Consultation - Guidance on the provision of community equipment and housing adaptations

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# About us

We’re RCOT, the Royal College of Occupational Therapists. We’ve championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we’re here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole. Occupational therapists in Scotland work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It’s about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It’s science-based, health and social care profession that’s regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call ‘occupations’. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

# Our response

**Introduction**

Occupational therapists are integral to the provision of equipment and adaptations. They have expertise in designing and adapting homes that can enable people to remain independent and safe. However, in a modern health and care system equipment and adaptions are not the exclusive domain of occupational therapists and it is important to consider how we work with, and how we support, our colleagues in teams and across agencies to ensure that we use the finite occupational therapy resource to the best advantage for people we work with. This consultation response has been written with input from occupational therapists working in Scotland.

Assessing for the appropriate equipment to enable people and to adapt people’s existing homes enables them to remain within communities to meet their social, cultural and support needs. Equipment and home adaptations are valuable in overcoming environmental barriers arising not just from physical disabilities, but also from cognitive, neurodevelopmental, sensory and psychological needs.

All occupational therapy assessments are outcomes focused and include consideration of wider needs. It may be that equipment and adaptions will not provide the solutions and that realistic conversations are held to support people using services to consider alternative housing options.

We believe that the language should be amended in this document to refer to ‘people affected by disabilities and health conditions’ as not all of the people that may benefit from home adaptations would consider themselves to be vulnerable as is stated in the current text. Language could be changed to state ‘this enables them to participate fully in daily life and achieve the quality of life they wish.’ This would help create a focus on enabling people to be active in their own homes, and in accessing their community, rather than being passive recipients of care.

Further language may be altered to directly refer to equipment and adaptations being able to enable people to ‘live well in their own home’, helping convey the idea that it is not simply about keeping people at home, but also enabling people to do well at home. It should be explicitly stated that data should capture the value of outcomes for individuals, rather than just the number of interventions delivered, and the costs saved. Moreover, we believe that the language should reflect that the assessments for adaptions should be completed by the relevant and suitably qualified and trained staff. While this may not necessarily be occupational therapists, the language should detail the staff that are trained in such areas to provide adaptations. This would help provide more clarity about what different healthcare/social care/housing professionals can do. The necessary levels of competence and training for staff should also be detailed when discussing hospital discharge.

We believe that further thought needs to be given to health inequalities when considering Technology Enabled Care, such as the barriers to accessing digital solutions.

We welcome a focus on prevention, early intervention, and self-management. However, we would like to see a number of additional issues addressed. Services should ensure that access is fair and equitable for disadvantaged and seldom heard groups. They should engage proactively with communities to identify and address local needs, and services should be co-designed with citizens to ensure that they meet the needs of the local population.

We would appreciate greater clarity regarding how the document links to the Adaptations Without Delay Framework (AWD) and the important work championed by AWD.

We suggest that the introduction needs more background to the guidance in terms of review and a summary of the purpose of the guidance and perhaps some context on where it sits alongside other guidance/reviews such as Housing 2040 Adaptation review and Housing for Varying Needs (HFVN) review. The purpose of guidance section does not come until several pages later after summary of key actions etc.

As we move through the document, we find the bracketed listing of the MDT difficult to follow as this does not follow a standard format. We are unclear if there is a reason why the MDT is listed in a different order in different sections and suggest that a standard alphabetical listing format would promote consistency and be easier for the reader to follow.

**Purpose of the Guidance**

RCOT welcome the focus on defining equipment and adaptations, and we believe the guidance does a good job of capturing the breadth and range of people who benefit from equipment and home adaptations. However, the section captures a range of people who benefit from adaptations however the definition of adaptations is vague: is not a clear description as provided in equipment but instead is defined by the purpose and benefit.

In reading the document we are unclear who the target audience is/are for the adaptation's parts of the document. Housing colleagues may not use this guidance and if it is meant to be a comprehensive guidance document about the provision of adaptation services and of adaptations themselves then it is not achieving that. The Housing Solutions approach is great, but it does not really cover the actual provision of adaptations themselves – the complexity, the good practice, the way forward in terms of the wider Housing to 2040 approach etc. needs further consideration.

It is pleasing to see a focus on independence and control. However, at times language is used that loses the focus on independence. We believe that independence of service users is a key issue that should be prioritised through the document. The importance of support for carers must also be addressed. The equipment and adaptations to improve independence detailed are sound, but more emphasis could be placed upon why these adaptations have the effect of increasing independence. Language could be better used to make this the case. For example, it could be specified that replacing a bath with a level shower would ‘enable safety and dignity in bathing’.

We would like to see reference to minor/simple adaptations and the benefits provided at relatively low cost as well as reference to more major adaptations involving structural alterations or changes to the fabric of the building.

We do not agree with stairlifts being deemed as an adaptation as we regard them as equipment in that they are not structural changes to the fabric of the building and would not remain in a property as an asset if the property were sold or re-let - unless the incoming owner or tenant had particular need of the equipment but even then, would question the suitability of this. A stairlift is equipment assessed for an individual user to enable them to remain in their own home. It may not be a lifelong solution as may become unsuitable if the person’s needs increase and therefore requires review and risk assessments to confirm it will continue to be appropriate and safe to use.

**Core Values**

It is pleasing to see a focus on fair access to services. However, fair access to services should not be based on the principle of equality, but rather on the principle of equity; offering fair and personalised services to all. Offering equal opportunities may be inadequate, as some people are already further disadvantaged than others. Equity recognises that each person has different circumstances and allocates the exact resource and opportunities needed to reach an equal outcome. The focus should be on proactively seeking to improve access and experience for all but especially those at greatest risk of disadvantage and inequality.

We believe that the focus on people in communities is strong, with a solid focus on the breadth of need for equipment and adaptations, as well as the impact on delayed assessments and lack of provision. The recognition that equipment and adaptations are important for people of all ages and disabilities, and that equipment and adaptations should meet the changing needs of individuals, is welcome. The focus on enabling independence and achieving desired outcomes is also welcomed. The inclusion of quotes from service users and carers is good, as is the recognition of the impact of equipment and adaptations can have across systems and pathways.

**Statutory Responsibilities and Policy Context**

Statutory Responsibilities and Policy Context should also be included in Core Values section making it clear the breadth of need for equipment and adaptations.

We suggest there is a need to make reference to decision making protocols and criteria to be open and honest that they have to be considered as part of service delivery and they should be available for service users’ so they are informed of the frameworks for decision making.

Adaptation definition is still not clear and not consistent with definitions elsewhere in the document

We like the section dedicated to Adaptations and homeowners but not clear why other tenures are not considered in the same way and or highlighting where the statutory responsibility should be tenure neutral.

**Contribution of Equipment & Adaptation**

This section makes reference to equipment and adaptations resources being integrated to avoid barriers by having different funding arrangements for different types of equipment and key actions looks for “fully integrated funding streams” however we must highlight that funding arrangements are fragmented and complicated and there needs to be fundamental change to improve this (as highlighted in the final report by the Adaptations Working Group in 2012).

This section does not distinguish between core equipment that could and should be readily available and more specialist equipment that requires specialist assessment and prescription by a suitably qualified professional further information is required here - this would provide helpful clarity for staff and users. The document does not distinguish between simple adaptations and more complex adaptation solutions requiring specialist design to meet individual needs and we feel more detail is required here.

**Assessment and provision**

The ‘Assessment Principles’ section could include more about the balance between risk and choice. Positive Risk taking must be embraced and engaged with to allow occupational therapists to support individuals to achieve their full potential. The RCOT publication ‘Embracing Risk, Enabling Choice’. (<https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/embracing-risk>) supports this. We believe that the principle of ‘minimum intervention, maximum independence’ needs further explanation.

We feel that this document is heavily focused on equipment and little mention of the assessment and provision of adaptations e.g., in the assessment principles section: mention of the environment potentially being disabling but does not highlight the role of adaptations in removing environmental barriers.

We need to make reference to decision making protocols and criteria to be open and honest that they have to be considered as part of service delivery and they should be available for service users so they are informed of the frameworks for decision making.

We are aware of “lottery” dependent on postcode, definition, tenure and assessor and should there be consideration for a Scotland wide approach to ensure consistency eg across tenures, areas and assessors.

**Prevention, Early Intervention and Self-management**

Home adaptation has a significant return on investment in falls prevention with older people. Even non-serious falls that do not require medical or social intervention can affect peoples’ lives, for example by causing increased anxiety, functional decline and social isolation. The 20 per cent of people whose fall is deemed serious may go on to Accident and Emergency and often require further health and care interventions - all incurring significant cost. With more than 90 per cent of older people living in mainstream housing, the implications of our ageing population and subsequent demand for adaptations is significant. As more people live for longer, often with multiple long-term health needs, it is important to take an integrated and holistic approach to housing needs, considering all the ways in which people’s safety, independence, health, and wellbeing are affected by their homes. This includes fire safety and security from crime (Royal College of Occupational Therapists (RCOT), Roots of Recovery 2022.) [Roots of recovery: Occupational therapy at the heart of health equity - RCOT](https://www.rcot.co.uk/roots-of-recovery-occupational-therapy-health-equity)

We believe that there needs to be a change in the perception that equipment is about vulnerability, when in fact it is about finding ways for people of all ages to continue to participate in daily life through problem solving, learning or relearning skills and making adaptations. These adaptations not only improve peoples’ lives but also are a more effective use of public money. When people’s needs are not met, they come to rely on other services. A reliance on social care reverts to long-term support, reducing older peoples’ autonomy over how they live their lives day-to-day. This has a dehumanising and disabling effect, which leads to dependence and strips older people of their vitality and self-esteem (RCOT, Living not Existing, 2017).

We welcome the move away from service responses informed by ‘criteria’ and ‘eligibility’ but rather conversations and assistance to holistically identify the issues and to consider the outcomes important to the people we work with. However, services across the country are ‘fire-fighting’ now, and in order to make the proposals a reality, there needs to more resources provided to health and social care services.

We would also wish to stress the importance of working in partnership with others e.g., housing partners, not just other health professionals. Working with these partners and multi-disciplinary teams allows for knowledge sharing and the combined skills of staff working in adaptations and equipment provisions bring a new perspective to issues.

The document includes a helpful reminder of the Ask Sara tool. We would value the development of a version for children that includes ‘everyday’ tools frequently recommended by occupational therapists such as pencil grips and concave hair-washing jugs. These relatively simple aids enable young people to take part in childhood occupations with increased independence.’

Outcomes data can demonstrate the social return on investment achieved through equipment and adaptations improving independence and quality of life and therefore demonstrate value in investing in these services

**Moving and Handling section**

We support the ethos of individualised and person-centred assessment and minimal provision in terms of maximising independence and not using a 'blanket approach'. We consider this to be very important.

We would like to see a plan for capturing whether the Moving and Handling Passport is effective in supporting safe practice when people move between services and environments.

This section refers to equipment only therefore we assume ceiling track hoists are deemed equipment however in some areas there is an expectation that funding is via adaptations funding eg Stage 3 funding: relates to earlier comments regarding the need for clear definitions in terms of responsibilities.

The document focuses on moving and handling equipment but makes no reference to associated adaptations such as ceiling/wall strengthening, alterations to a door opening for a ceiling track hoist.

**Postural Management Section**

We welcome the inclusion of this within the guidance along with the proposal for policy to be developed locally. It is nice to see the 'posture matters' reference.

Across areas of health care there is a lack of consistency across the country where some health boards have postural experts and others do not. We are, however, disappointed to see how short this section is e.g more examples/information on here would have been helpful i.e., who to work collaboratively with, other examples of postural management equipment.

Postural Management should be considered as early as possible for people of all ages using services. When considered as an early intervention - better outcomes are achieved for individuals.

Postural management for people in care homes is vital, however, the funding for this is unclear. There is a need to strengthen the right to access assessment and funding on this issue as the experience of occupational therapists is that as the current wording is *guidance* it lacks “bite” and can be open to differing interpretations.

We believe that there is a need to move away from a ‘diagnosis-based’ decisions to decisions based on need. For example, the current guidance means is a patient has dementia they are less likely to be given equipment to use in their home as there will be an added risk to their health and safety due to the nature of their diagnosis. This leaves them in a vulnerable state, unable to access the equipment they need in their home to life better day-to-day. There is potential to implement a more cognitive screening approach to these decisions with the assistance of occupational therapists and multi-disciplinary teams to complete such assessments.

The section on postural management for children is limited. We recognise the importance of early postural intervention to prevent needs from escalating and requiring specialist intervention later. We would welcome greater clarity around funding of seating and sleep systems, particularly when young people transition from children’s to adult services.

**Unpaid Carers**

We are unsure what is meant when the document says, ‘assessment and providing equipment to be used by unpaid carer’s should get support via the ‘local carer’s project team’. Who would this team be?

It should be considered that often training and support for unpaid carers (i.e. parents/carers) is delivered by therapy staff. So, are therapists (and who else) considered the local carer’s ‘project team’? Some clarity would be good here.

**Hospital Discharge**

We believe that consultation would be strengthened with the addition of further points detailing the importance of effective two-way communication and collaboration between acute and community teams. Acute teams need to be aware of the capacity and availability of community colleagues to intervene, otherwise referrals may be made that cannot be managed in a timely manner. It would be helpful to include in the document that a multi-disciplinary team approach to hospital discharge across acute and community and across agencies is required.

We consider this consultation to be focused on equipment and mention of adaptation seems to be about minor/simple adaptations that can be installed to facilitate discharge rather than where there is a need for more complex adaptations that can affect whether discharge is possible and or where re-housing is required (which may also require some degree of adaptation).

Mention of rehousing and/or need for adaptations is only given as an example of an opportunity to clarify wider needs related to the home environment rather than as a key intervention to facilitate effective discharge

**Children and Young People**

Throughout this section of the guidance, the language centers around children with disabilities, rather than children with additional support needs. In order to ensure all children who, require equipment provision are included and accounted for in the guidance, we believe this language should change to “children and young people with additional support needs”. We welcome the focus on human rights and rights of the child and making this a central consideration within the guidance. However, we recommend that the guidance should strengthen references to the Getting it Right for Every Child (GIRFEC) national approach. In order to ensure the principles of the Ready to Act (Scottish Government, 2016) framework are reflected, children with complex health needs and additional support needs require access to a range of support in a variety of settings. The more coordinated and integrated they are, the better this will be for children and families.

A more national approach to the guidance around environmental provision would be welcomed. A multi-disciplinary team (MDT) approach would be beneficial to both children and young people requiring equipment provision and to health and social care staff. Whilst equipment provision is most heavily associated with the role and remit of occupational therapists, equipment provision is more successful and ensures the needs of the children and young people are met when an MDT approach is used which encompasses a range of skills across healthcare professions.

Further information on interactions with charitable organisations and their role in supporting the provision of equipment would be useful for clarity and inclusion in the guidance. We are aware that the health and social care services have a statutory duty to provided equipment if the assessment has deemed it necessary. However, if a piece of equipment is labelled as ‘added value’ and the health and social care services statutory duty does not apply in this circumstance, charities may be able to support families with funding.

We believe it would be appropriate to include the assessment and provision of car seats in the guidance for health and social care services. It would be useful for this to be named as is not currently mentioned in guidance. We believe guidance on car seats should be included for completeness and to avoid confusion and to provide more support for third sector organisations assisting families in this regard.

We strongly agree with importance of the statement *“Services should be compliant with the relevant legislation, and the principles and values of wellbeing, early intervention, and child-centred practice - evidenced in all aspects of equipment and adaptations service provision”.*

When discussing children and environmental supports, we believe that this is becoming a very challenging area, which desperately needs clarity to avoid a postcode lottery situation. This guidance, whilst making recommendations for local policy and processes, does not go far enough to assist in what is a very difficult area of practice.

There is clarity needed within the guidance of what is meant by “beyond traditional equipment needs”.

Given the often-complex nature of equipment provision assessments for children and young people, we believe that best practice approaches should include a multi-agency assessment and decision making should include the families of and the children and young people in need of equipment.

The document is helpful in that it covers equipment provision and clearly outlines arrangements for temporary and permanent moves and the differences of each - very relevant for our staff to read especially when children can be fostered / adopted locally. Guidance is set out very clearly which is very helpful guidance to have.

We would welcome greater reference to enablement, especially as young people transition from children’s to adult services. Prioritising enablement has the potential to reduce the need for services/support in future.

We also note a continued emphasis on equipment and no reference to adaptations and/or the accessibility or suitability of the property to meet needs or to be adapted. Likewise, there is no mention of rehousing options needing to be considered. We recognise that there are often complex needs that require a combination of solutions or range of interventions such as specialist equipment (e.g., tilt in space shower chair) and large maintainable equipment (e.g., Ceiling Track hoist) as well as complex adaptations and rehousing options that need to be coordinated.

**Prisons**

We are aware that local authorities have a responsibility to re-house offenders on their release so need to ensure there is an assessment of the suitability of the house type and the need of any adaptations to ensure the property is suitable and appropriate to meets the needs identified otherwise there is likely to be a significant impact on the success of the transition to community living.

There are some specialist Occupational Therapy posts within the prison service that facilitate transition to community.

**Wheelchairs**

Good to see reference to the short-term loan of wheelchairs as this has been talked about at local level. The document doesn’t highlight the need for different sizes / accessories to meet the wide range of age and needs which is an omission.

We suggest a need to be clear when wheelchair provision is a short-term measure or if is a long term provision. If the need is longer term them we should consider how to link to assessing the suitability of housing for wheelchair access and the need for adaptations and/or re-housing.

We suggest that wheelchair provision is an opportunity to discuss housing requirements/ options as per the Housing Solutions approach.

**Communication Aids**

Good to see AAC and technology enabled care on here as standard areas in their own right. Less information noted on them, but a positive step forward recognising their importance.

**Technology Enabled Care (TEC)**

A key action could be added stating that a range of health, social care and housing staff should be trained to access and recommend a variety of Technology Enabled Care (TEC) solutions.

TEC often sits quite separately from other equipment and adaptation services. We would like to see a more integrated approach within the document generally. It is also important that the guidance reflects a person-centred and outcome focused approach**.**

Taking Shetland as an example, all TEC work is carried out by an occupational therapy team and is part of the core occupational therapy service. The service has a standalone waiting list and whilst this approach may not work nationally, it does work well in some communities such as Shetland. For the purposes of the guidance, it is important to recognise that there isn’t a one size solution that will suit every locality as some of the issues highlighted in the guidance aren’t relevant to some areas. Local issues like delivery, delivery charges, and storage, that are specific to certain areas, will need a more localised approach from health and social care services.

In a recent survey commissioned by RCOT, 70.4% of occupational therapists in Scotland said that patients/service users reported that the use of digital/telehealth interventions has made it easier for them to access occupational therapy support on occasion.

From a dementia diagnosis perspective, it has been found that lots of families are way ahead of occupational therapists and other health professionals in their understanding of what is available for patients which reinforces why collaborative working is so important.

We would suggest the need for clarity of responsibility for provision: in worst case scenario, no TEC is provided but at the other extreme a person could have multiple systems and face a dilemma of who does what and therefore: “which button do I press?”

**Integrated Service Pathways for Equipment Provision**

We support idea of streamlining / integrating the provision of equipment - when it comes to funding and budgets, we assume home and school remain separate as they talk about it being integrated and streamlined but we imagine still separate funds? Would be good to have some clarity around this in the document.

The focus is on equipment – whilst pathway for adaptations may be covered in Section 3 – adaptations and Housing Solutions: there is an inevitable link between the two that is not explored.

**Community Equipment Store Service Models**

**Health and Safety**

We query the location of this section in the document. Useful to have detail of responsibilities for maintenance in the various scenarios but does not refer to equipment installed by housing providers eg stairlifts or Ceiling Track hoists which may indicate installation is the responsibility of the H&SCP but does not align with definition of equipment and adaptations at the start of the document where stairlifts were listed as adaptations

**Recycling**

We suggest a need for reference to “recycling” adapted properties and adaptations through the appropriate allocation of accessible and adapted properties to match tenant requiring property attributes such as level access, accessible shower etc.

Link to Q 20 re Health and Safety as a single approach to installation, servicing and maintenance/repair across all tenures will facilitate more effective recycling eg contracts in place to be able to remove, store, refurbish and relocate/re-use large maintainable equipment (some smaller organisations will not have sufficient numbers to warrant having an all-inclusive contract).

**Adaptation & Housing Solutions**

We suggest this section should be earlier on the document, given that it is ‘equipment and adaptations guidance’. Previous sections are heavily focussed on equipment

As with previous comments: do not agree with stairlifts being deemed as an adaptation as regard them as equipment in that they are not structural changes to the fabric of the building and would not remain in a property as an asset if the property were sold or re-let - unless the incoming owner or tenant had particular need of the equipment but even then, would question the suitability of this: a stairlift is equipment assessed for an individual user to enable them to remain in their own home but may not be a life long solution as may become unsuitable if the person’s needs increase and therefore requires review and risk assessments to confirm it will continue to be appropriate and safe to use.

Agree with statement re need of “tenure neutral” approach however current arrangements and funding mechanisms mean there are different pathways/routes depending on adaptation/equipment definition and tenure. Example of addressing inequalities in the system by removing the need for grants for homeowners eg for stairlifts could be used to streamline the process and maximise procurement and recycling benefits across all tenures (and address issues of Health and Safety and re-cycling highlighted above).

Reference to need “to remove barriers related to assessment pathways and ensuring that direct access opportunities are maximised for straight forward and standardised adaptation solutions” relates to all tenures and adaptations not just shower installations and Housing Associations as indicated in the example National Adapting for Change Action Plan – will need to be driven by legislation or policy, given the original report by the Adaptations Working Group in 2012 recommended fundamental change was required to facilitate a tenure neutral approach and whilst the Adapting for Change has highlighted examples of good practice through tests of change, this has not meant changes have been realised and implemented either across areas of service provision or geographically.

We agree housing solutions should be delivered and need for tenure neutral approach but does not state how services should implement the recommendations (budget / governance / strategic) especially where funding is not tenure neutral.

Again ‘adaptations without delay’ section, mentions housing association specifically in terms of taking a pro-active approach to providing straight forward adaptations without the need for an Occupational Therapy assessment but this is not unique to Housing Authorities’ and could be implemented across all tenures.

Adaptions are particularly complicated as there can be a lot of changing needs over time, for example:

The transition from child to adult

Adaptions to reduce or prevent risk

A sudden change in health, independence and/or safety impacting on the identity and roles of the person and/or carer

Safeguarding issues identified

Advocacy needs during the assessment process

Advocacy needs to make decisions about design of adaption

Carers using adaptions as part of care packages

There is a particular issue around the realistic approaches (similar to realistic medicine) for example those with life-limiting conditions. It may not be possible for occupational therapists to intervene on time to make the adaptions that would have a worthwhile impact on the life of a patient. It would therefore be a MDT responsibility to have realistic conversations with people such as how to make the most of the life that is left and the best way to achieve this. It is not always the case that the facilitation of adaptations is necessarily the right intervention for all people. Best practice should involve assessment and conversations that convey realistic expectations to equipment provision in these circumstances.

**Whole Document Opinions**

In general, the document feels difficult to navigate which was highlighted through joint working to produce a collective response.

The response questionnaire sections are not aligned with the sections of the document.

There appears to be a greater emphasis on equipment than adaptations E.g., adaptations are defined in ‘purpose of the guidance’ section, but not detailed again (except briefly under policy) for approximately 60 pages and there is no mention of Local Housing Strategies under policies.

Funding and criteria are not explored and whilst the need to move away from criteria and eligibility to a more holistic outcomes approach is welcomed, until there is fundamental change in the funding pathways to achieve a truly tenure neutral approach and without additional resources available, then criteria and funding pathways will be inevitable.

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