



**Under pressure**  
Scotland's occupational therapists speak out

November 2014

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## **Introduction**

UNISON Scotland has surveyed our members working in occupational therapy across Scotland to assess their view of the current state, and future prospects for their service, how they are coping with the privatisations imposed by 'austerity' and how they feel about the future.

The picture that emerges is one of a dedicated but frustrated workforce wanting to deliver a service but finding it increasingly difficult to do so. Pressures on budgets and changes to service delivery mean that they are increasingly unable to deliver a service to the standard of which they are capable. Professional assessments are overruled, or recommendations overturned as they are unable to be met. Changes in service delivery either through reorganisation or the expansion of self-directed support mean increased levels of assessment and admin which reduce patient contact time.

Many OTs feel that their professional role and expertise is also under pressure, they are being expected to pick up tasks from social work. In addition to this there are areas where the delivery of specialist skills is no longer being required as only generic services are being delivered. There are complaints that moves towards more assessment based therapy aren't being accompanied by resources which allow for rehabilitation meaning patients have to settle for a compensatory approach.

Lack of concern as to the impact that changes in other parts of the care system or NHS have on occupational therapy is highlighted as a concern. Frequently accompanied by the observation that failure to properly utilise OTs in the planning process undermines the effectiveness of change. This is seen in reports of instances where patients are discharged from hospital with inadequate OT consideration which results in readmission.

This is played out against a backdrop of the majority of the workforce finding that their own personal circumstances are becoming more difficult as inflation and minimal or absent pay rises eat away at the value of their wages.

## The workforce

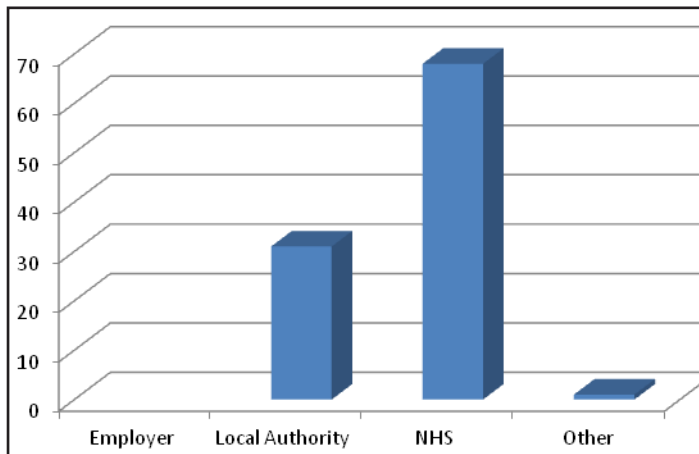


Figure 1: Employer

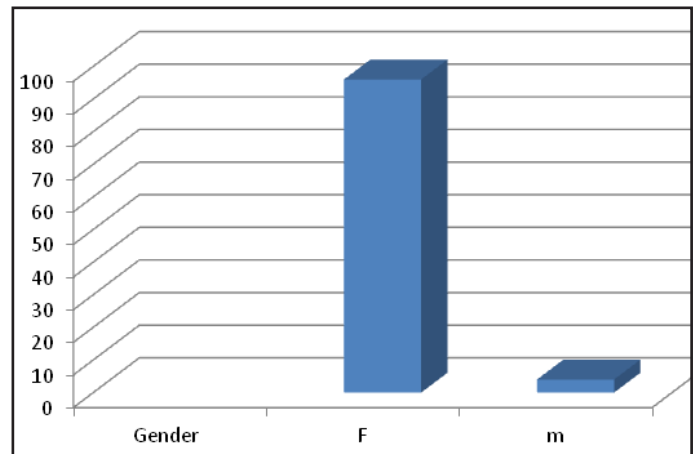


Figure 2: Gender

Respondents were almost all working in either the NHS (68%) or in local government (31%). The handful of other responses were in private care homes or universities. They included OTs working at all bands/grades, generic and specialist, community and clinical. The workforce is almost entirely (96%) female.

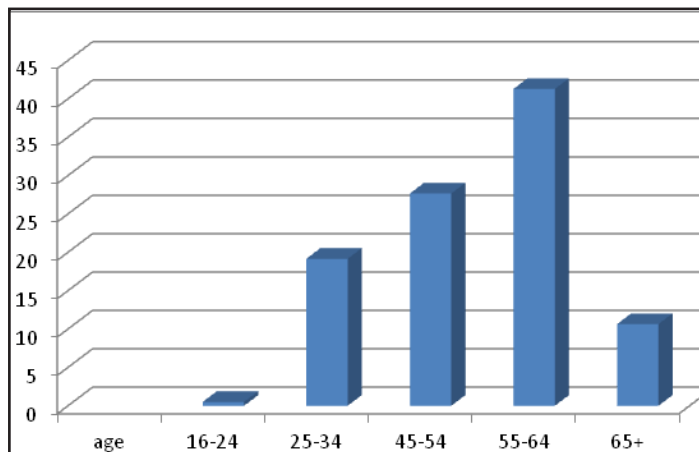


Figure 3: Age

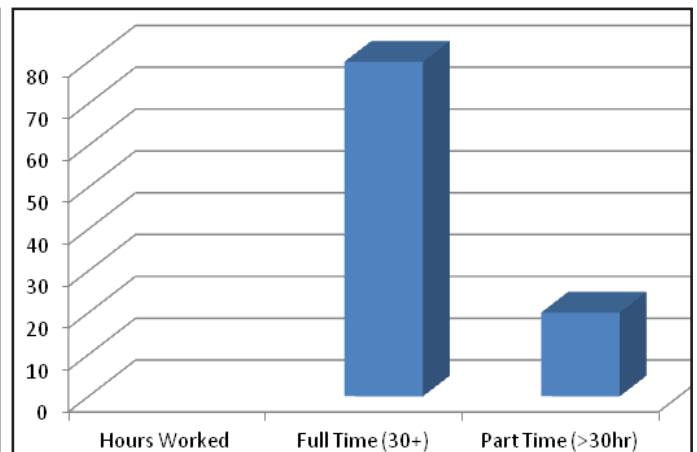


Figure 4: Hours worked

The age profile is of a maturing workforce with almost half (41%) of respondents in the 25-64 age range. Respondents mostly work (80%) full time (defined here as working 30 hours or over per week).

## Working in occupational therapy

When asked if they regularly worked more than their contracted hours 60% of respondents said they did – an extra five hours a week was the average. The majority (58%) of respondents reported their standard of living had dropped in the last 3-4 years. Given that we have had years of zero or minimal pay rises in both health and local government this is less than surprising – indeed it is the minority who claim not to have experienced a drop in their living standards being such a substantial number that seems unusual.

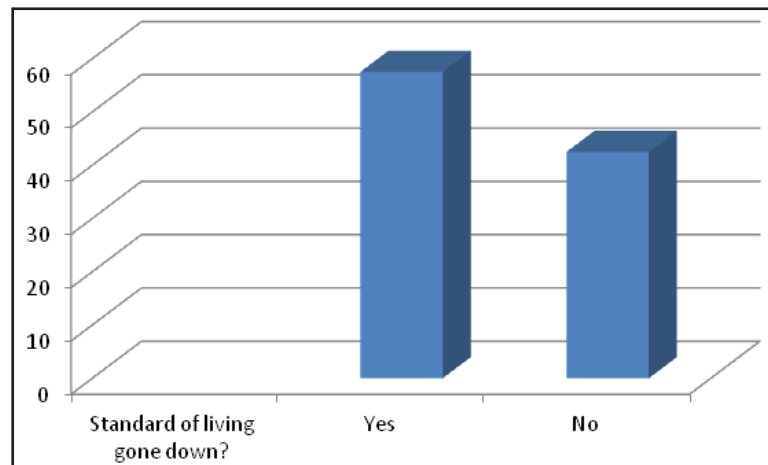


Figure 5: Standards of living

### What the OTs say

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“Everything costs more but pay doesn’t match the increase. I have to be careful to only buy essentials when shopping.”

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“I was expecting to be saving hard for my retirement but I’ve not been able to do this.”

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“It has been insidious but I find I am spending all my wages each month to keep up with outgoings and have cut back on holidays and going out. I am wary of renewing appliances in the home as I cannot really afford to do so and do not want to get into debt. I bet I have the oldest cheapest TV in my street. At least I have one and it works - just.”

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“The impact of pay freezes is definitely impacted on family life and future plans.”

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“I’ve effectively had no pay rise for years, and the value of my pay has gone down.”

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“Commute 25 miles (return 50) to work and fuel prices have had knock-on affect as well as running costs. This is the biggest burden although like everyone else, everything seems to be more expensive.”

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“In real terms, with Single Status 2010, my post was downgraded from £11.36 hour to £10.66 and stands at £11.34. today. We’ve also lost out with the non-payment of essential car users allowance and the car allowance of 45p per mile doesn’t cover the cost of keeping my car on the road which is essential for me to carry out my role. A 1% pay increase this year doesn’t keep pace with the cost of living.”

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“Our pay has remained the same or with minimal increases which do not cover the inflationary rises of food and other goods. Living expenses increase faster than pay. I’m worried about interest rate increases as this will add further pressure.”

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## Delivering the service

The OTs surveyed had a wide variety of concerns about the service they currently deliver and its future. A majority (57%) are concerned about the impact cuts are having on the service. 60% reported that they have to cope with reduced numbers of staff, almost half (48%) reported funding cuts and an overwhelming majority (82%) reported increased workloads.

There were recurring themes among the concerns. Assessments being overruled because of resource pressures. Failure by management to replace absent colleagues was a common complaint, specifically for maternity leave which, given the virtually all-female composition of the workforce, is more common than in many other groups of staff.

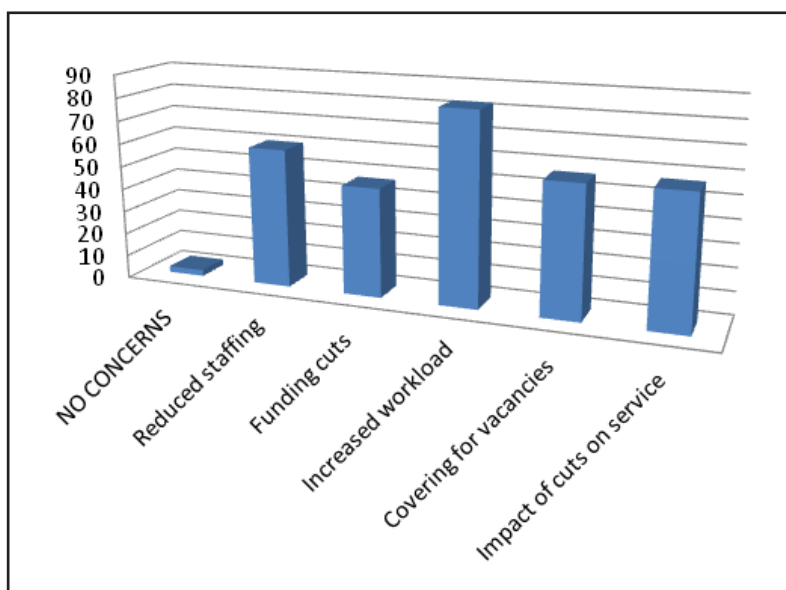


Figure 6: Staff concerns

## What the OTs say

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“It feels like we are hiding reducing services under service redevelopments and are finding new ways to work that offer less.”

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“Despite evidence showing an increase in OT can actually reduce the length of hospital stay, improve patient experience and increase or maintain independent living, there is still a requirement to do more with less - this is leading to budget cuts, staff retention and recruitment issues, poor morale and poor patient experience. We currently do not have 52 week funding so all leave (planned and unplanned) has an impact on the service we can provide.”

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“The volume of workload is increasing and paperwork (e.g. workload management) is increasing, leaving less time for client intervention. Funding for aids and adaptations is reducing (I think this may be due to increased assessing on the same budget) which means people are waiting longer to be given the equipment and adaptations they need.”

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“We are currently working above our job descriptions, with large caseloads and feel we are underpaid and not thought of as highly as our colleagues.”

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“Increased emphasis on stats, less on quality.”

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“With the new SDS legislation, which is positive for the client, this increases the time the OT spends recording on a computer, further taking their time away from providing 1:1 support for client with rehabilitation. The OT role is also unprotected therefore they have to carry out many social work tasks alongside their OT ones. This again takes further time, on tasks they are more unfamiliar with. These issues, alongside an increase in demand for services and cuts in budget, mean that clients will no longer be seen within the recommended timescale and in some cases our intervention comes too late.”

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“Staffing has gone down in the last few years but the same level of service is expected. You begin to dread someone saying they are pregnant because you know you will be left really short during mat leave which is an unpleasant feeling because you want to be pleased for people’s good news.”

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“Senior managers are now scrutinising OT recommendations and refusing some, despite a qualified OT having made the clinical decision that equipment or adaptations are required to meet the client’s needs.”

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“The OTs are currently being asked to perform more generic tasks within the reablement services. I feel that we are no longer going to be able to provide the specialist service that we were employed to do.”

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## **The impact assessment**

Staff express real concern over the impact of tightening resources on clients. Over half of survey respondents reported concerns about the impact of cuts on service delivery. They report an increase in waiting times before patients are assessed. The overruling of professional assessments by unqualified managers is a particular source of concern.

There are reports of funding cuts meaning that patients are waiting longer to receive aids and equipment – a clear quality of life issue. The extent to which OTs can contribute to shifting towards more preventative services is one that is frequently mentioned by the staff. Sadly, this is mostly in connection with its failure to happen.

The expansion of self-directed support is a factor concerning many OTs. While supportive of the concept they find that the more complex assessment process means that they are spending more time on admin and less time in 1-2-1 contact with the patient.



## **Improving working lives**

As in other areas in public services the cutting of admin and so-called 'back office' staff is proving to be a false economy. The work is merely transferred onto the professional staff taking them away from their core skills and functions.

OTs generally feel they are valued by their patients and by their immediate colleagues. They do express the concern that the profession lacks visibility with the more general public and believe it is often overlooked and undervalued by planners and managers among their employers.

OTs contribute greatly to patient welfare and they form a key link in a chain of patient wellbeing.



# WORTH *it*

Valuing public services and the people  
who provide them



For more information on UNISON's Worth It campaign  
[www.unison-scotland.org.uk/worthit](http://www.unison-scotland.org.uk/worthit)

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