004 Discharge Guidance.*'



Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: **http://www.informationcommissioner.gov.uk/**).

© College of Occupational Therapists
106-114 Borough High Street, Southwark, London SE1 1LB
www.cot.org.uk