

Sunday Care Therapy

Occupational Therapy-led Home Care Provider



By attending this session, you will:

1



Understand key policy changes affecting OT practice, including funding pressures, reduced care packages, and discharge targets

2



Recognise the impact of equipment delays on assessment, risk management, and outcomes

3



Identify the clinical and ethical challenges of prescribing without timely access to equipment

4



Explore the wider consequences of reduced provision, including increased falls, pressure damage, and hospital admissions

5



Learn how services across London are adapting pathways and prioritising need

6



Gain practical approaches to working more effectively within constraints, including proactive prescribing and alternative funding routes (e.g. direct payments)

7



Understand how seating and postural management can support independence, reduce reliance on care, and improve safety



Adapting together. Advocating for our clients.
Working within constraints. Achieving better outcomes.





The Equipment Crisis - What's Really Going On?

*It's not just delays.
It's impact.*

What's happening?



Collapse of the largest equipment provider in the country



Supply chain disruption



Delays in provision, repairs, and assessments



Impact on...



SERVICE USERS

(RISK, DIGNITY, INDEPENDENCE)



Increased risk of falls, injury and pressure damage



Reduced dignity and comfort



Loss of independence at home and in the community



Anxiety, distress and reduced quality of life



STAFF

(MANUAL HANDLING, STRESS, INEFFICIENCY)



Increased manual handling risk and injuries



High stress and moral distress



Inefficiency and wasted time



New grad confusion and uncertainty



Band 6+ exhaustion and burnout



Erosion of trust in the system



This crisis is affecting people and staff every day.

We need solutions that are sustainable, joined-up, and person-centred.



≡ The Current Landscape ≡

WHAT'S DRIVING CHANGE?



Funding pressures



Reduced care packages



Discharge pressures



Shift to
community care



WHAT THIS MEANS?



Rising demand



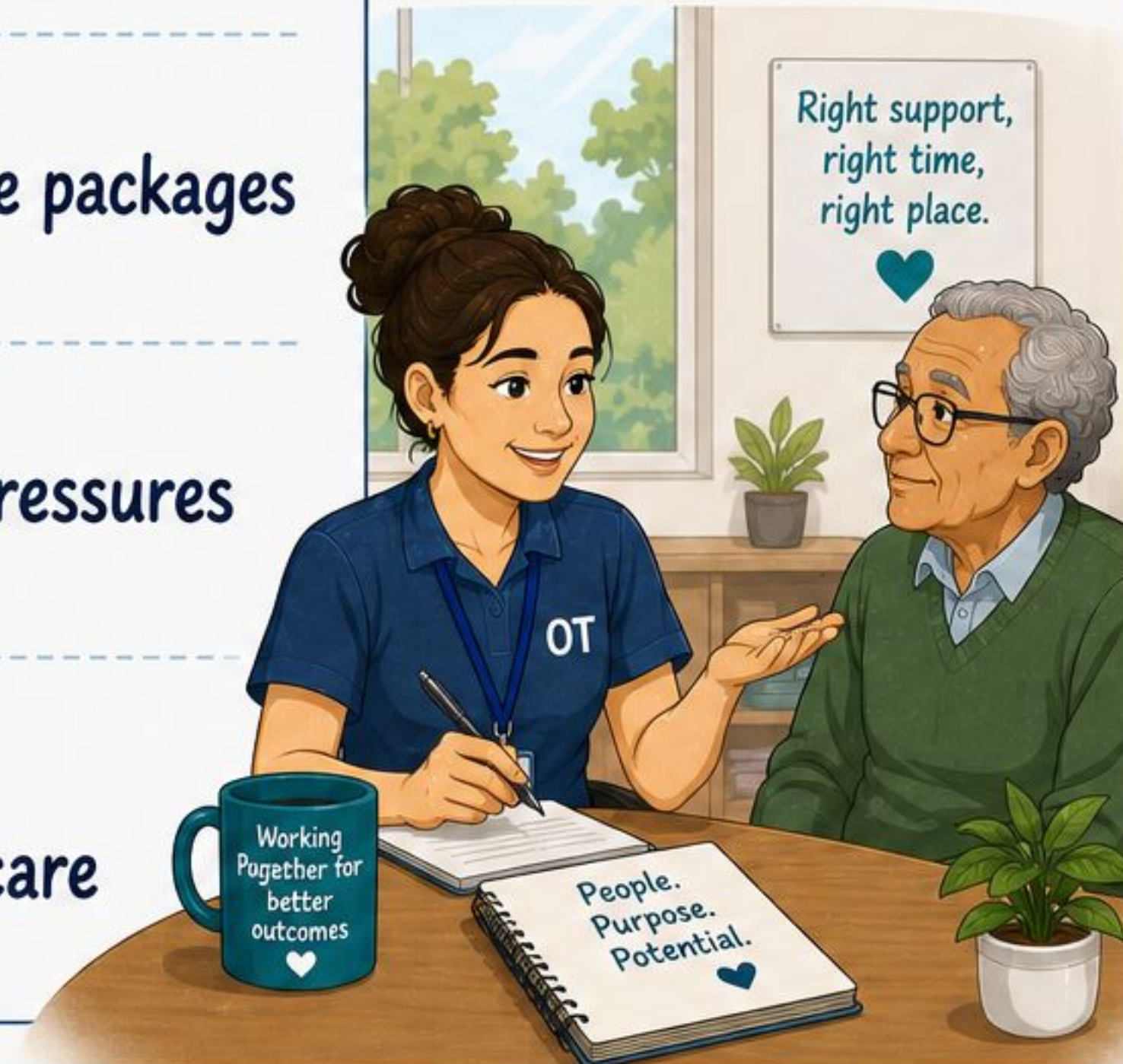
Reduced resources



Increasing complexity



More risk in
the community



Our challenge: do more with less – safely, effectively and compassionately.



REFLECT

👉 Which of these is impacting your practice the most right now?



Rising demand

More people need support, and the need is growing.



Reduced resources

Tight budgets and limited capacity impact what we can provide.



Increasing complexity

People's needs are more complex and harder to meet.



More risk in the community

Fewer supports can lead to greater risk at home.



Take a moment to think...



There are no wrong answers.
Your experience matters.

Your reflections help shape better solutions.



Funding pressures

impact us in several ways including



Efficiency demands increasing



- More tasks, less time
- Pressure to meet targets
- Impact on quality and wellbeing



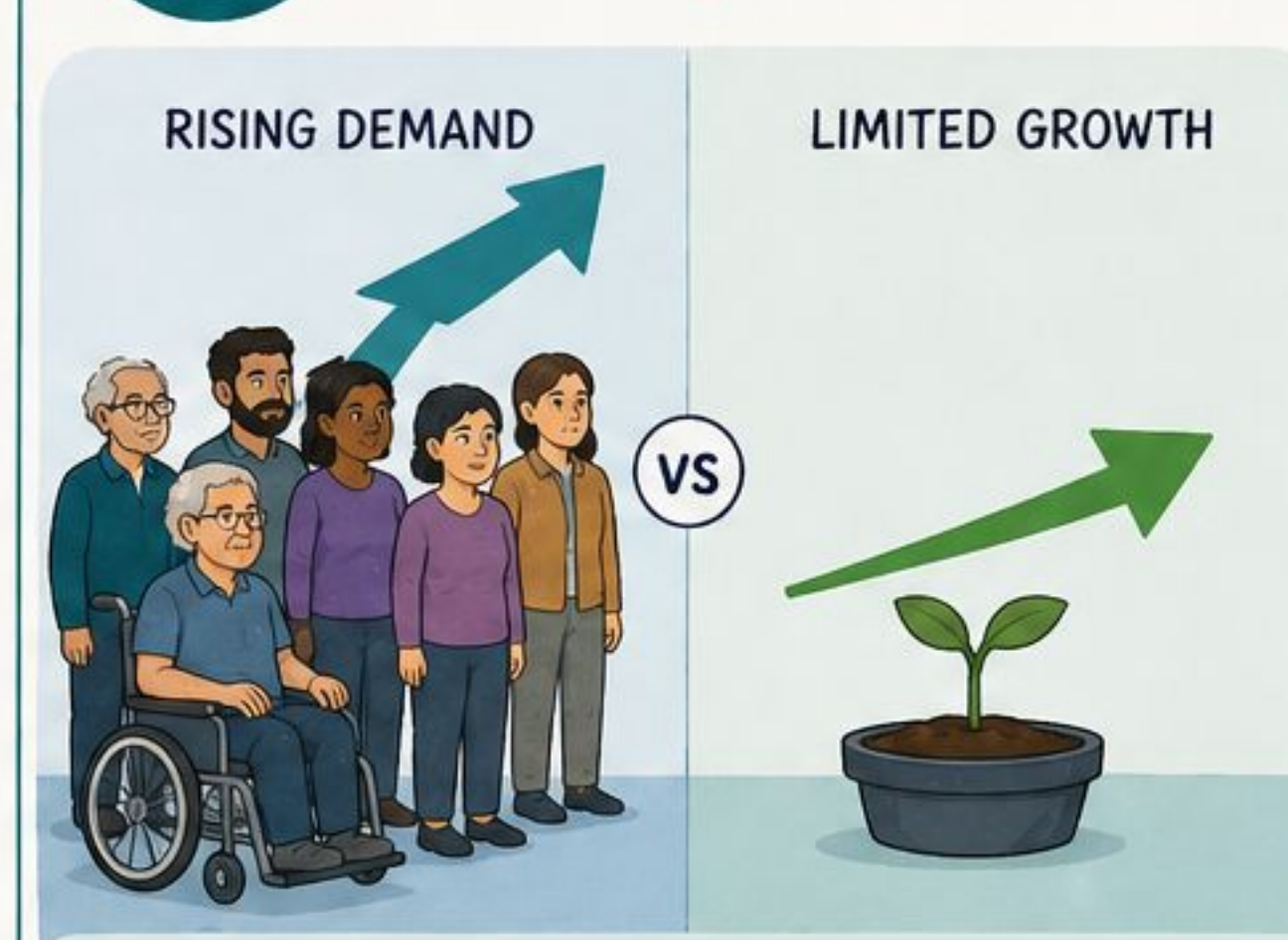
Social care funding gaps



- Local authority budgets are stretched
- Eligibility criteria tightening
- Less support available for more people



Rising demand vs limited growth



- More people need support
- Services can't grow at the same pace
- Gaps increase over time



The result?

Greater pressure on services, staff and communities – and more risk for the people we support.



WHAT THIS MEANS IN PRACTICE!



PRIORITISATION

Resources are limited.
We must prioritise to help
the people with the greatest need.

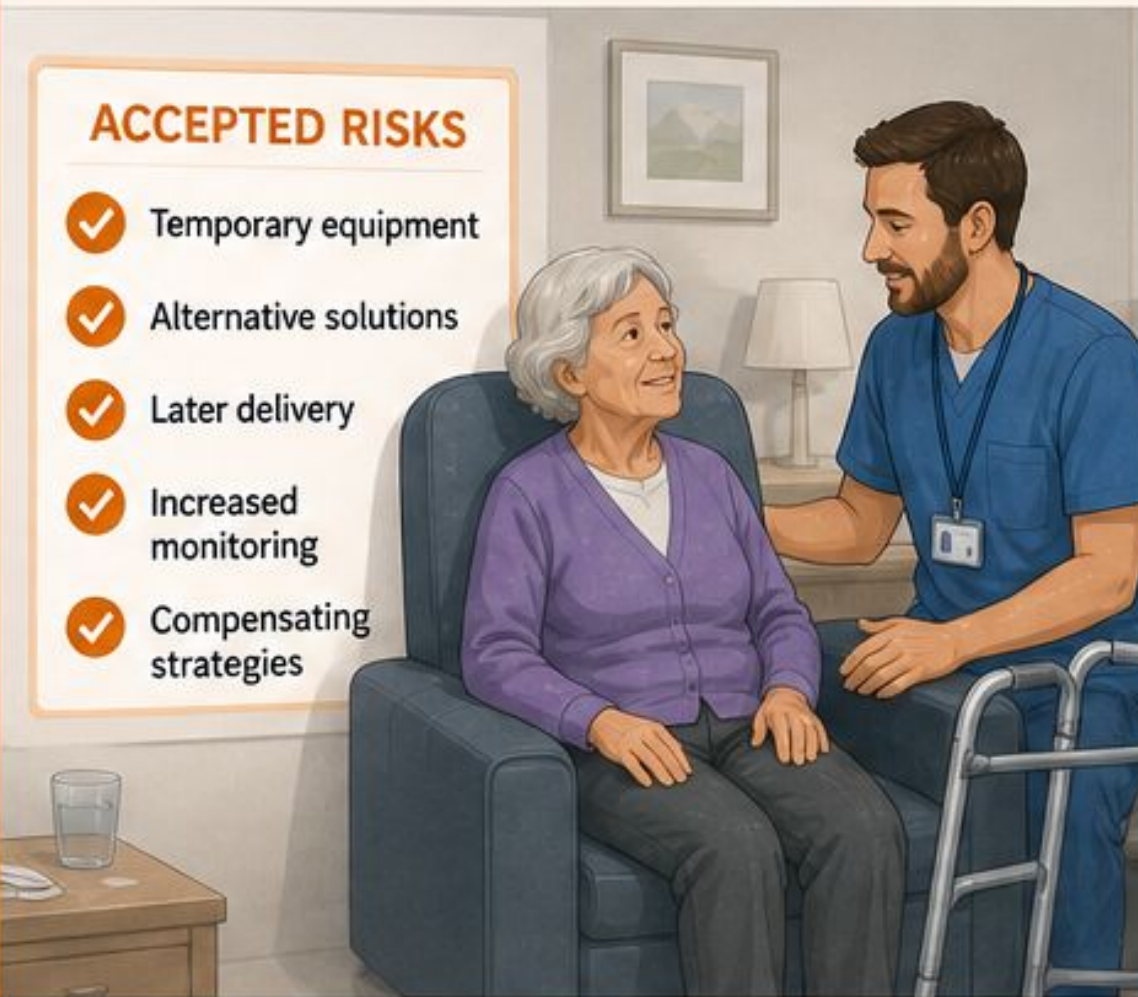


We focus on those at
highest risk and with the
most to gain.



RISK TOLERANCE INCREASING

We are accepting more risk
because the perfect solution
is not always possible.



We balance risk and benefit,
making the best possible
decision in difficult situations.



OUTCOME JUSTIFICATION

Every decision must show
the expected outcome and
why it is the right choice.



We can explain, evidence
and stand behind
every decision.



These approaches help us navigate challenges, support patient safety and deliver the best possible care when resources are stretched.

THE SCENARIO



**PATIENT NEEDS
EQUIPMENT FOR
SAFE DISCHARGE**



**EQUIPMENT
DELAYED
5 DAYS**



**HOSPITAL WANTS
DISCHARGE
TOMORROW**



Without the equipment, the patient is not safe to go home.



The hospital wants to discharge the patient tomorrow.



THE CHALLENGES



INCREASING DEMAND

More patients.
More needs.
Demand is rising.



More people need care
than ever before.



SUPPLY CHAIN ISSUES

Delays. Shortages.
Unpredictable supply.



Equipment not available
when it's needed.



SERVICE PRESSURES

High workload.
Limited time.
Services under pressure.



Staff stretched.
Patients feel the impact.

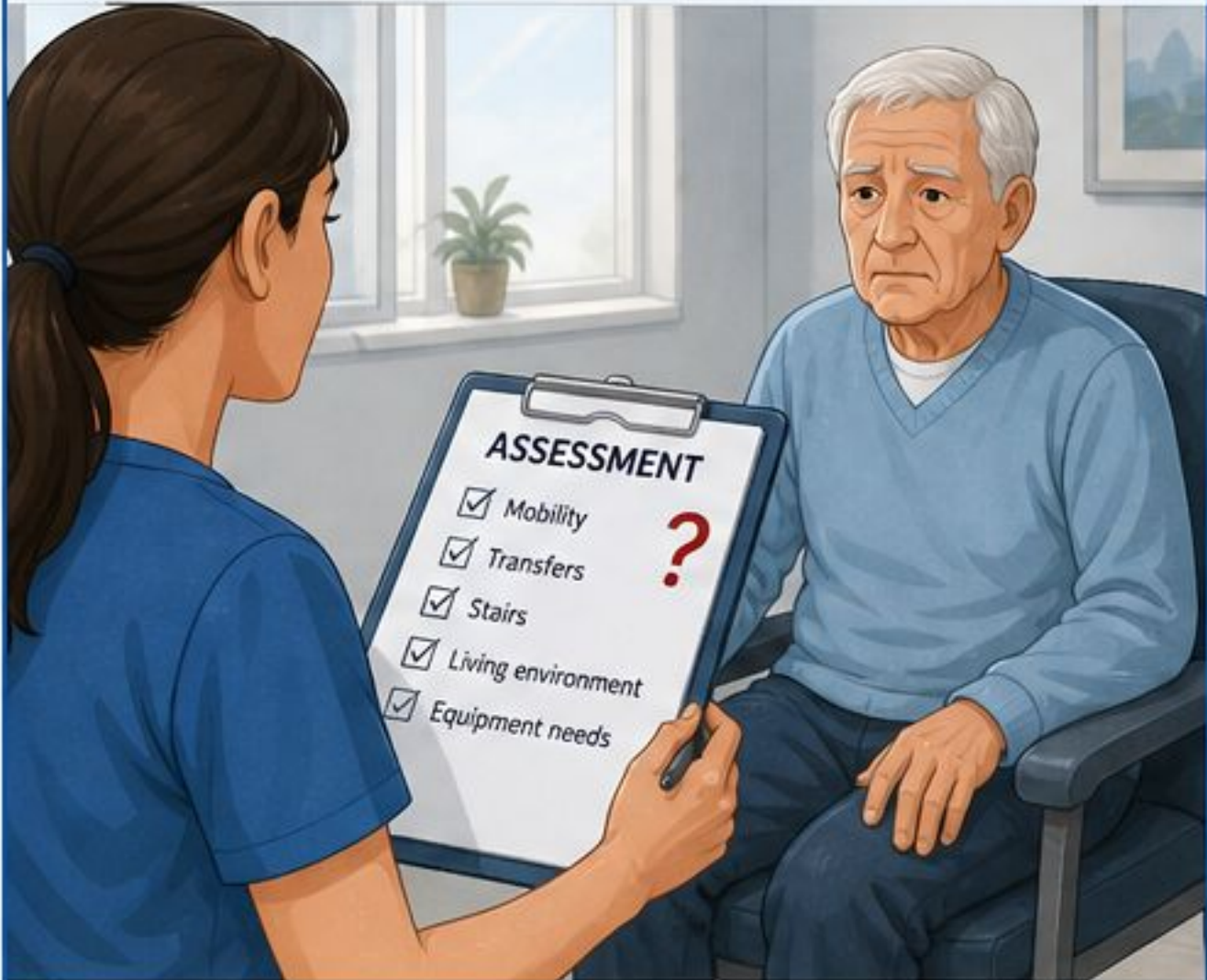


THE IMPACT



INACCURATE ASSESSMENT

Incomplete or incorrect information leads to the wrong equipment decisions.



The patient doesn't get the right equipment for their needs.



INCREASED RISK

Without the right equipment, patients are at greater risk of harm.



- Falls and injuries
- Hospital readmissions
- Longer hospital stays
- Increased costs



DELAYED REHAB

Delays in equipment mean delays in therapy and recovery progress.



Recovery is delayed. Independence is put on hold. Quality of life is affected.

ETHICAL CHALLENGE

BEST PRACTICE VS AVAILABLE PRACTICE



BEST PRACTICE

What we know is right



Right equipment for the right person



Timely access to support



Safety and independence maximised



Better outcomes and quality of life



This is the standard we strive for.

You know what should happen... but can't always make it happen.



AVAILABLE PRACTICE

What we can do today



Limited equipment and delays



Waiting lists and backlogs



Increased risk and compromise



Impact on recovery and independence



Not what we want. Sometimes the only option.



Balancing what is right with what is possible. Every decision has an impact.



This is one of the biggest tensions in practice right now.



We're told to:

- ✓ Prevent admissions
- ✓ Promote recovery
- ✓ Avoid deconditioning

→ All of which require time and intervention.

VS

At the same time, we're being asked to:

- ✓ Discharge quicker
- ✓ Reduce length of stay
- ✓ Improve flow



So what happens?



Patients are leaving earlier...



Often more complex...



And we're making bigger decisions with less time.



That's not a failure of practice — that's a reflection of the system we're working in.



We care about doing the right thing.



We work within constraints we don't control.



We make the best possible decisions we can.



We speak up so the system can improve for everyone.



We stay focused on people, purpose and progress.

DISCHARGE PRESSURES

PATIENTS ARE LEAVING EARLIER – AND MORE COMPLEX.



FLOW TARGETS



- Performance targets
- Bed availability
- System efficiency

We must keep patients moving to meet targets.



REDUCED LENGTH OF STAY



- Shorter admissions
- Faster discharge
- Less time to prepare

Less time in hospital means less time to get ready.



HIGHER ACUITY IN COMMUNITY



- More complex needs
- More equipment
- More support required

People are sicker and need more once they go home.



We are discharging more people, earlier, who have more needs.

WHAT THIS MEANS

You're making bigger decisions, with less time.



FASTER DECISIONS

- Limited time to gather information
- Prioritise what matters most
- Act quickly and confidently



LESS OBSERVATION TIME

- Shorter assessments
- Less time to monitor progress
- Decisions made with less information



MORE RISK-BASED THINKING

- Weigh risks and benefits
- Consider potential outcomes
- Make the best decision for the individual



Your decisions have a real impact—on patients, families and outcomes.

Think. Prioritise. Decide. Make it count.



SHIFT TO COMMUNITY CARE

This is where OT becomes even more critical.



NEIGHBOURHOOD TEAMS

- Working in local communities
- Close to people and families
- Strong connections with local services



PREVENTION FOCUS

- Identify needs early
- Build skills and confidence
- Reduce crisis and hospital admissions



HOME-FIRST MODELS

- Support people in their own homes
- Enable independence and choice
- Better outcomes, better experience



OT helps people live well, *where they want to be – at home, in their community.*



Working together for better outcomes



Empowering people and strengthening communities



The right support, in the right place, at the right time

REALITY CHECK

WE'RE MOVING RISK OUT OF HOSPITAL... **NOT REMOVING IT.**

COMMUNITY =
HIGHER RISK,
HIGHER COMPLEXITY



HIGHER RISK

- Less immediate support
- Delays in help if something goes wrong
- Fewer safety nets



HIGHER COMPLEXITY

- Multiple conditions
- Complex environments
- Limited resources
- Social and financial barriers



REAL IMPACT

- Greater chance of decline
- More pressure on families
- Higher likelihood of readmission



CHALLENGES

- Mobility
- Stairs
- Medication management
- Poor lighting
- Clutter / trip hazards
- Limited support

COMMUNITY CARE



OUR ROLE IS **CRITICAL.**
OUR DECISIONS MATTER MORE THAN EVER.



Manage risk proactively



Enable safe independence



Work together across systems



Better support, better outcomes

BRINGING IT TOGETHER

*This is the environment **you're working in.***



MORE DEMAND

- Rising referrals
- Discharge pressures
- Ageing population
- More people with complex needs



MORE COMPLEXITY

- Multiple conditions
- Mental health needs
- Social and environmental challenges
- Complex family situations

TODAY'S CHALLENGES

- EQUIPMENT DELAY
- HOME VISIT
- RISK ASSESSMENT
- FAMILY MEETING
- DISCHARGE TOMORROW

Do the best you can



LESS RESOURCE

- Limited staffing
- Equipment delays
- Tight budgets
- Less time



MORE RISK

- Safety concerns
- Delayed support
- Unmet needs
- Poor outcomes

DO MORE WITH LESS TIME

OT

- Discharge plan
- Equipment
- Home assessment
- Risk review
- Follow up

OT
MAKING A DIFFERENCE



High demand. Limited resources.
Increasing complexity. Higher risk.
You are the difference.



Use your skills



Use your judgement



Advocate for your patients



Protect what matters

*You can't change everything. But you can make a difference **every day.***

WHAT THIS MEANS FOR OT PRACTICE

*OT is no longer just about intervention – it's about **navigating systems.***



SYSTEMS THINKING

- Understand the bigger picture
- Know how services connect
- Work across sectors
- Advocate for change



Think beyond the individual.
See the whole system.



RISK NEGOTIATION

- Balance safety with independence
- Work within real-world constraints
- Have courageous conversations
- Collaborate with confidence



It's not about eliminating risk –
it's about managing it together.



OTs are problem-solvers, partners, advocates and leaders.
We don't just deliver care – we shape the care that's possible.



CLINICAL REASONING

- Make decisions with less time and information
- Use evidence and experience
- Consider context and complexity
- Reflect and adapt



Good reasoning leads
to better outcomes.



STRONG DOCUMENTATION

- Tell the story clearly
- Justify decisions and risk
- Show impact and value
- Protect you and your patients



If it's not documented,
it didn't happen.



PEOPLE
FOCUSED



PURPOSE
DRIVEN



SYSTEMS
AWARE




IMPACT
FOCUSED



INTERACTIVE MOMENT

Your experience matters. Your voice helps us all learn.

 What's the hardest decision you've had to make recently in practice?

You make a difference every day.



Tough choices come with the territory.

Sometimes there's no perfect answer.

 Take a moment to reflect. Share if you're comfortable. Listen with respect.

It's about balancing risk, need, and what's realistic.

We all carry those decisions with us.

We grow stronger together.

- ✓ Share
- ✓ Learn
- ✓ Support
- ✓ Inspire



Your story could help someone else. Let's learn from each other.



Share your experience (if you feel comfortable)



Listen with respect and openness



Take away one insight to apply



Support each other. We're in this together.

DEFENSIBLE PRACTICE

Strong decisions. Clear evidence. Safer outcomes.



CLEAR REASONING

Explain your clinical reasoning.
Link to assessment, client goals and context.
Show why this was the best option at the time.



RISK DOCUMENTATION

Identify risks.
Document mitigation strategies.
Record client/family involvement.
Reassess and review.



*If something goes wrong –
can you defend your decision?*



*You're not alone.
We escalate and learn together.*



ESCALATION

Speak up early.
Escalate concerns.
Seek advice and supervision.
Protect your client and yourself.



GOVERNANCE

Follow policies and standards.
Know your scope.
Engage in quality improvement.
Learn and contribute.

ASK YOURSELF:

- ✓ Can I explain my reasoning?
- ✓ Is it documented?
- ✓ Did I consider and communicate risk?
- ✓ Did I seek support when needed?
- ✓ Is it within policy, scope and best practice?



PRACTICAL EXERCISE



Scenario: Discharge without equipment

What would you document?

YOUR ROLE

- Assess
- Reason
- Document
- Advocate



SCENARIO



Mr. D is being discharged today.

He needs a shower chair and grab rails.

The equipment hasn't arrived.

He wants to go home anyway.

What are your considerations?



- Think about:
- ✓ Safety
 - ✓ Function
 - ✓ Risk
 - ✓ Plan
 - ✓ Communication



Clear. Accurate. Timely. Relevant.
That's defensible practice.

WHAT WOULD YOU DOCUMENT?



ASSESSMENT & FUNCTION

What did you assess? What are the key findings?



RISKS IDENTIFIED

What risks did you identify?



CLIENT PERSPECTIVE

What did the client say or want?



PLAN & RECOMMENDATIONS

What did you recommend? What was the plan?



COMMUNICATION & ESCALATION

Who did you inform? What was escalated?



RISK MANAGEMENT

How did you manage the risk?
What safety net was put in place?

INTERACTIVE MOMENT

Write one sentence you would include in your documentation.



Our practice.
Our decisions.
Our impact.



- Compassion
- Professionalism
- Collaboration
- Accountability



Your sentence:



Good documentation is:



Clear
Easy to understand and follow



Relevant
Linked to goals, risk and context



Accurate
Factual, honest and objective



Timely
Recorded in real time

Your words make a difference.



⇒ The easiest way to document risk ⇒

is with the **NHS Risk Matrix 3x3**



The NHS Risk Matrix 3x3 is a simple, clear way to assess and record risk.

- ✓ Considers both likelihood and consequence
- ✓ Quick to use
- ✓ Supports safe decision making
- ✓ Provides a clear risk rating



		CONSEQUENCE (Impact)		
		1. Minor Minimal impact on health or wellbeing	2. Moderate Medium impact on health or wellbeing	3. Major Severe impact on health or wellbeing
LIKELIHOOD (Chance)	3. Likely Expected to happen in most circumstances	MEDIUM RISK	HIGH RISK	EXTREME RISK
	2. Possible Could happen at some time	LOW RISK	MEDIUM RISK	HIGH RISK
	1. Unlikely Not expected to happen but possible	LOW RISK	LOW RISK	MEDIUM RISK



How to use:

1. Decide the likelihood
2. Decide the consequence
3. Find the risk rating in the matrix
4. Document your decision and any actions

Then document:

- The risk rating (e.g. High Risk)
- Your reasoning
- Actions in place to reduce or manage risk
- Review date

Clear risk assessment = safer outcomes



Good documentation protects you, your team and most importantly, your client.



STRONG EXAMPLE

This is what protects *you* – and *your patient*.

Good decisions start with thinking ahead and end with clear documentation.



When in doubt, escalate.

SCENARIO: Discharge without equipment

- ✓ Shower chair not available
- ✓ High falls risk
- ✓ Lives alone
- ✓ Poor standing balance

If it's not documented, it didn't happen.

Clinical Reasoning
Evidence
Professional Judgment

Document Clearly.
Communicate Effectively.

Key considerations:

- Safety
- Independence
- Environment
- Support available



RISKS IDENTIFIED

- High risk of fall in shower without chair
- Reduced safety and independence
- No equipment available at discharge
- Lives alone with limited support



MITIGATION IN PLACE

- Recommended alternative strategies
- Educated on safe showering techniques
- Advised use of existing supports
- Provided falls prevention advice
- Follow-up plan in place



INFORMED DECISION

- Discussed risks and options with client
- Explored values, preferences and goals
- Client chose to discharge without equipment
- Documented informed choice



ESCALATION DOCUMENTED

- Escalated equipment delay to team leader
- Informed case manager and physio
- Noted lack of equipment supply
- Escalation response documented



Clear thinking. Clear communication. Clear documentation. *That's defensible practice.*



As OT's, are we investigating all we can do when it comes to equipment provision?

The right equipment isn't just about having something available – it's about exploring **everything** that could make a real difference.



Small changes in equipment can lead to **life-changing outcomes**.



LET'S CHECK WE'RE LOOKING AT THE FULL PICTURE



Have we understood the person, their goals and daily challenges?

Go beyond diagnosis – understand what matters most to the individual.



Have we explored all equipment options?

Consider a wide range of solutions – from simple aids to specialist seating and postural support.



Have we considered the environment?

Sometimes the right equipment in the right place makes all the difference.



Have we involved key people?

Work with families, carers and the wider team to build a complete picture.



Have we reviewed and followed up?

Needs change – regular review ensures equipment continues to meet changing needs.

WHAT WE MIGHT BE MISSING



Postural seating that improves alignment, function and comfort



Pressure care solutions that prevent injury and support skin integrity



Positioning & posture support that reduces pain and fatigue



Handling & transfer aids that reduce risk and support independence



Solutions that support dignity, choice and quality of life



THE IMPACT OF EXPLORING EVERYTHING



BETTER FOR THE INDIVIDUAL

- ✓ More independence and confidence
- ✓ Greater comfort and wellbeing
- ✓ Improved participation in daily life



BETTER FOR SAFETY

- ✓ Reduced risk of pressure damage
- ✓ Fewer falls and injuries
- ✓ Safer handling and positioning



BETTER FOR EFFICIENCY

- ✓ Less time spent on compensating and managing issues
- ✓ Reduced equipment churn and costs
- ✓ More effective use of resources



Our role as OT's is to explore, challenge and maximise every opportunity. When we investigate all we can do with equipment, we unlock better outcomes for the people we support – and the services we work in.



Let's keep asking: **"Have we explored everything that could help?"**

Direct Payments

(Care Act 2014)



Putting you in control
of your care and support.

Direct Payments – What are they?



Money paid to individuals to
arrange their own care



Promotes choice, control,
and flexibility



Part of a personal budget
under the Care Act 2014



Empowering individuals • Supporting independence • Building lives around what matters

How to access:



Assessed as eligible under the Care Act



Included within a care and support plan



Must be appropriate and agreed with the local authority



Direct Payments are about putting you in control so you can live life your way.



Direct Payments
Your care, your way.



Choice
Control
Flexibility



When Direct Payments can be used for equipment



Direct Payments put choice and control in the hands of the individual.



Direct Payments can be used for equipment when:

1



- ✓ It meets an eligible need
- ✓ Identified through OT assessment
- ✓ Clearly linked to outcomes (e.g. safety, independence)

2



- ✓ It is included in the care and support plan
- ✓ Must be agreed and signed off by the local authority

3



- ✓ It is not otherwise available through standard provision
- ✓ e.g. delays, not on catalogue, or not meeting specific needs



Direct Payments must always be agreed with the local authority and used in line with the Care Act 2014.



The right support, for the right outcomes.





Important limitations (this is key)



Not all equipment is suitable for DP

Local authorities may refuse DP use for:



Items they are legally required to provide directly



High-risk equipment requiring maintenance and servicing (e.g. hoists in some areas)



Must be cost-effective



Usually needs to be **equivalent or comparable in cost** to standard provision



Good value for money and meets the need



Governance and safety still apply



Equipment must be safe and appropriate

OTs may still need to:

- ✓ Specify requirements
- ✓ Provide guidance
- ✓ Ensure safe use



Direct Payments offer choice and flexibility, but they must be used appropriately, safely and in line with the law and local policy.



Always work in partnership with your local authority to make sure the right outcomes – and the right protections – are in place.

OT ROLE IN DIRECT PAYMENTS

≡ for equipment ≡



 This is where your role is critical:

1. ASSESSMENT

-  Identify need clearly
- Link to functional outcomes

 Focus on the person's goals, independence and participation.

2. JUSTIFICATION

-  Why standard provision is not suitable
-  Why DP is appropriate

 Evidence-based rationale to support informed decision making.

3. RISK MANAGEMENT


-  Ensure equipment is safe
-  Consider training, setup, and use
-  Identify and mitigate risks
-  Safety first – for the person, carers and others.



4. DOCUMENTATION

Clearly record:

-  Clinical reasoning
-  Alternatives considered
-  Why DP is being used

 Good documentation supports safety, continuity and governance.

 Your professional expertise, clinical reasoning and documentation ensure the right equipment, for the right person, for the right reasons.

 Empowering choice. Enabling independence. Improving outcomes. 





Risks and Challenges

Using DPs for equipment introduces:



Variability in quality
of equipment purchased

Equipment may not meet clinical standards or be fit for purpose.



**Lack of servicing/
maintenance pathways**

No clear arrangements for repairs, servicing or ongoing maintenance.



Potential safeguarding concerns

Increased risk if equipment is unsafe, unsuitable or used incorrectly.



Risk of inappropriate or non-clinically advised purchases

May not address the assessed need and could lead to poor outcomes or harm.



This is why strong clinical governance is essential



Consistent decision-making and oversight



Clear processes, documentation and accountability



Safer outcomes for individuals and communities



Why this matters in current practice

In the context of:



EQUIPMENT DELAYS

Long waits for essential equipment impact safety, independence and outcomes.



REDUCED CARE PACKAGES

Fewer hours of support mean less help with daily activities and higher risk.



SYSTEM PRESSURE

High demand, limited resources and discharge pressures increase strain across services.



DIRECT PAYMENTS CAN ACT AS:



A workaround to bridge the gap between need and provision.

BUT:



THEY SHIFT RESPONSIBILITY – FROM SYSTEM → INDIVIDUAL



More decision-making and management falls on individuals and their families.



Financial risk and cost management sits with the individual.



Safeguarding and quality assurance become more complex.



Direct Payments offer choice and flexibility, but in today's system they are often a necessity, not just a preference.



Our role is to advocate, inform, and ensure safe, effective use.



Because at the heart of it – it's about people, independence and outcomes.



System pressure, funding constraints, and impact on services



The ADASS Autumn Survey (latest reports) clearly supports the core argument about system strain and constrained resources:

adass
adult social services



1. Significant turbulence and constrained capacity

Adult social care is operating in an environment of “significant turbulence” and constrained capacity.



2. Financial pressure and savings demands

Councils are facing large overspends and increasing savings requirements, limiting their ability to invest in services.



3. Impact on choice and quality

Funding pressures are already impacting the choice and quality of care available locally.



This directly underpins our core point:



Reduced resources



Constrained provision



Increased complexity



Increased risk in practice



Resulting in greater pressure on services, staff and the people we support.



“Councils are operating in an environment of significant turbulence, with rising demand, workforce challenges, and constrained funding all combining to create unprecedented pressure.”

ADASS Autumn Survey

The latest evidence from the sector on demand, capacity and finances.





Where Seating Matters fits Into the Solution

At Seating Matters, we believe the right seat changes more than posture—it changes lives, reduces pressure on services, and supports sustainable care.

Clinical support is just one of the ways we help



Clinical Support



Education & Training



Product Solutions



Partnership & Service Support

Working together for better outcomes

SEATING MATTERS HELPS DELIVER BETTER OUTCOMES



A WAY TO REDUCE CARE DEPENDENCY



- ✔ Supports posture, comfort and function
- ✔ Helps people stay independent for longer
- ✔ Reduces fatigue, pain and the need for hands-on assistance
- ✔ Empowers people to do more for themselves



More independence. More choice. Better quality of life.



A RISK MANAGEMENT TOOL



- ✔ Promotes optimal positioning and pressure care
- ✔ Reduces risk of pressure damage and injuries
- ✔ Supports safe swallowing, breathing and postural stability
- ✔ Helps meet clinical governance and documentation standards



Safer people. Fewer incidents. Better outcomes.



A STAFF SUPPORT SOLUTION



- ✔ Reduces manual handling and associated risk
- ✔ Improves efficiency in care delivery
- ✔ Supports staff confidence and morale
- ✔ Helps retain skilled staff and reduces absence



Supported staff. Safer care. Stronger teams.

LINKING IT ALL TOGETHER: INDEPENDENCE • SAFETY • EFFICIENCY



INDEPENDENCE

The right seat helps people do more, for longer.



SAFETY

The right seat reduces risk and protects wellbeing.



EFFICIENCY

The right seat saves time, resources and reduces costs.



**Better for people.
Better for staff.
Better for services.**

That's the power of seating that matters.



Seating Matters is more than equipment – it's expertise, partnership and solutions that make a real difference.





Conclusion: The Reality of Modern OT Practice

We are working in a system where:



Demand is rising



Resources are constrained



Equipment and care are delayed



Risk is shifting into the community

This means OT practice is evolving:



From intervention → to decision-making under constraint



From ideal care → to risk-managed care



From individual focus → to systems thinking

Our role now requires:



Strong clinical reasoning



Clear documentation and governance



Confidence in risk negotiation



Ongoing advocacy for safe, person-centred care



OTs remain at the heart of safe, effective and compassionate care – even when the system is under pressure.

♥ We make a difference through the decisions we make every day.



Evidence-informed. Person-centred. System-aware. Risk-aware. Future-focused.



*Think systemically
Act wisely
Advocate always*

Sunday Care Therapy

Occupational Therapy-led Home Care Provider

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Scan our tools — try them today

Three AI-powered resources for care professionals

AI CHATBOT

NORA

Manual Handling Risk Advisor

Ask NORA any manual handling or risk assessment question — 24 / 7.

■ Scan to chat with NORA



SCAN ME

REABLEMENT

CareWise

Reablement App

One assessment, one set of goals, all professionals aligned—this is CareWise.

■ Scan to open CareWise



SCAN ME

RESEARCH

White Paper 2026

AI & Admin Burden in Care

Read our latest white paper on Reducing Administrative Burden in Health and Social Care: Ethical, Governance and Data Protection Implications.

■ Scan to read the White Paper



SCAN ME



VOTE FOR ME AS RCOT TRUSTEE FOR RESEARCH & DEVELOPMENT



RCOT
Royal College of
Occupational
Therapists



*Passionate about evidence.
Committed to impact.
Focused on our future.*

Research today. Better outcomes tomorrow.



As an occupational therapist, I see every day the power of evidence-informed practice. As your trustee for Research & Development, I will champion research that is relevant, inclusive and impactful — driving innovation and improving outcomes for the people we support.

I WILL WORK TO:



STRENGTHEN OUR RESEARCH CULTURE

- Promote high-quality, relevant and collaborative research.
- Support occupational therapists to engage in research at all levels.
- Champion funding and resources that build research capacity.



DRIVE IMPACT THROUGH EVIDENCE

- Ensure research informs policy, practice and education.
- Support the translation of evidence into real-world change.
- Elevate the voice and visibility of our profession through evidence.



BUILD INCLUSIVE AND FUTURE-FOCUSED RESEARCH

- Embed equity, diversity and inclusion in all we do.
- Prioritise research that addresses real world needs.
- Invest in the future of our profession.

Together,
we can shape the future
of occupational therapy.



EVIDENCE
INFORMS
EVERYTHING



RESEARCH
DRIVES
PROGRESS



BETTER
OUTCOMES
TOGETHER



**VOTE FOR ME
AS RCOT TRUSTEE FOR
RESEARCH &
DEVELOPMENT**

