

THE DEMAND FOR OCCUPATIONAL THERAPY SERVICES WITHIN THE INDEPENDENT SECTOR

AN EVALUATION OF THE USE OF THE OTIP ONLINE DIRECTORY AND OF CALLS TO THE OTIP 0800 ENQUIRY LINE

Study undertaken on behalf of OTIP – The College of Occupational Therapists
Specialist Section for Occupational Therapists in Independent Practice

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SUMMARY

This report describes the findings of a study that was undertaken during 2005/6 with funding from the College of Occupational Therapists (COT) Specialist Sections Projects Bid Process by OTIP (Occupational Therapists in Independent Practice). OTIP is a COT Specialist Section for occupational therapists (OTs) working in the independent sector and, as such, had set up two communications systems during 2002 to meet the needs either of people seeking to employ an OT, or of OTs and others wishing to contact the group. The two systems were an Online Directory accessed through the group's web site, and an 0800 number Enquiry Line.

From May 2002 to May 2006, a total of 4,342 calls have been received on the 0800 number and, from April 2003 (when 'hits' to the Online Directory started being recorded) to May 2006, a total of 28,906 visits to the Online Directory have been made.

Members of the OTIP National Executive Committee had realised that these two databases could provide a wealth of information about the needs of the population in regard to independent OT services and an insight into the growing employment opportunities for OTs in the independent sector. The main objectives of the study were, therefore, to quantify the type of enquiries that are made to the group and to identify the areas of need that are most commonly required by members of the public. It was envisaged that the information obtained would help to inform the profession about possible gaps and areas of clinical need that may not be being met by or provided for under statutory services. It was further anticipated that this information would be helpful to the profession in workforce planning and in developing training priorities.

The information that was taken from these databases for detailed analysis was obtained in September 2005 and relates to 3,590 calls to the 0800 number and 22,197 visits to the Online Directory. The analysis was not straightforward as neither of these systems had been set up for the purposes of later analysis. However, it has been possible to draw out detailed qualitative information from the 0800 number enquiries and extensive quantitative data from the Online Directory.

The findings show differences between the Online Directory and the Enquiry Line in the characteristics of OT services that are sought which may be attributable to whether or not people have easy access to the internet. Those using the web site were predominantly seeking OTs to work with children (46%), followed by those to work with adults (29%) whilst OTs to work with older people were sought by 19%, and for adolescents/young adults it was 6%. In contrast, of those seeking an OT through the Enquiry Line, 36% were for children, 35% were for older people, 21% for adults, 3% for adolescents/young adults, and 5% did not specify. Although children's needs predominate in both, it is significant that Older People's needs feature more highly in the use of the Enquiry Line than in the use of the web site.

The type of work required to be undertaken also shows some variation between the two sources of data and these also reflect the differing demographics of the two groups. Whilst for both the web site and the Enquiry Line, the most common requests were for OTs to provide Assessment, Treatment or Rehabilitation, a higher proportion of enquirers to the Enquiry Line required advice about equipment and adaptations. Both sources show that many enquiries were driven by the demands of legislation, for example, the requirement of Section 22 of the Care Standards Act that premises should be assessed by an occupational therapist, and the requirements of Statementing procedures for Special Educational Need.

The detailed information gathered through the Enquiry Line also provides a picture of the extraordinarily wide range of settings in which OTs might work and the breadth of the potential application of their skills. Included, for example, was the request for an OT to advise on a film set where a flat needed to be adapted for a disabled actor.

OTs were required to work in all parts of the four countries, in Europe and beyond, however, the greatest demand was within Greater London and the South East. Whilst this most probably reflects the higher population density it may also be related to pressures on local services, a greater willingness to use independent services and, for some, greater affluence.

Whilst this report is generally concerned with obtaining a comprehensive picture of the demand for occupational therapy services within the independent sector, the detailed information gathered through the conversations with callers on the Enquiry Line also provides insights into the impact of waiting lists and rationed services within the public sector. Section 4 of this report provides detailed profiles of each region of the country and there are many examples of people's experiences. For example, in one area a child was on a five year waiting list for treatment, in another an 85 year old woman was having to wait two years for a service and, in another area, there was a waiting list of 800. The administrator responding to the calls reported that she often finds herself listening to distressing tales of delays and lack of provision.

The analysis of calls to the Enquiry Line also shows that, whilst an average of about 50% of these were concerned with locating an OT to carry out a particular service, about a quarter were from OTs themselves who were interested in working in the independent sector.

The findings of the study raise a number of issues concerning the wide applications of OT skills and the implications that these have for OT training and workforce planning. In particular, the over-arching demand for OTs to treat children with developmental disorders cannot be ignored.

The findings also demonstrate the fact that it is often within the independent sector that new applications of OT skills are developed. The profession needs to keep itself up to date with these developments to ensure that both under-graduate and graduate training programmes take account of these new areas of work.

ACKNOWLEDGEMENTS

OTIP would like to thank the Specialist Section Clinical Forum for supporting the initial bid to carry out this study and for the COT Education and Practice Board for approving it. The author would also like to thank Diana Lee, OTIP Administrator, for her assistance in re-arranging some of the data from the Enquiry Line to assist analysis.

1. INTRODUCTION

1.01 BACKGROUND TO OTIP ENQUIRY SERVICES

OTIP – Occupational Therapists in Independent Practice – is a Specialist Section of the College of Occupational Therapists (COT). OTIP developed from OTiPP, Occupational Therapists in Private Practice, which was started in 1987 by a group of self-employed occupational therapists who identified a need for a mutually supportive Special Interest Group (SIG). OTiPP became a Specialist Section in 1993 when SIGs were invited to affiliate to the College as Specialist Sections. OTiPP became OTIP in 2002 to reflect the wide range of work undertaken in the independent sector and it currently has about 480 members.

As with all COT Specialist Sections, there has always been a need for OTiPP/OTIP to provide a service in responding to queries relating to the specialism. For OTiPP/OTIP there has been an additional need to provide a service to members of the public, or other professionals, who are seeking the services of an independent OT. Enquiries relating to both of these needs were usually, in the first instance, directed to COT.

Historically, the College has referred those OTs who contacted COT requiring information or guidance about working independently, to an OTIP committee member. As with any committee, a drawback of this arrangement was that committee members were often only in a particular post for two or three years and up to date contact details were not easy to maintain at COT HQ. Furthermore, committee members were already giving a great deal of their time to run the group and frequent requests for information could be time-consuming. This was especially demanding for self-employed OTs who are not salaried.

Historically also, those enquirers who were seeking an independent OT to provide a service were sent a copy of the 'Directory of Independent Practitioners' by COT. This Directory was produced on an annual basis as a joint venture between OTiPP and COT. The production of the Directory was a complex and time-consuming exercise and, as with any such printed document, the information could become out of date during the course of the year.

1.02 DEVELOPMENT OF THE OTIP ENQUIRY LINE AND THE ONLINE DIRECTORY

i) Enquiry Line

In May 2002, to overcome the difficulties associated with providing an information service, OTIP inaugurated an Enquiry Line, 0800 389 4873. In order to operate this, the hours of the OTIP Membership Administrator, whose previous role had been confined to processing membership applications and providing administrative services for the OTIP Annual Conference, were increased by an average of ten a week. The system operates by a recording of messages on the 0800 number. The administrator checks the messages on a daily basis at her convenience and responds by phoning the enquirers back to clarify their requirements the following working day.

From the outset, detailed records were kept of all enquiries on an Excel Spreadsheet (see **Appendix I**). From May 2002 to 23 May 2006 a total of 4342 calls to the line had been recorded.

ii) Online Directory

In 2002, also, OTIP went online. The Directory therefore became internationally available at www.otip.co.uk. Prior to this event, the hard copy Directory was generally only available to those people who happened to contact the College in their pursuit of an independent OT. In addition to being more widely available, another advantage of the online Directory was that OTs advertising their services could update their details online whenever they needed to, so that the information could, potentially, always be accurate.

During the year prior to the transfer to the online Directory, COT recorded that they had issued 519 hard copies of the Directory. Numbers of 'hits' to the online Directory were recorded from April 2003 and show that, to 23 May 2006, the Directory Home Page had been viewed 28,906 times.

1.03 THE ENQUIRY LINE AND THE ONLINE DIRECTORY AS A RESOURCE

The Enquiry Line receives calls from:

- members of the public seeking an OT to provide independent advice or private treatment,
- other professionals or potential employers who require the input of an OT,
- OTs themselves seeking information about work in the independent sector,
- members of OTIP requiring information,
- a range of enquirers requiring information relating, sometimes quite loosely, to occupational therapy.

The data that are collated on the hits to the Directory gives information on:

- the geographic area within Britain, or beyond, in which the service is required (see **Appendix II**),
- the type of OT service required (see **Appendix III**),
- the age group for whom a service is required,
- the client group for whom the service is required.

Within these two databases there is, therefore, a wealth of information about the needs of the population in regard to OT services. Members of the OTIP committee were of the view that the information available on these databases would be of interest and relevance to the entire OT profession. However, they realised that the task of abstracting and analysing the data would be a time-consuming and complex one that could not be undertaken on an ad hoc voluntary basis.

1.04 KEY AIMS AND OBJECTIVES OF THE PROJECT

The advent of the COT Specialist Sections' Fund for Projects provided an opportunity for OTIP to undertake an analysis of the information on the databases; an application was therefore made through the Fund Bidding Process in April 2004. In the application the key aims and objectives of the project were outlined as follows.

- To quantify the type of enquiries that are made.
- To identify the areas of need which are most commonly required by members of the public.

- To identify possible gaps and areas of clinical need that may not be being met by statutory services.
- To identify new applications of OT skills.
- To assemble and present the data in a way that could be used by COT, OTIP and any other Specialist Section to inform workforce planning and training priorities.

The application was successful and in April 2005 the project was authorised.

1.05 LIMITATION ON STUDY

A limitation on the collation of statistics from the data provided by these two resources is that neither of these systems was set up for the purposes of later analysis. The Online Directory was set up to provide a service and the fact that 'hits' on the site can be aggregated is a by-product of that service. The Enquiry Line was also set up to provide a service and whilst the spreadsheet database was intended as a recording document this was principally for purposes of reference rather than of analysis. The implications of these limitations are elaborated on in **Section 2**.

2. DATA COLLECTION & CONSTRAINTS ON ANALYSIS

2.01 ONLINE DIRECTORY DATA

i) Process for 'searching' Directory

When people access the Online Directory they are asked to select the geographic area in which they require an OT, the type of service that they require, and the age and client group of the person for whom the service is required. The Directory then presents them with a list of OTIP members who have subscribed to the Directory and whose profile meets these requirements. At the time of the analysis of the data there were 150 OTIP members listed on the site (about 31% of the OTIP membership). Each of the categories relating to geographic area, type of service, age and client group is recorded separately as a 'hit' and it is this data that has been used to provide the basis for the information provided within this report.

ii) Constraints on analysis of Directory data

The data collected from the searches cannot be analysed in a detailed manner because they are presented purely as total numbers of 'hits' for each category. It has therefore not been possible to cross-reference this data. For example, the 'hit' showing that a person is seeking an OT to work with a child cannot be cross-referenced to the geographic area in which the service is required or which type of service is required.

Furthermore, the process is a self-selecting one in that individuals searching decide for themselves which categories are relevant to them. The age groups are divided into:- children, adolescents/young adults, adults, and older people, to help to direct people to OTs who work with these groups. The age groups are not clarified by specific age bands (for example: 0 – 14, 15 – 20, 21 – 64, 65+) as this is not appropriate for this type of search. It is up to individuals to decide whether or not they fall into the category of 'adult' or 'older people', or whether or not their child falls into 'children' or 'adolescents/young adult'.

It is also difficult to know how individuals have decided on which 'type of service' is relevant to them. Within the site each 'page' for a specific work or 'service' area has a description of the kind of work being offered by OTs listed on that page. However, the individual has to go to that page, thereby recording a 'hit', before they can find that out. In setting up the site considerable effort was made to avoid ambiguities. As a result of the experience gained over the first nine months' use of the online directory, the work/service category definitions were slightly altered to reflect more accurately the nature of the searches. The data that were analysed relating to the work/service areas therefore apply to the period January 2004 to September 2005, whilst the data on the geographic areas, age groups and client groups apply to the period April 2003 to September 2005

However, even though the data are therefore rather restricted, the results provide clear illustrations of the types of service that are required and the areas in which there is most demand. The process of analysis is therefore a simple one of ranking the 'hits' for each option. In the case of geographic areas there are 29 options (see **Appendix II**), for work/service areas there are 30 (see **Appendix III**), for age groups - four, and for client groups - four (physical disability, mental health, learning difficulties and brain injury). The

information derived from the hits to the Online Directory is therefore quantitative rather than qualitative.

2.02 ENQUIRY LINE DATA

i) Selection of data for analysis

As stated, the OTIP Administrator records information relating to each telephone enquiry on an Excel Spreadsheet. The data relating to the Enquiry Line, although much less in quantity than that from the Online Directory, are far more detailed. They therefore provide qualitative information as they are derived from telephone conversations and messages. The data relating to the calls can be classified within four groups. These groups comprise:- those enquiries which are concerned with people who are seeking the service of an OT; those enquiries which are from OTs interested in working in the independent sector; those from members of OTIP requesting specific information; and, lastly, other general enquiries. There is a potential of 22 different pieces of information to record about each enquiry where a person is seeking an OT, and 17 pieces of information for each enquiry who was not seeking an OT (see **Appendix I**).

As a major part of this project a detailed analysis was carried out on the nature of the enquiries that were concerned with seeking an OT. This detailed analysis focused on the period from May 2002 to July 2005 and it demonstrates where the different services were required, for whom they were required and the reasons why the service was required. The information was related to the year and the time of year when the enquiry was made and it is therefore possible to identify patterns of demand over the period May 2002 to end June 2005.

ii) Constraints on analysis of Enquiry Line data

Since the Enquiry Line was set up in May 2002 there have been three different administrators operating the system. The process of analysis has shown that the three different administrators provided varying levels of supporting information and there has been some flexibility in categorising the 'service required'. During the analysis these variations have been resolved as far as possible by reference to the supporting information. Also, in the initial stages of the analysis of the data, it became apparent that the administrator who managed the Line for much of 2004 was generally less thorough than the other two and had also introduced a different method of recording the data. Therefore, before the analysis could begin in earnest, the data had to be re-arranged to match that which had been correctly recorded. This was an unanticipated and lengthy exercise. These anomalies had arisen because, as described above, the Enquiry Line was set up primarily to provide a service rather than as a system for data collection.

A further result of the way the Enquiry Line was set up was that strict criteria were not set for deciding into which client groups enquiries were recorded. It has therefore not been possible, within the time constraints of this project, to classify the enquiries to the Enquiry Line into Client Groups. The original groupings were: Physical Disability, Learning Disability, Brain Injury and Mental Health which accorded with the system already in use by OTIP for recording the specialisms of its members. However, through the process of analysis, it became clear that these categories have a limited application. For example, a large proportion of enquiries are related to children with Dyspraxia which is essentially a physical condition but which often presents as a Learning Difficulty. It is clear from the analysis that this has frequently been recorded as a Learning Disability. Also, Dementia is another diagnosis which encompasses both Mental Health and Physical Disability. Therefore, rather

than present questionable information, this aspect of the analysis has not been pursued. However, reference to the type of services required provides a good indication of the Client Groups who need them.

3. FINDINGS

3.01 ONLINE DIRECTORY FINDINGS

During the period from April 2003 to 28 September 2005 for which detailed analysis was carried out, the Directory Home page of the OTIP web site was viewed 22,197 times. The numbers of searches for each work area, age group, client group and geographic area are presented in this Section. Because of the nature of web page use, whereby a single visitor may click backwards and forwards between several pages, it should be remembered that many 'hits' might be generated by one person. Also, these hits will include the regular searches carried out by the OTIP Administrator responding to people who have contacted the Enquiry Line seeking an OT. This is because she uses the Online Directory to produce a list to send to the enquirer if that person is unable to access the Online Directory personally.

i) Services required

Charts 1 and 2 on pages 12 and 13 show the breakdown of searches by service required.

Chart 1 shows those services for which between 300 and 3000 searches were made during the period January 2004 to end September 2005. It is very clear that the largest number of searches were for OTs with expertise in Dyspraxia (17% - 2,859 searches), linked with this are 1,692 (10%) searches for those with expertise in Sensory Integration. By cross-referencing to Chart 3, where, during the longer period of April 2003 to September 2005, 8,598 searches were made for OTs working with children, it is clear which services are in the greatest demand.

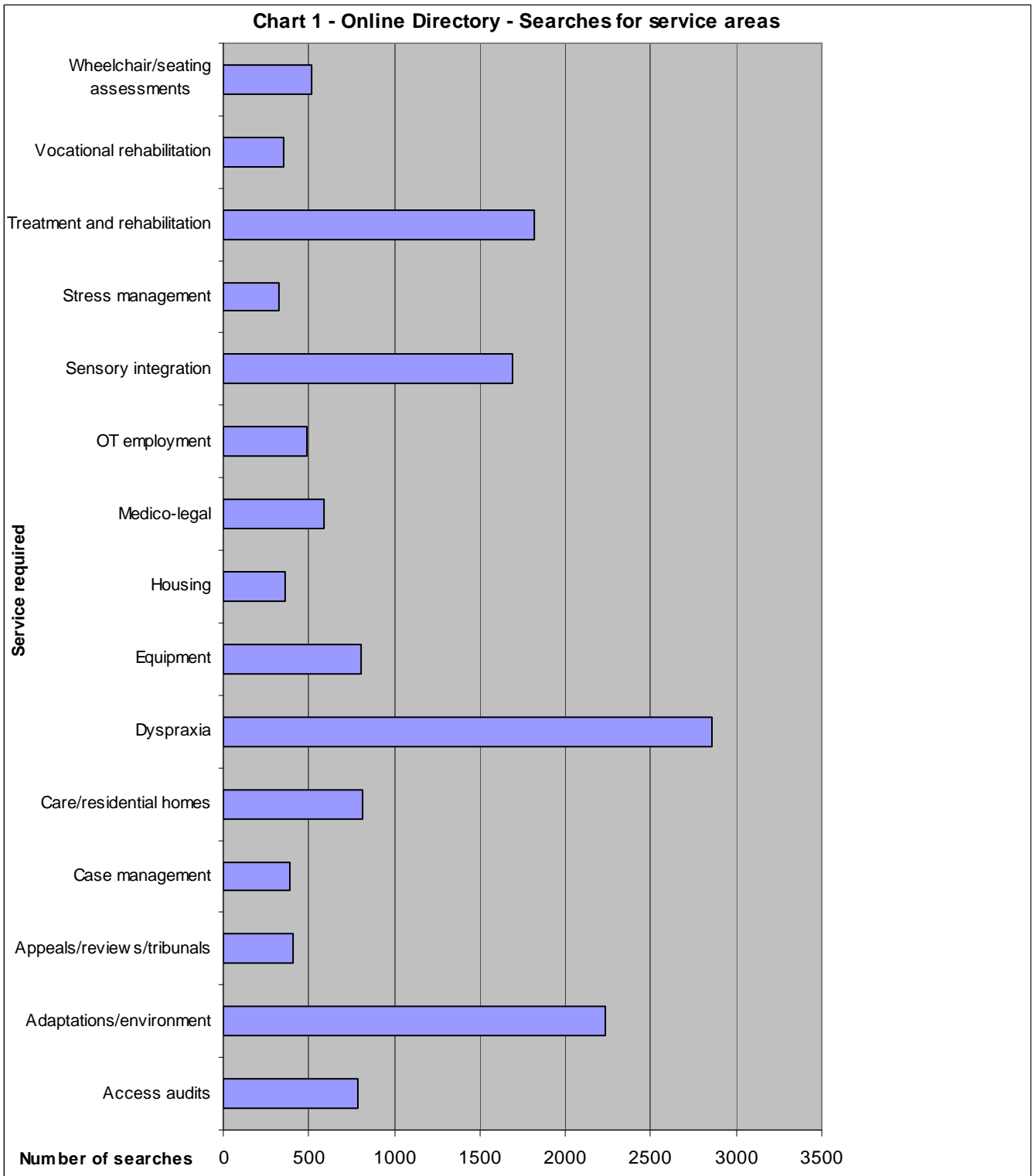
The second highest demand was for OTs with expertise in doing Adaptations and Environmental Assessments (13% - 2,234 searches).

The third largest group is Treatment and Rehabilitation (10.5% - 1,814) and, after Sensory Integration, the fifth largest group is for Care and Residential homes (5% - 818). Reference to **Section 4.01 iii** indicates that these searches were most likely to be seeking OTs who could carry out assessments under Section 22 of the Care Standards Act.

The sixth group is for people requiring expert advice regarding Equipment (4.7% - 809).

Access Audits rank relatively highly, in seventh place with 784 (4.5%) searches, which reflects the impact of the Disability Discrimination Act. This is followed by those seeking OTs with expertise in Medico-legal work, 588 (3.4%) searches.

Ranked ninth are searches for OTs able to carry out wheelchair or seating assessments (515 – 3%) and tenth is OT Employment (487 – 3%). Searches for OTs offering to undertake work relating to Appeals/Reviews and Tribunals totalled 403 (2.3%) and those for OTs who carry out Case Management came to 387 (2.2%). There were 361 (2%) searches concerned with Housing, 354 (2%) for Vocational Rehabilitation and 327 (2%) for Stress Management.



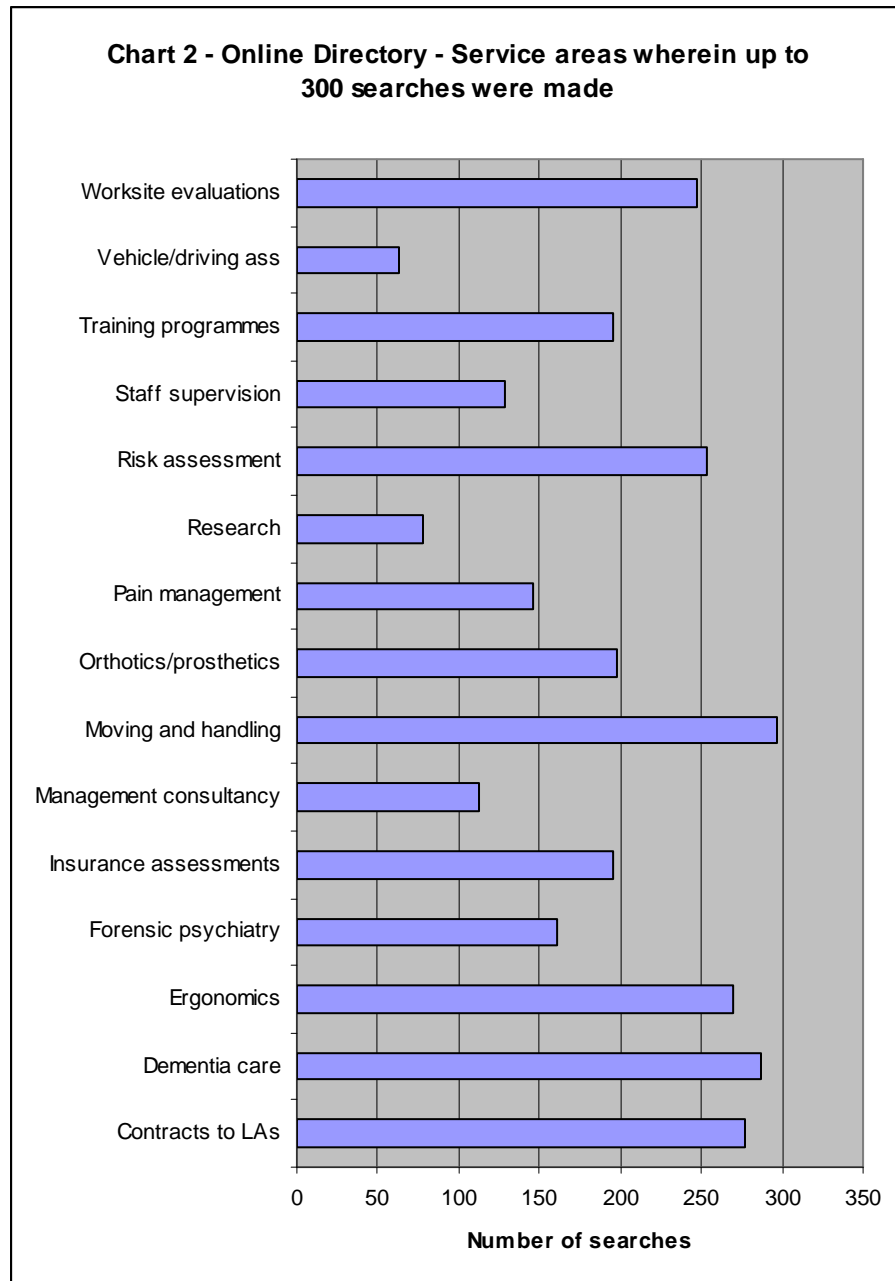


Chart 2 shows those services for which fewer than 300 searches were made during the period January 2004 to end September 2005. Highest ranked here are Moving and Handling searches (297 – 1.7%), followed by Dementia Care (287 – 1.6%). Searches for OTs offering Contract work to Local Authorities was ranked 18th overall (277 – 1.6%) and those for OTs skilled in Ergonomics totalled 269 – 1.5%). There were 253 (1.4%) searches for OTs to carry out Risk Assessments and 247(1.4%) for Worksite Evaluations. Searches for OTs with expertise in Orthotics and Prosthetics totalled 198 (1.1%), whilst for those able to undertake Insurance Assessments and Training Programmes there were 195 (1.1%) searches each. There were 146 (.8%) searches for OTs experienced in Pain Management. OTs able to offer Staff Supervision and Management Consultancy were sought on 129 (.7%) and 113 (.6%) occasions respectively. Not shown on the Chart are the two smallest categories, Research (78 searches) and Vehicle and Driving Assessments (63 searches).

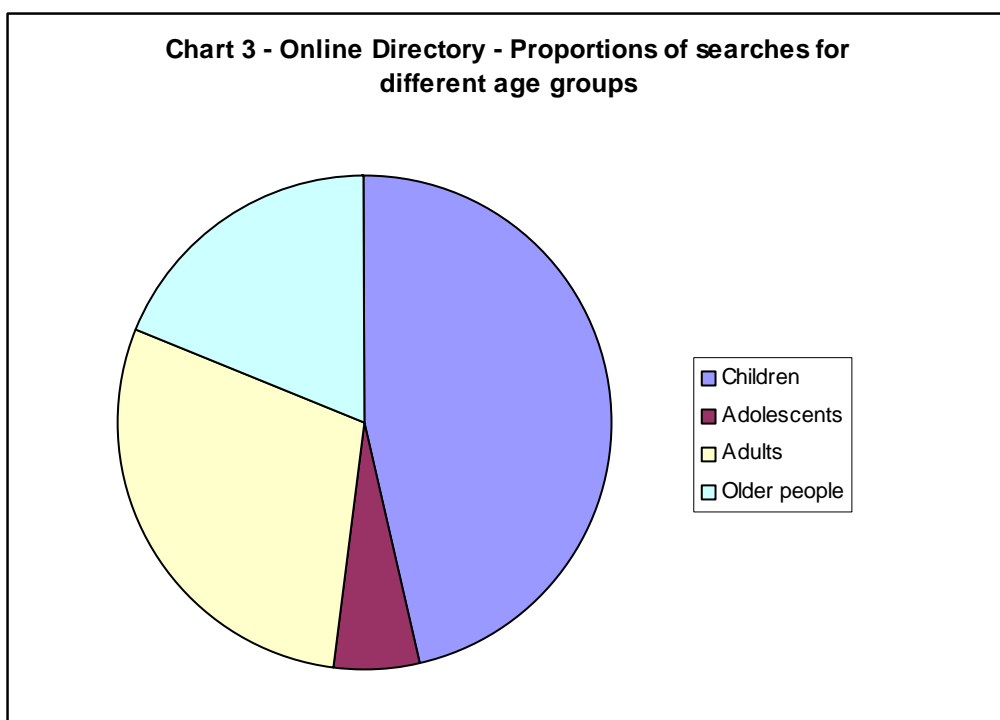
ii) Age Group for whom services are required

Data concerning the age groups specified in the searches apply to the period April 2003 to end September 2005 and are shown in Chart 3.

As stated, the largest number of searches, by a significant margin, were for OTs experienced in working with Children, a total of 8,598 (46%).

The second largest group was for Adults, 5,461 (29%); the third for Older People, 3,585 (19%); and the smallest was for Adolescents and Young Adults, 1,071 (6%).

It is interesting to compare this data with that from the Enquiry Line (Chart 6), where enquiries for Older People and Children were roughly equal and in the majority with proportionately fewer enquiries for Adults. This may reflect the less likely use of online facilities by older people.

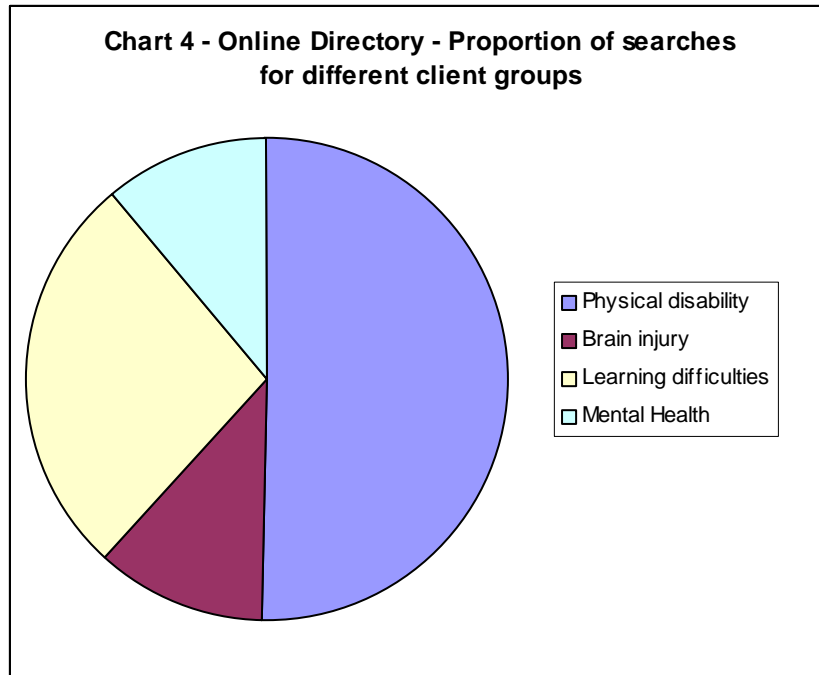


iii) Client groups for whom services are required

Data concerning the client groups specified in the searches apply to the period April 2003 to end September 2005 and are shown in Chart 4.

The largest number of searches was clearly for OTs to work with people having a Physical Disability, 7,592 (50%).

The second largest group was for Learning Difficulties (4,112 – 27%); whilst proportions for Brain Injury (1,720 - 11%); and for Mental Health (1,677 - 11%) were very roughly equal.

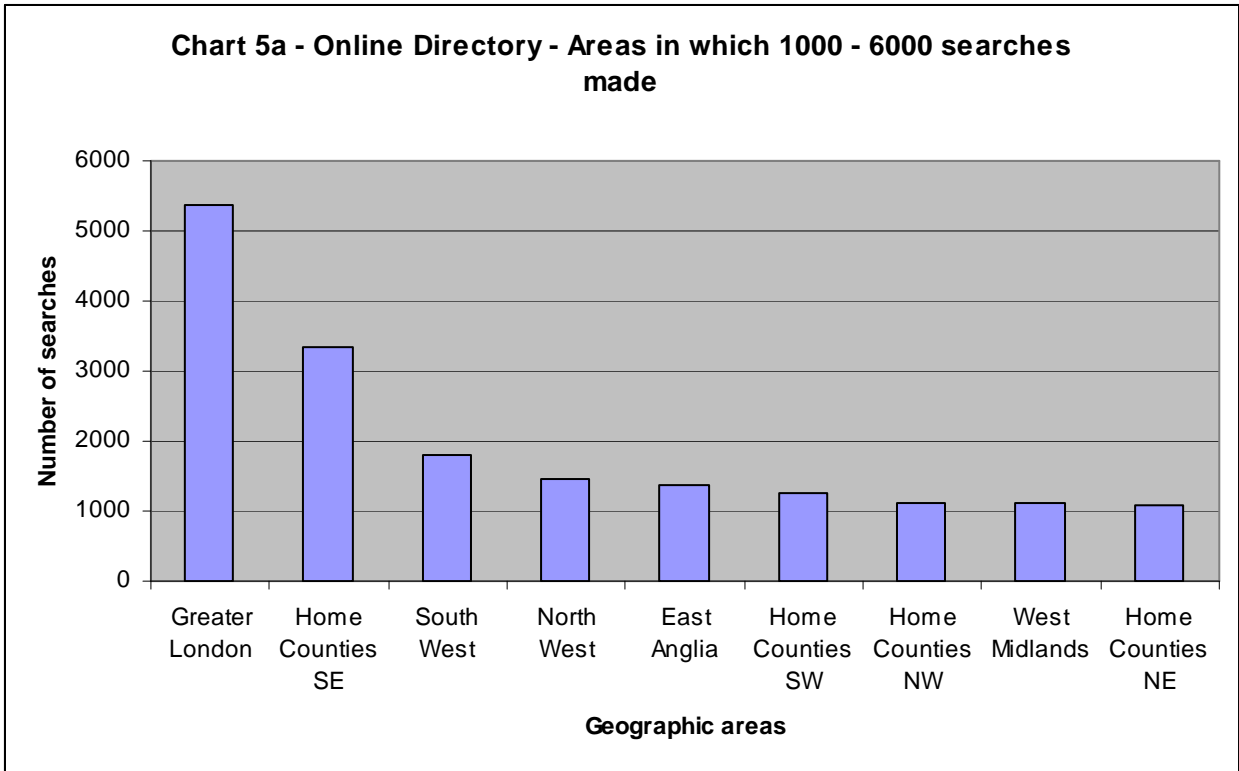


iv) Geographic area in which service required

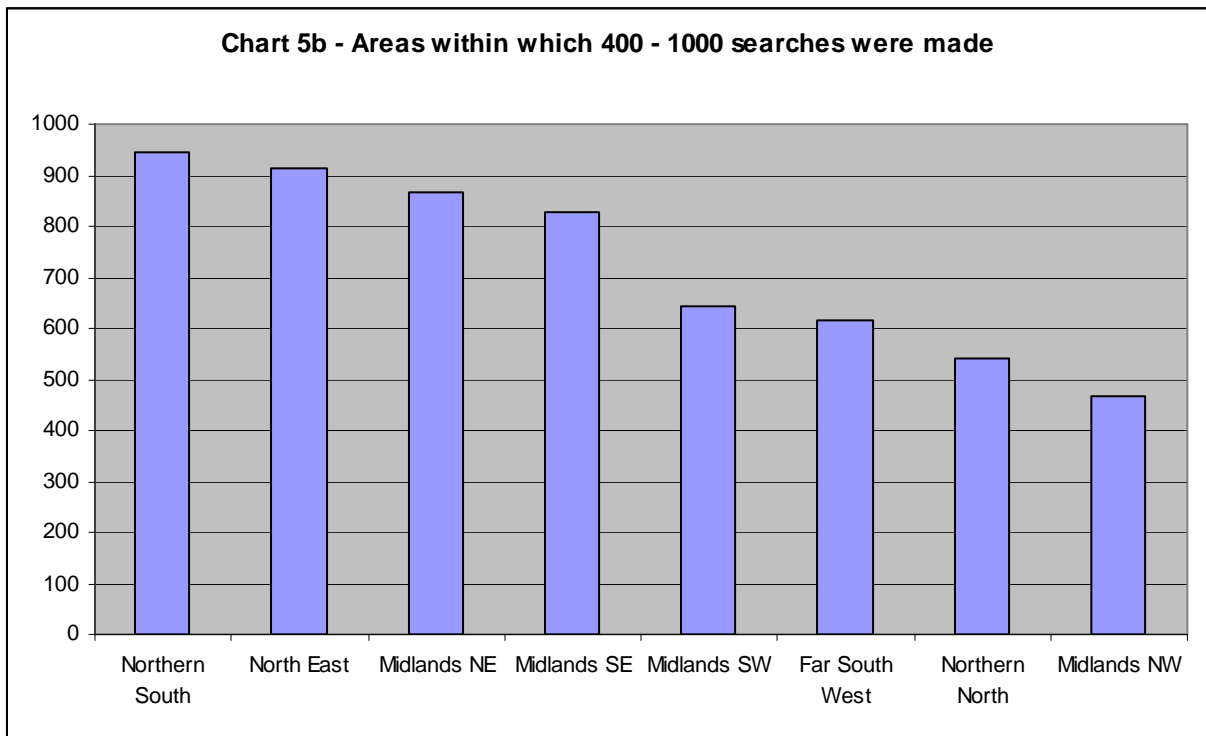
Charts 5a, b and c show the number of searches made in each geographic area during the period April 2003 to end September 2005. Chart 5a shows those areas in England in which between 1,000 and 6,000 searches were made. Chart 5b shows those areas in England in which between 400 and a 1,000 searches were made. Chart 5c shows the number of searches carried out in Ireland, Scotland, Wales, the Isle of Man and Europe as well as those carried out as a Nationwide or International search.

Reference to Chart 5a shows that Greater London was the focus of the largest number of searches, 5,369 (20%). This was followed by Home Counties South East (3,351 searches within Surrey, East and West Sussex and Kent – 12%) and the South West (1,810 searches within Somerset, Avon, Dorset and Wiltshire – 7%).

The North West (1,466 searches within Lancashire and Cumbria – 5%), East Anglia (1,365 searches within Suffolk, Norfolk and Cambridgeshire – 5%) and Home Counties South West (1,267 searches within Hampshire, Berkshire and the Isle of Wight – 4.6%) had similar proportions. As did the Home Counties North West (1,127 searches within Oxfordshire, Buckinghamshire and Bedfordshire – 4%); the West Midlands (1,107 searches – 4%) and Home Counties North East (1,076 within Hertfordshire and Essex – 3.9%).

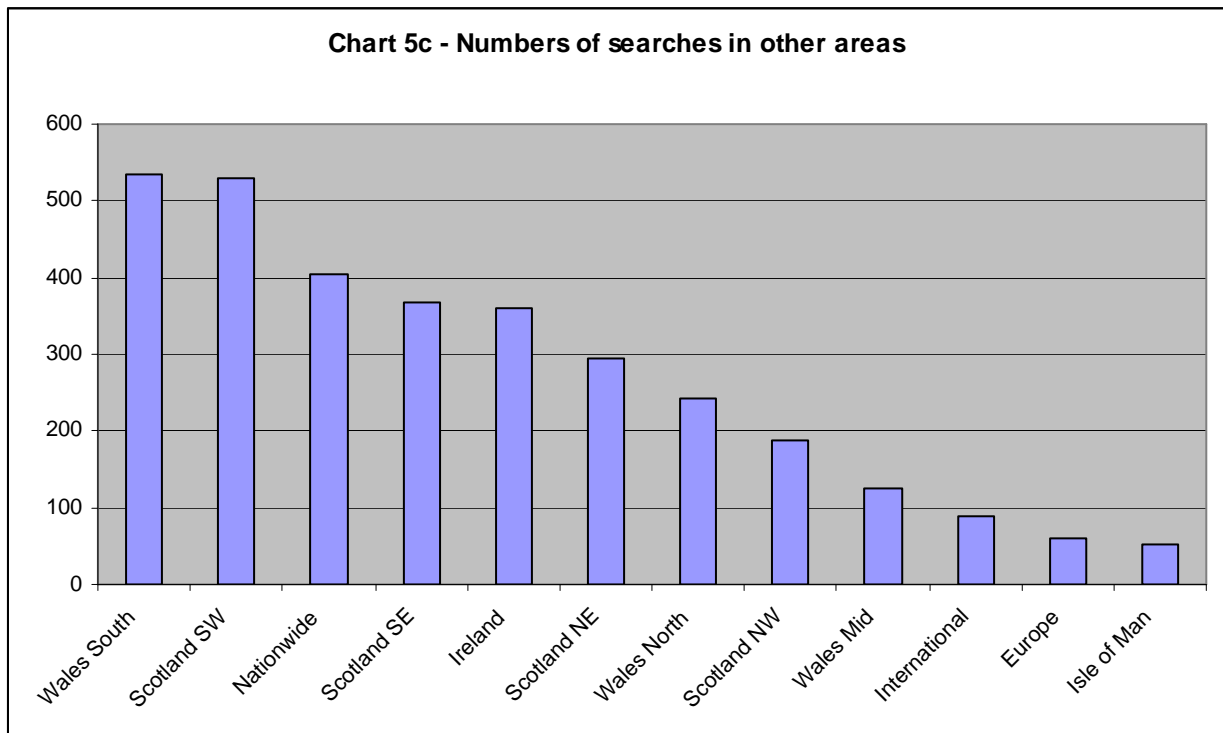


Reference to Chart 5b shows that, of those geographic areas receiving 400 to 1,000 hits, Northern South (Merseyside, Greater Manchester, West and South Yorkshire – 946 hits, 3.5%) the North East (Cleveland, Durham, Tyne & Wear and Northumberland – 915 hits, 3.3%) the Midlands North East (Derbyshire, Nottinghamshire and Lincolnshire - 868 hits, 3.2%) and the Midlands South East (Northants, Warwickshire and Leicestershire –828 hits,3%) received similar proportions.



The Midlands South West (Gloucester, Hereford and Worcester – 643 hits, 2.3%); the Far South West (Devon, Cornwall and the Scilly Isles – 614 hits, 2.2%); the Northern North (North Yorkshire and Humberside – 540 hits, 2%); and the Midlands North West (Shropshire, Staffordshire and Cheshire - 467 hits, 1.7%) also received similar proportions.

Reference to Chart 5c shows that Wales South (West, Mid and South Glamorgan and Gwent – 535 hits, 1.9%); Scotland South West (Dumfries & Galloway, Strathclyde - 530 hits, 1.9%); Scotland South East (Borders, Lothian, Central and Fife – 369 hits, 1.3%) and Ireland (North and South combined – 359 hits, 1.3%) also all received similar proportions.



Scotland North East (Tayside and Grampian – 296 hits, 1%); Wales North (Clwyd and Gwynedd – 242 hits, .8%); Scotland North West (Highlands and Islands - 188 hits, .6%) and Wales Mid (Dyfed and Powys – 125 hits, .4%) received the smallest proportions.

In some cases the geographic area was irrelevant to the searcher and 405 (1.5%) Nationwide searches were recorded, whilst there were 89 (.3%) searches for OTs who could provide an International service. There were a further 60 (.2%) searches for OTs prepared to work in Europe and 51(.1%) for the Isle of Man.

Observations and conclusions regarding the findings derived from the Online Directory are discussed in **Section 5** of this report.

3.02 ENQUIRY LINE FINDINGS

As stated, the information derived from the Enquiry Line is more detailed and specific than that derived from the Online Directory. This data can be divided into enquiries which are concerned with people who are seeking the service of an OT, enquiries which are from OTs themselves interested in working in the independent sector, enquiries from OTIP members requesting specific information, or other more general queries.

The table below shows the proportions of these enquiries during the period May 2002 to May 2006. The uncategorised section relates to repeat calls, those that were inappropriate or where a clear message was not left.

Categories of calls to Enquiry Line						
Year	OT required by public or others	OT interested in working in independent sector	OTIP member seeking info	General enquiry	uncategorised	TOTALS
May – Dec 2002	66% (509)	12% (94)	3% (22)	9% (68)	10% (74)	767
2003	53% (550)	25% (257)	5% (56)	5% (53)	12% (124)	1040
2004	53% (497)	22% (208)	1% (11)*	1% (10)*	22% (209)*	935
2005	36% (422)	23% (266)	9% (105)	11% (130)	20% (238)	1161
Jan – May 2006	24% (105)	20% (89)	14% (63)	11% (48)	30% (134)	439

* Probable anomaly due to less thorough method used to record data - See Section 2.02

The noticeable reduction in the number of calls from members of the public, other professionals or potential employers seeking an OT over the period is probably due to the increased awareness and use of the Online Directory. The increase in the 'uncategorised' section may reflect an increase in calls that have been referred to the group but which are not appropriate.

For the purposes of this report, the focus is on enquiries from people seeking the services of an OT and this totals 1,714 for the period of detailed study.

i) Profile of callers to Enquiry Line

In addition to the information about age groups, type of service required and the geographic area in which it is required, the Enquiry Line is also able to provide some data about 'who' is requiring the service. The highest proportion of callers requiring an OT are clients themselves or members of their families. However, the Enquiry Line is also contacted by a wide range of other agencies who are seeking an OT for advice or for treatment of someone for whom they are responsible. The Enquiry Line is also sometimes used as a way for companies to contact independent OTs for promotional purposes. Although not all callers provide clear information, a detailed study of the database has been able to provide a profile of those callers who are not clients themselves.

During the period 1 July 2002 to 16 September 2005 at least 550 callers to the Enquiry Line did not fall within the categories of clients, clients' relatives, or of OTs themselves.

Agency	Number of calls	Agency	Number of calls
Residential care home owners	125	Higher Education Centres	12
NHS Trusts	98	Publishing/media	11
Legal firms	62	Private hospitals/clinics	9
Forces charities (SSAFA, British Legion, RAFA)	31	Private physiotherapists	9
Rehabilitation providers (including some owned by OTs)	27	Other voluntary organisations (non-condition centred)	8
Social services departments/ District councils	26	Building services/Home improvements/Environmental H	5
Equipment companies	23	COT	5
Condition-centred charities (including Age Concern)	20	Insurance related agencies	4
Housing Associations	19	Speech and Language Therapists	3
Disability Information Services	17	Other COT Specialist Sections	3
Schools/Education authorities	14	UNISON welfare	2

In addition to the above from whom more than one call was received, numerous other agencies made one call each, these are listed in Appendix IV.

ii) Age groups for whom enquiries were made

Chart 6 shows the proportions of the enquiries for different age groups that were recorded as being concerned with locating an OT. Of these, 619 (36%) were requiring an OT to work with children, 605 (35%) to work with older people, 353 (20.5%) to work with adults, 50 (3%) to work with adolescents/young adults and 87 (5%) did not specify an age grouping. Chart 7 shows the varying numbers of enquiries by age groups over the period of the Enquiry Line analysis.

Chart 6 - Enquiry Line - Proportion of enquiries by age groups

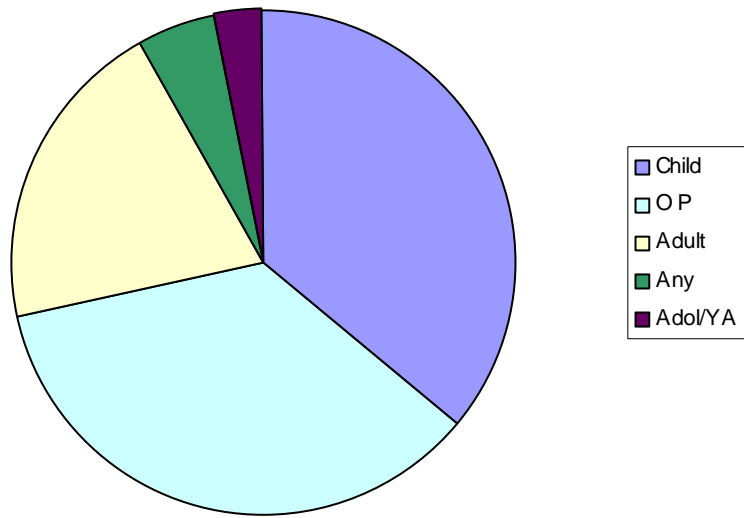
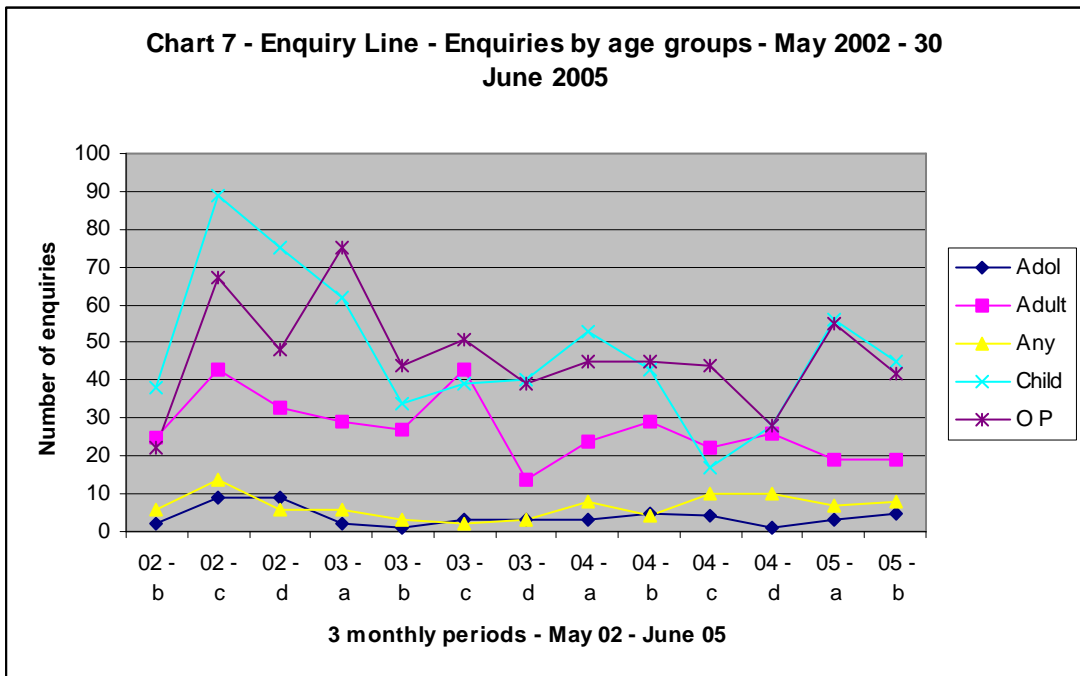


Chart 7 - Enquiry Line - Enquiries by age groups - May 2002 - 30 June 2005



The information relating to age groups has been broken down further into the proportionate number of enquiries for each age group in each geographic area. The data for English areas are shown in Chart 8, and for other areas in Chart 9. Within Chart 9, 'Various' refers

to those enquiries that were not related to a specific area, one international query, one for an OT in Paris, and another in Jersey. See Charts 10 and 11 below for information regarding the numbers involved in each area.

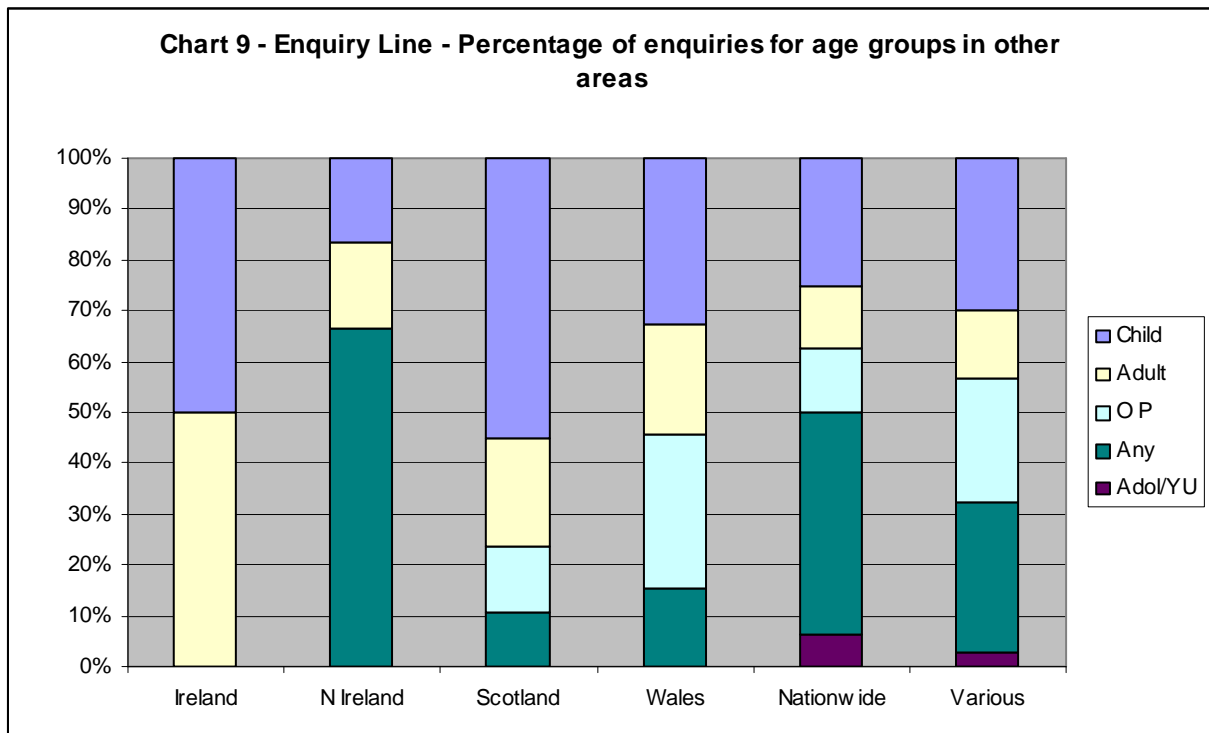
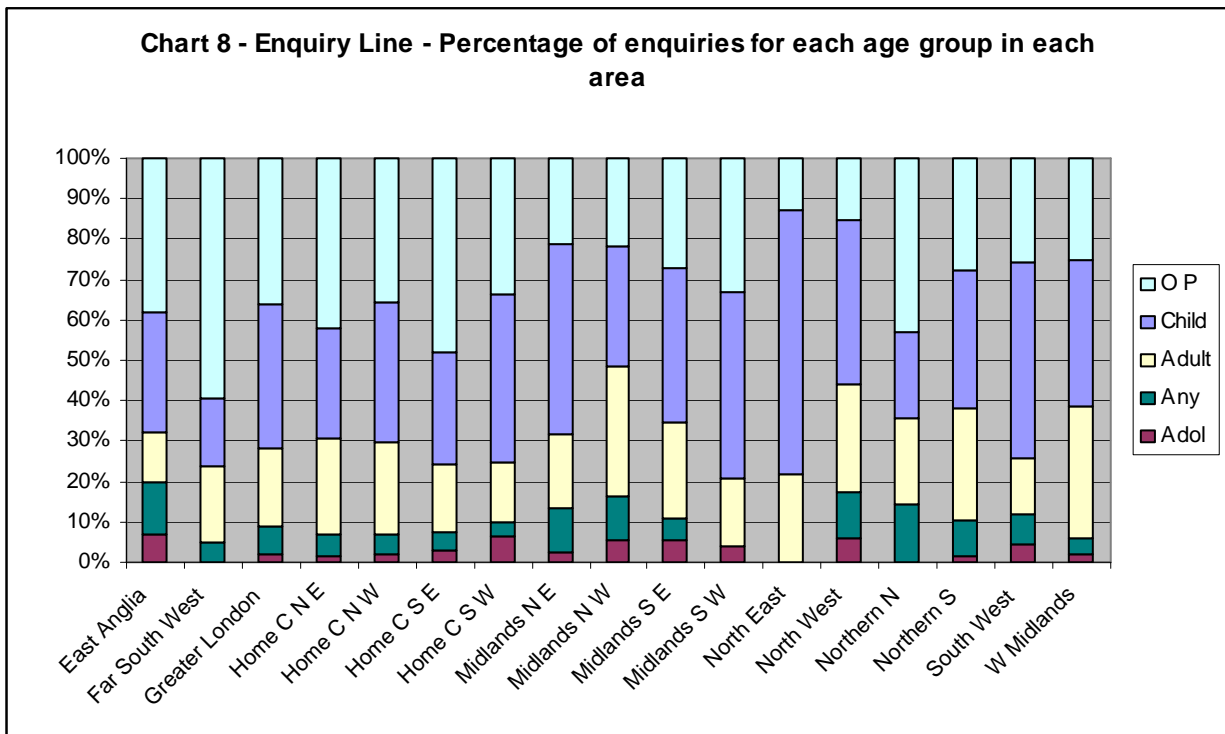


Chart 8 shows considerable variation between geographic areas in relation to the Age Groups requiring an OT with, for example higher proportions of older people in the Far South

West and higher proportions of children in the North East. These regional variations are commented on in greater detail in **Section 4. 02**.

iii) **Geographic areas for which enquiries were made**

Chart 10 shows the numbers of enquiries that were made related to the different geographic areas within England, and Chart 11 shows the numbers for other areas.

As with the Online Directory (Charts 5a, and b and c) and, not surprisingly, most enquiries were made for OTs in the Greater London area (about 28%). The Home Counties South East also comes second in both sets of data (about 13%). There is then some variation in that, for the Enquiry Line, Home Counties North East came third (7.5%), whereas on the Online Directory, the South West ranked third (7%) whilst it was fourth on the Enquiry Line (5%). Beyond these observations there is little variation between the other English areas as they ranged between 1% and 4% of all enquiries. It is notable that the Northern North area (North Yorkshire and Humberside) ranked lowest on the Enquiry Line records and second to lowest on the Online Directory.

In regard to the other areas comparisons are less meaningful as, due to the small numbers (between 1% and 2.6% of enquiries), it was not practical to sub-divide the Welsh and Scottish enquiries into the same regional categories for the Enquiry Line as they are divided on the Online Directory.

More detailed information regarding the patterns and types of enquiries made related to each individual area is provided in **Section 4** and relevant Charts are presented in **Appendix V**.

Chart 10 - Enquiry Line - Numbers of enquiries for each English area

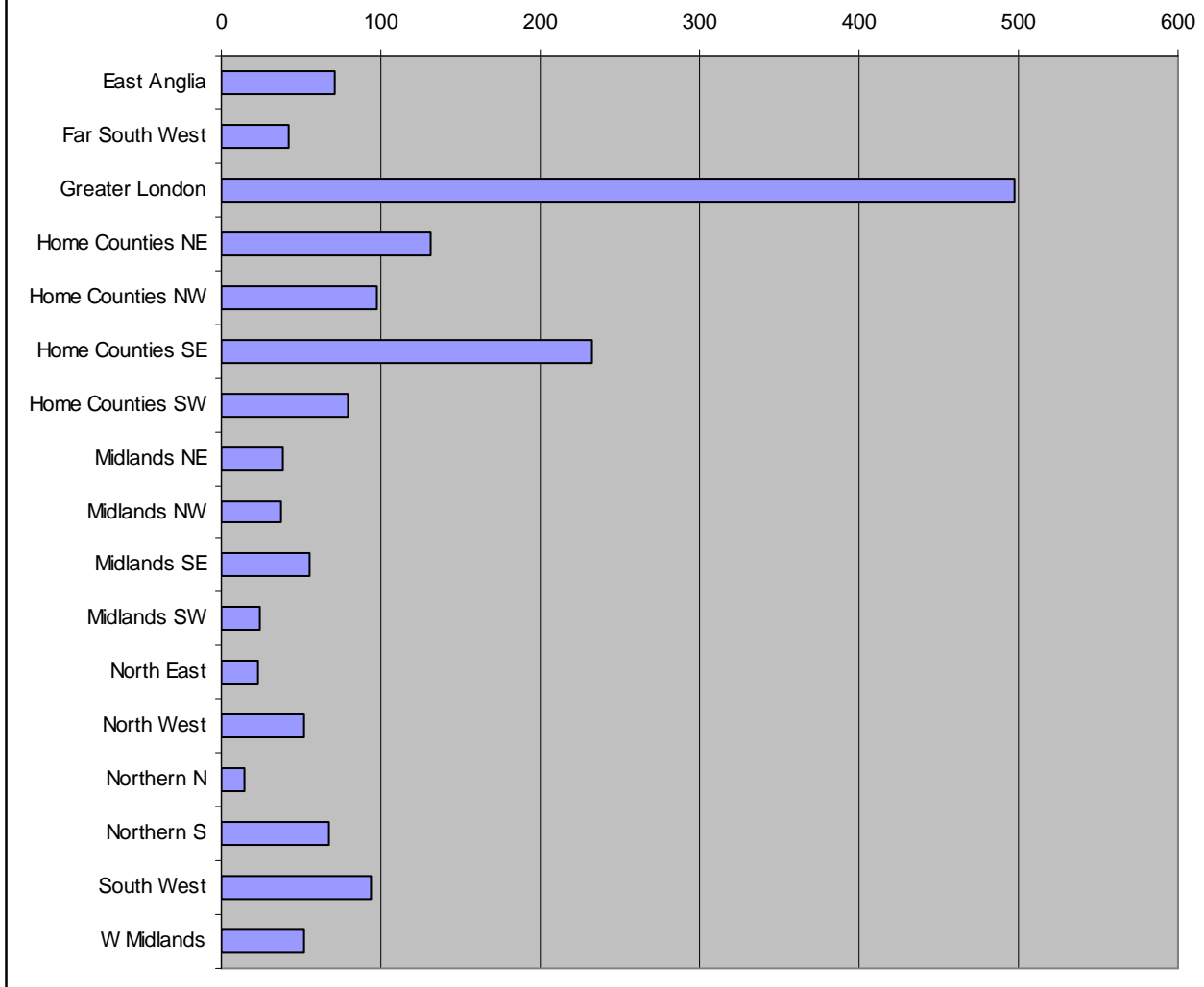
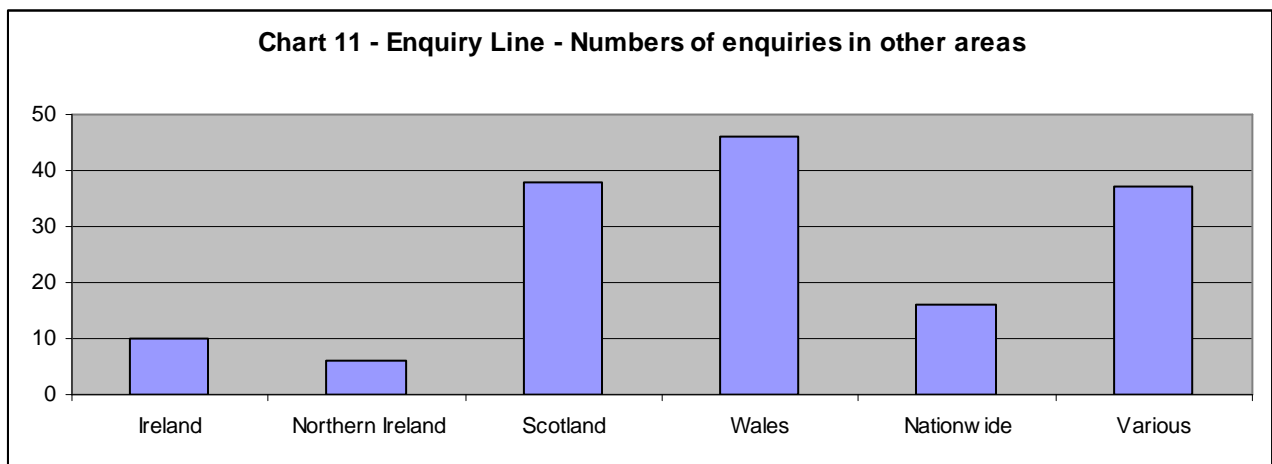


Chart 11 - Enquiry Line - Numbers of enquiries in other areas



iv) Work/service areas for which enquiries were made

As with the Online Directory, there are 30 Work or Service areas into which enquiries to the Enquiry Line are categorised. However, due to the relatively small number of enquiries related to many of these categories, the following Charts 12 and 13 only provide information on the most commonly requested services with the remaining enquiries categorised as

'Other'. Detailed information relating to the 'Other' category is provided in **Section 4.02** for each area.

As described earlier, it has been difficult to achieve complete consistency in regard to categorising the enquiries and, where practical, reference has been made to supporting information to try to make this as accurate as possible. Chart 12 clearly illustrates that the greatest need has been for OTs who can carry out treatment and rehabilitation (about 46%). Also included within this category is the general term of 'assessment'. This has been included within this category because the majority of these 'assessments' were for identifying whether or not the enquirers or their relative/client would benefit from treatment or rehabilitation. Other specific 'assessments' such as 'wheelchair', 'medico-legal' or 'housing', are included under those separate headings. However, it is also probable that some enquiries recorded as 'Assessments' were related to specific assessments for Statements of Educational Need (SEN) for children with Learning Difficulties. In some circumstances these SEN assessments may have been recorded under 'Appeals, Reviews and Tribunals' (Appeals/Tribs on the Charts) if the caller had specified that the assessment was required for an appeal or tribunal.

Chart 12 therefore shows the total numbers of enquiries related to nine of the most frequently required services.

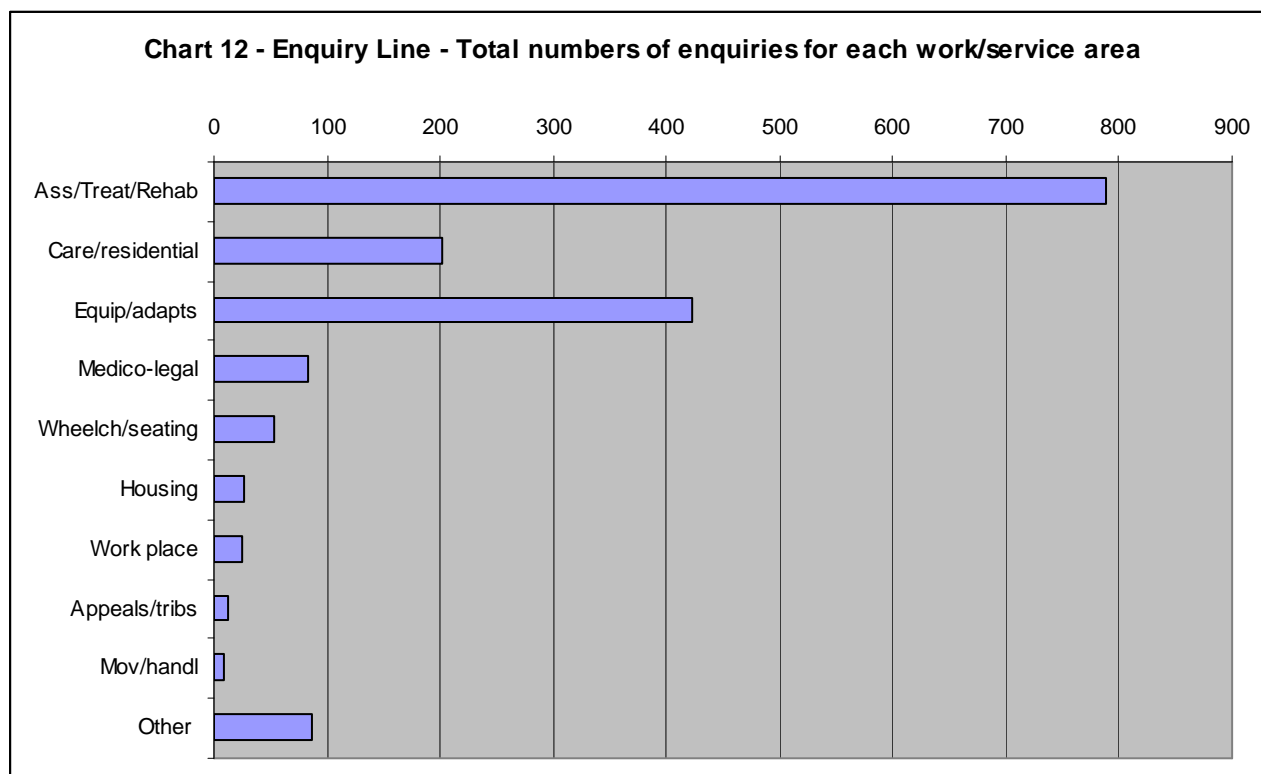


Chart 13 shows these enquiries related to the pattern of enquiry over the period May 2002 to 30 June 2005. This is done by showing totals for three month periods (02b = May 2002 – end June 2002, 02c = 1 July 2002 – end September 2002, 02d = 1 October 2002 – end December 2002 etc).

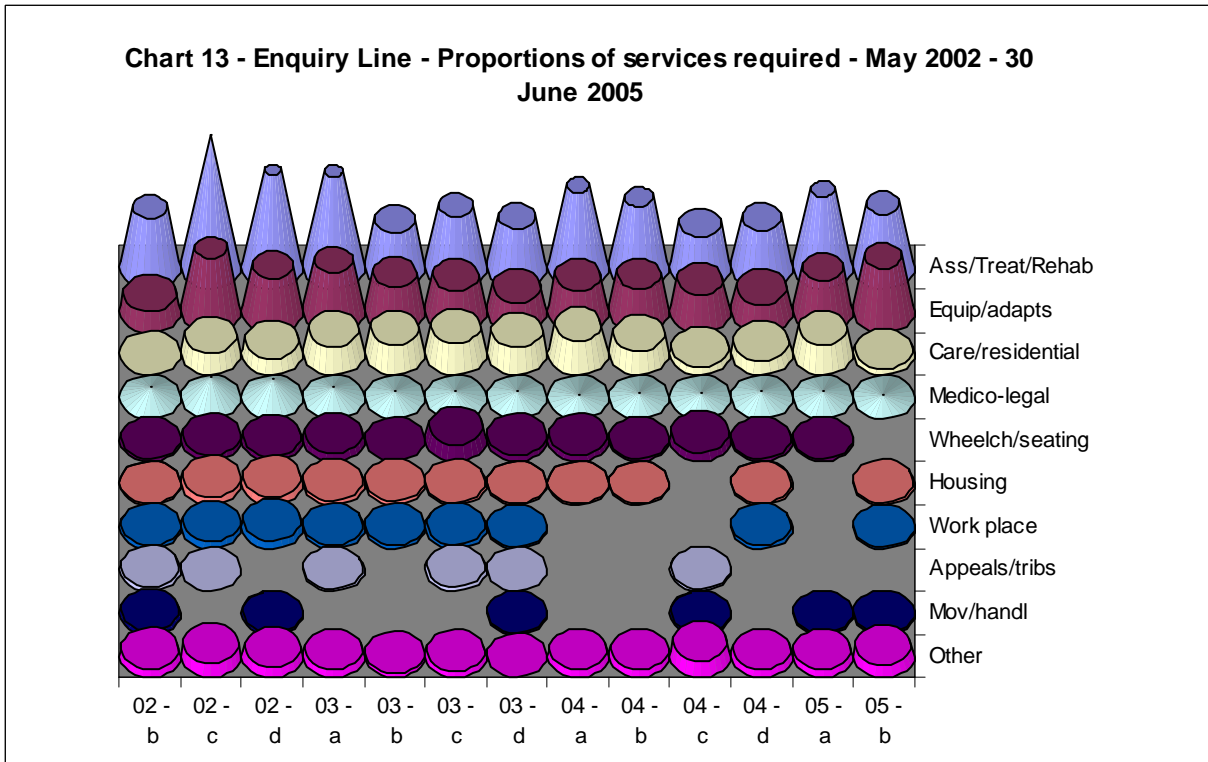
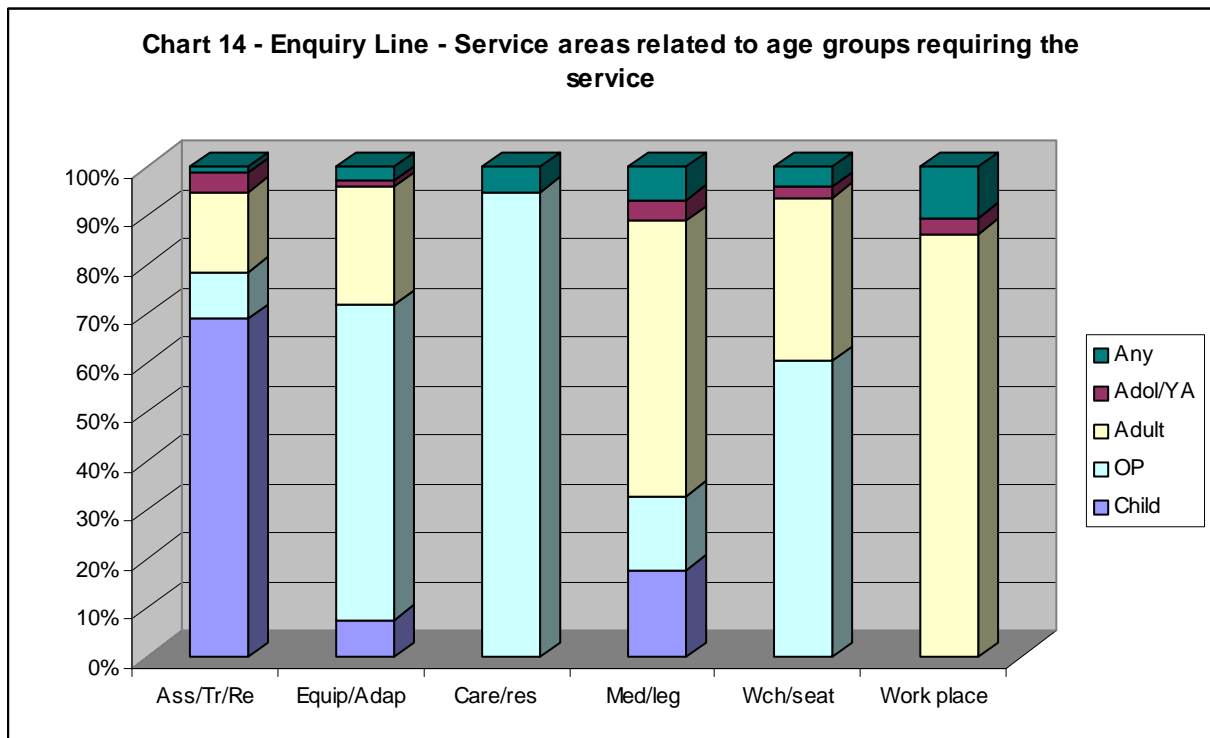


Chart 14 shows the difference in the characteristics of the age groups which required six of the most requested services.



4. FURTHER ANALYSIS OF ENQUIRY LINE DATA

Because of the volume and detail of the data recorded on the Enquiry Line Spreadsheet it has been possible to carry out some more complex analysis of the information and to relate this to some of the comments that enquirers made. In particular this data relates to the type of services that were required and to the regional variations.

4.01 CHARACTERISTICS OF THE THREE MOST REQUESTED SERVICES

i) Assessment, Treatment and Rehabilitation

As stated in the previous section, Charts 12 and 13 both illustrate that enquiries for Assessment, Treatment and Rehabilitation (Ass/Treat/Rehab, or Ass/Tr/Re in the charts) are in the majority with a total of 788 enquiries. Chart 13 shows that this is a consistent feature over the period May 2002 to 30 June 2005. Chart 14 shows that 'Children' was the age group for whom the greatest number of enquiries related to assessment, treatment and rehabilitation were made. 'Adults' was the next largest group followed by 'Older People' and 'Adolescents/Young adults'.

Further study of the information on the spreadsheets reveals that many of the parents who contacted the Enquiry Line commented on the length of the waiting lists for children's assessments and treatment in their area. Waiting lists of 18 to 24 months were not uncommon, in one case there was a wait of five years and in another help was only available to terminally ill children. In many cases these children had been identified as having, or potentially having, Dyspraxia. 188 enquirers stated that this was the case, whilst many others commented that the child had problems with 'hand writing' or other co-ordination difficulties. Other enquirers stated that they were seeking an OT with expertise in Sensory Integration (68), and others stated that the child was Autistic (23) or had Asperger's Syndrome (9).

ii) Equipment and Adaptations

The second most required service, 423, was for OTs with expertise in work associated with specialist equipment and environmental adaptation. This shows a fairly steady level of need throughout the 39 month period. As might be expected, 'Older People' was the age group for whom the greatest number of enquiries related to this service.

Again, further study of the information on the spreadsheets reveals that many people requiring advice on equipment and adaptations had commented on the waiting lists for this provision in their area with delays of up to two years.

iii) Care/Residential

Of the 201 enquiries put in this category, at least 146 actually specified that this was because home owners required an OT to carry out a Standard 22 assessment in order for them to comply with the requirements of the Care Standards Act. It is likely that further enquirers also required an OT for this purpose but did not actually state their reason. Chart 14 shows that the great majority of enquiries were related to care homes for older people, although there were some enquiries that did not specify the age group. Other reasons for requiring OTs to work in Care and Residential establishments were:

- to provide staff training
- to advise on activities
- to assess individuals for equipment or treatment.

Reference to Chart 13 indicates that there was a slight increase in enquiries relating to Care/Residential homes during 2003 and the early part of 2004. This may reflect the response of home owners to the legislation. Reference also to **Section 4.02** show that there was considerable regional variation in the demand for this service.

Further comments on the characteristics of who required what type of service, where, are presented under headings for each geographic area.

4.02 CHARACTERISTICS OF THE DIFFERENT GEOGRAPHIC AREAS

There was some variation in the type of services that were required in the different geographic areas. However, comparisons are difficult to make as there was also such variation in the volume of enquiries that were made related to each area. In order to provide a comprehensive picture of demand for OT services as demonstrated by calls to the Enquiry Line, the characteristics of each area are discussed below. The data relating to the age groups and services required for each area are presented in Charts in **Appendix V**.

i) East Anglia (Suffolk, Norfolk and Cambridgeshire) – 71 Enquiries (4%)

Reference to the charts on page 41 shows that the most required services, in line with the national picture (Chart 6), were Treatment/Rehabilitation, Equipment/Adaptations and Residential Care. The largest age group was Older People, closely followed by Children. The 'Any' and 'Other' categories included several requests for a general list of all independent OTs working in the area and specific requests for:- an OT to address a conference; an OT to be linked to the local SAAFFA group; and an OT to be linked to the local education service.

Several people commented on the lengthy waiting lists in their area. One adult had been waiting 'years' for an OT to help, another stated that s/he was at risk of losing funding for some work due to the length of the waiting list. For children, two people commented on waiting lists of 24 months, one of 12 months and another just said the list was very long.

ii) Far South West_(Devon, Cornwall and the Scilly Isles) – 42 Enquiries (2.5%)

Reference to the charts on page 42 shows that the Far South West has a different profile from the national picture which probably reflects the demographics of the area. By far the most enquiries were related to Older People and the most requested service was for Residential Care wherein 14 of the 16 requests were for Standard 22 assessments.

Amongst the comments that were made was one adult who commented on the lengthy waiting lists for assessment for equipment and adaptations in the area, and one parent who mentioned a 24 month waiting list before her six year old son could be seen.

iii) **Greater London** – 497 Enquiries (29%)

Reference to charts on pages 43 - 46 show that the distribution of enquiries by age groups is comparable with the national picture with the majority being for children and older people.

In terms of services required, because of the greater numbers involved, it is possible to provide a more detailed breakdown. The charts on pages 43 - 46 show the characteristics of the different services required by different age groups. It is noticeable that Children predominantly require Treatment; Older People predominantly require Equipment and Adaptations; and Adults have a more varied presentation with no service being pre-eminent. The chart on page 43 shows that enquiries concerning Dyspraxia and Sensory Integration have been separated out from general Assessment, Treatment and Rehabilitation enquiries. As in other areas, there are many enquiries related to Equipment and Adaptations. Given the number of Residential Care homes that there must be in the Greater London area it is perhaps surprising that there are not more enquiries related to these.

The 'Other' category encompasses a wide range of enquiries including:

- Access audits
- Housing
- Dementia care
- Moving and handling
- Ergonomics
- Vehicle assessment
- Appeals
- Pain management
- Staff training
- OTs in schools.

There were also some one-off enquiries such as an OT required to advise on housing adaptations in a film with a disabled main character and an OT required to advise Railway services.

There were many comments lamenting the lengthy waiting lists for children and adults. For children, 22 parents gave details of the length of the list ranging from 12 – 24 months. For adults the waits were for up to 24 months with one lady aged 85 being told that she would have to wait 18 months. Another individual said that she had been told that there were 800 people on the waiting list.

iv) **Home Counties North East** (Hertfordshire and Essex) – 129 Enquiries (7.5%)

Reference to the charts on page 47 shows that, compared with the national picture, there were fewer enquiries relating to children in this area and more for adults and older people. These results are reflected in the numbers of enquiries related to Equipment and Adaptations, Residential Care and Workplace assessments.

The 'Other' category includes enquiries concerned with:- Medico-legal work, Moving and Handling, a Tribunal, a Housing Association, assessment of a disabled student and guidance on fees for OT.

Three adults commented on the length of the waiting list for equipment and adaptations including an 80 year old having to wait 18 months. One parent of a child with Dyspraxia

commented on the waiting list and another mentioned that there was no NHS OT available for Sensory Integration work.

v) Home Counties North West (Oxfordshire, Buckinghamshire and Bedfordshire) – 96 Enquiries (5.6%)

Reference to the charts on page 48 shows that the distribution of age groups is comparable to the national picture with the majority being divided fairly evenly between children and older people. The services required do not show any significant features. The 'Other' category includes services concerned with:- a Grant application, a Tribunal, a Workplace assessment, and advice on building a new home for Young Disabled Adults.

Seven parents commented on the length of waiting lists with one stating that there was no provision for children with a Learning Disability over the age of seven unless they were terminally ill. For adults, one person commented that s/he had been waiting for a wheelchair assessment for nearly two years and another that there was a waiting list for equipment and adaptations of 24 months.

vi) Home Counties South East (Surrey, East and West Sussex, Kent) – 233 Enquiries (13.5%)

Reference to the charts on page 49 shows that, compared with the national picture, there were a higher number of enquiries relating to older people in the Home Counties South East and a high proportion of these were concerned with Residential/Care homes (46 enquirers actually specified Standard 22 Assessments). There were also proportionately fewer enquiries relating to Treatment/Rehabilitation than in many other areas and the national picture. However, 25 enquirers specified that they were searching for an OT with expertise in Dyspraxia and 11 for expertise in Sensory Integration.

Within the 'Other' category for this area were: Pain Management, the need for an OT supervisor, a solicitor requiring a Cognitive Function Assessment in a divorce case, a solicitor wanting a Moving and Handling protocol for a client, an OT to carry out an assessment to enable a student to have an Examination dispensation, an Education and Training enquiry and general requests for lists of OTs working in the area.

Four adults commented on the length of waiting lists for assessment for equipment and/or adaptations, these varied from 5 months to 18 months. One parent commented that the local authority had closed all lists relating to children's assessment.

vii) Home Counties South West (Berkshire, Hampshire, Isle of Wight) – 80 Enquiries (4.6%)

Reference to the charts on page 50 shows that enquiries from this area reflect the national picture with the majority of enquiries relating to services for children and older people and with most enquiries being concerned with Treatment and Rehabilitation. Five enquirers specified the need for a Standard 22 assessment, eight said that they required an OT with expertise in Dyspraxia and four for expertise in Sensory Integration. 'Other' enquiries included: Ergonomics, Moving and Handling, Housing, and general lists of OTs in the area.

There was one comment relating to a person of 90 who was on a lengthy waiting list for a bathing assessment and another about a young man of 20 who had had a stroke and was needing further rehabilitation. In regard to children there was one comment that a child had been statemented but there was no local OT service.

viii) Midlands North East (Derbyshire, Nottinghamshire and Lincolnshire) – 38 Enquiries (2.2%)

Reference to the charts on page 51 shows that there were proportionately more enquiries related to Children and fewer for Older People in this area compared with the national picture and that these were mostly for Treatment and Rehabilitation. Six people specified the need for an OT with expertise in Dyspraxia, four for Sensory Integration and two for Autism. Four parents also commented on the lengths of the waiting lists, one saying that this was five years and another saying that the local service ended at the age of ten.

The 'Other' category included one wheelchair assessment, one enquirer requiring a list of OTs in the area and others where no information was given.

ix) Midlands North West (Shropshire, Staffordshire and Cheshire) – 35 Enquiries (2%)

Reference to the charts on page 52 shows that there were proportionately more enquiries for Adults in this area as compared with the national picture and several of these were for Workplace assessments. Two enquirers specified the need for an OT with expertise in Dyspraxia, three for Sensory Integration and one for Autism, and one of these commented on the long waiting lists in the area.

The 'Other' category included an Access Audit, a Moving and Handling assessment, expertise in Medico-legal work and an OT herself requiring another OT to supervise her independent work.

x) Midlands South East (Northants, Warwickshire and Leicestershire) – 55 Enquiries (3.2%)

Reference to the charts on page 53 shows that there were proportionately fewer enquiries relating to Older People in this area, and more for adults and adolescents, as compared with the national picture. The distribution related to services required was fairly standard. However, compared to the total number of enquiries for the area (about 55), there were many comments on the length of waiting lists, particularly for Children's services. Six parents commented mentioning lists of 18 to 24 months. For adult services, two people commented on waiting lists of up to 18 months.

The 'Other' category included enquiries relating to a Wheelchair/Seating assessment, a Mobility Equipment company seeking an OT to work with them, an Educational Establishment wanting an OT to have an ongoing working relationship with them, an OT to work with brain injured clients and general enquiries for lists of OTs in the area.

xi) Midlands South West (Gloucester, Hereford and Worcester) – 24 Enquiries (1.4%)

Reference to the charts on page 54 shows that of the relatively few enquiries for this area more were for Children than for other age groups and the majority of enquiries were for Treatment and Rehabilitation. Four parents stated that the child had Dyspraxia, and one had Asperger's Syndrome. Of the five enquiries related to Residential/Care, four specified that they required a Standard 22 assessment.

The 'Other' category included an OT requiring Clinical Support. Only one person commented on a waiting list and this was in the case of an older person who required a

stairlift. The stairlift supplier stipulated that an OT report was required before the stairlift could be supplied and there was a waiting list for a local authority assessment.

xii) North East (Cleveland, Durham, Tyne & Wear and Northumberland) – 23 Enquiries (1.3%)

Reference to the charts on page 55 shows that of the enquiries in this area, the great majority were for Children's services and that the most requested service was Treatment and Rehabilitation. Five parents specified that they required OTs with expertise in Dyspraxia, two with Sensory Integration, one with Autism and one with Asperger's Syndrome. Of the three enquiries related to Residential/Care, one stated that they required a Standard 22 assessment.

The 'Other' category referred to one Housing enquiry and three others who did not specify their requirement. There were no comments about waiting lists, although one person commented that 'the NHS cannot respond.'

xiii) North West (Lancashire and Cumbria) – 52 Enquiries (3%)

Reference to the charts on page 56 shows that there were fewer enquiries related to Older People in this area compared with the national picture and more for the Adults, Adolescents and Any groupings. Enquiries for Children's services were also higher.

The great majority of enquiries were for Treatment and Rehabilitation. Two parents commented on the wait for treatment in their area, in one case for 18 months. Another parent commented that the local hospital had suggested that they should get an assessment done by a private OT. For older people, one person commented on the very lengthy waiting list for equipment.

The 'Other' category referred to an Access Audit, a Workplace assessment and a Grant Application assessment. There were also requests for OTs who could advise a hotel and a college on disability matters.

ixx) Northern North (North Yorkshire and Humberside) – 14 Enquiries ((.8%)

Reference to the charts on page 57 show that, as stated earlier, this area received the fewest enquiries, 14. There were proportionately more enquiries for Older People than for other groups and two enquirers specified that they were looking for an OT to carry out a Standard 22 assessment. Two parents commented that they were seeking an OT with expertise in Dyspraxia and one for Sensory Integration. There were no comments made about waiting lists.

The 'Other' category included a Housing Assessment, a Wheelchair/Seating assessment and a request for a list of OTs in the area.

xx) Northern South (Merseyside, Greater Manchester, West and South Yorkshire) – 68 Enquiries (3.9%)

Reference to the charts on page 58 shows that, compared with the national picture, this area has a more even distribution of enquiries related to age groups. There were only four

enquiries concerning Residential/Care and all of these specified a Standard 22 Assessment. Nine parents mentioned that they were seeking an OT with expertise in Dyspraxia, two for Sensory Integration and one for Asperger's syndrome. Two of these commented on the length of the waiting list in their area, one of whom said that there were 500 children on the waiting list and the other just said that the child needed an assessment and the waiting list was too long.

The 'Other' category included a Housing assessment, a Wheelchair/Seating assessment, the need for an OT to provide a report in a child abuse case, the need for an OT to give a lecture on Independent Practice, and two who did not specify their requirement.

xxi) South West (Somerset, Avon, Dorset and Wiltshire) – 94 Enquiries (5%)

Reference to the charts on page 59 show that, in this area, enquiries for Children's services are noticeably higher than the national picture. There were also fewer enquiries for services for Older People. This is reflected in the high levels of enquiries for Treatment and Rehabilitation and the low numbers for Equipment and Adaptations. However, there were comparatively more enquiries for Residential/Care and ten of these specified the need for a Standard 22 assessment.

Five parents commented on the long wait for assessments, two of whom stated that there was no local NHS OT available. Nine parents stated that they required an OT able to treat Dyspraxia, two for autism, two for Asperger's Syndrome and one for Dyslexia. Two adults commented on the long waiting lists, one of whom specified the wait for a wheelchair assessment.

The 'Other' category included one Moving and Handling enquiry, one for Tribunals, one for consultancy work on Disabled Facilities Grants, one to assess students at a college, and one to address a meeting on Medico-legal work.

xxii) West Midlands – 52 Enquiries (3%)

Reference to the charts on page 60 shows that, in this area, there were proportionately more enquiries for services for Adults and fewer for Older People. The majority of enquiries were for Treatment and Rehabilitation and the second largest group was for Residential/Care, where five people specified the need for a Standard 22 assessment.

Three parents commented on the length of the waiting lists which were between 18 and 24 months. Seven parents specified that they were seeking an OT to treat Dyspraxia, one for Autism and one for Asperger's Syndrome.

The 'Other' category included a Workplace assessment and a Wheelchair/Seating assessment.

xxiii) Nationwide – 16 Enquiries (.9%)

Reference to the charts on page 61 shows that Nationwide enquiries were, not surprisingly, not necessarily related to age groups or particular services. They included enquiries for:

- an OT to advise a national disabled persons' organisation
- lists of OTs for an information pack and an ongoing resource pack
- an equipment company wanting OTs to provide a nationwide service

- an OT for a Special Education Service

They also included people who had been unsuccessful in locating an OT to provide a service in their area and, in desperation, asked for a nationwide search to be undertaken on their behalf. These included:

- paediatric OTs
- hand therapists
- case managers
- housing experts
- wheelchair therapists.

ixxx) Ireland and Northern Ireland – 16 Enquiries (1.5%)

Reference to the chart on page 62 shows that there have been very few enquiries for OTs in Ireland, a total of 10, and these are divided equally between adults and children. One Adult commented on a lengthy waiting list for Adaptations.

Reference to the chart on page 64 shows that there were even fewer enquiries for OTs in Northern Ireland, a total of six, and only two of these specified an age group, one Child and one Adult. The others either gave no more detail or simply required a list of OTs working in the area.

Due to the low numbers it is unwise to draw attention to any particular features of the types of enquiry made.

xxx) Scotland – 30 Enquiries (1.7%)

Reference to the chart on page 63 shows that, of the 30 enquiries made for OTs in Scotland, the majority required an OT to work with Children. There were proportionately fewer enquiries on behalf of Older People as compared with the national picture in England (Chart 6).

Treatment and Rehabilitation was the most requested service and five parents were seeking OTs with expertise in Sensory Integration whilst four required expertise in Dyspraxia.

xxxi) Wales – 46 Enquiries (2.6%)

Reference to the chart on page 65 shows that the pattern of enquiries in Wales was more similar to the national picture in England with most enquiries being for Children or Older People and Treatment and Rehabilitation being the most required service.

The 'Other' category included one enquiry for Residential/Care and one for a Moving and Handling assessment. Five parents stated that their children required treatment for Dyspraxia and two parents from North Wales commented on the length of the waiting lists.

xxxii) Other areas – 37 Enquiries (2.1%)

Reference to the charts on page 66 shows that there were a number of enquiries related to 'Other' or non-specified areas. The 'Other' areas included some International enquiries, one

in Bermuda, one in Paris and one in Jersey, where a gentleman required an OT to come and live in Jersey for a year to treat his wife.

Included within this category were also a number of general enquiries relating to Fees, lists of all OTs in the Directory or OT recruitment.

5. COMMENTS AND CONCLUSIONS ARISING FROM THE FINDINGS

5.01 GENERAL OBSERVATIONS ARISING FROM FINDINGS

1. The skills of OTs are required in a very wide, almost unlimited, range of settings extending well beyond the traditional 'health and social care settings' associated with the employment of OTs. This demonstrates the relevance of the application of occupational therapy in every aspect of human life.
2. OT services are required within the independent sector either because the 'client' cannot access a statutory service, be that health or social care, due to the length of waiting lists or to not meeting the criteria, or because the service required is not available as a 'statutory' service, or because of a personal choice not to use statutory services.
3. Health Service waiting lists were cited as a reason for requiring an independent OT most frequently when the service was required for a child and Local Authority waiting lists were cited more frequently when the service was required for an older person.
4. In many cases the client may need to meet a Statutory Requirement e.g. Care Standards, DDA, or SEN assessment, but there is not a statutory service in place providing the appropriate assessment skills. The enquiries/searches therefore reflect the demands arising from new legislation.
5. The searches on the Online Directory and calls to the Enquiry Line illustrate the overwhelming demand for OTs experienced in working with children, especially within London and the South East. The majority of this work is for treatment, specifically for Dyspraxia.
6. There are geographic variations in demands for services. To some extent these reflect demographics, population density and age profiles. However, they may also reflect the level and quality of statutory services within an area, the expectations and attitudes of the local population and the level of affluence within an area.
7. Older people seeking OTs more frequently require advice on equipment, wheelchairs and adaptations than other areas of work.
8. Adults seek OTs for a wide range of services including specifically workplace assessments, vocational rehabilitation and medico-legal assessments.
9. Adolescents and young adults most frequently require treatment and education-related assessments.

5.02 ISSUES TO BE ADDRESSED BY THE OCCUPATIONAL THERAPY PROFESSION

1. It is often within the independent sector that new applications of OT skills are developed. For example – medico-legal work, access auditing, care standards assessments, employment-based assessments and treatments, preparation of reports for SEN Tribunals. The COT needs to keep itself up to date with these

developments to have an input on Standards of Practice within these settings and to ensure that OT Training Programmes take account of these new areas of work.

2. The demand for OTs with expertise in treating children is so great and the type of work required is so specific, that the profession might consider setting up separate training programmes to attract people who would only ever wish to work with children to address this particular need.
3. As shown, legislation drives services. It is therefore important for the profession to anticipate the likely impact of developing legislation in order to be prepared to provide appropriate 'add-on' training. A case in point is the recent focus on Incapacity Benefit and Return to Work Programmes. Anecdotal evidence demonstrates that the Insurance Industry in particular has now realised the importance of using OTs in Vocational Rehabilitation, but there are insufficient numbers of suitably experienced OTs to meet the growing demand.
4. There is a growing demand for OTs in different spheres of work – education, employment, housing - in addition to traditional health and social care settings. NHS Trusts are cutting back on training places. The profession needs to look beyond the Department of Health as the main source of funding for training. Those Government Departments with responsibility for education, employment and housing could also be seen as having an obligation to contribute funding towards OT training.

5.03 ISSUES TO BE ADDRESSED BY OTIP

1. The analysis of the data derived from the Online Directory and the Enquiry Line has produced some very useful information. It would be equally useful if this exercise could be repeated in a few years time. In order to make that task, and any other analysis easier, it is recommended that the method of recording data on both systems is reviewed. For example, the establishment of clearer age and client group categories; the ability to cross-reference 'hits' on the web site; a monthly, as well as a cumulative, total of hits to the web site.
2. Further analysis of the 'other' Enquiry Line Data could assist in developing a list of FAQs which could also be incorporated onto the web site.
3. If more detailed information was obtained about the people (other than clients themselves or their families) who contact the Enquiry Line for information this could be used by OTIP to target marketing strategies.
4. Dealing with the number of enquiries from OTs who are 'considering' working within the independent sector, and dealing with a range of general OT enquiries that are not specific to OTIP, are time-consuming tasks which have fallen to OTIP by default. This work falls outside OTIP's (or OTiPP's) original purpose of supporting OTs who are running their own businesses and the evidence of the findings adds weight to the review of OTIP's position within COT which has arisen as a result of the recent PKF Review of Specialist Sections.

APPENDIX I

DATA COLLECTED ON ENQUIRY LINE SPREADSHEET

When the Enquiry Line was set up in May 2002 a spreadsheet was devised which recorded the following information for each enquiry.

- Date enquiry received
- Date list of potentially suitable OTs sent to enquirer (if required)
- Where the enquiry came from if it had been referred from elsewhere
- To whom the enquirer was referred if it was more appropriate for someone else to deal with the enquiry
- Title of enquirer
- First name
- Surname
- Address and post code (6 columns on spreadsheet)
- Telephone number of enquirer
- Email address of enquirer (if appropriate)
- Whether or not an OT was required to provide a service
- The geographic region where the service was required
- The type of service required
- The client group for whom the service was required
- The age group for whom the service was required
- The reason for the enquiry
- Whether or not the enquirer was an OT requiring information about OTIP
- Whether or not the enquirer was an OT wanting to join OTIP
- If it was a general enquiry not related to OTIP
- If it was an OTIP member requiring information
- Details of other enquirers
- Action taken

There were therefore a potential of 22 different pieces of information to record about each enquirer who was seeking an OT and 17 pieces of information for each enquirer who was not seeking an OT.

APPENDIX II

GEOGRAPHIC AREAS USED FOR ONLINE DIRECTORY AND ENQUIRY LINE

For the purposes of identifying geographic areas in which OTIP members offer their services, the United Kingdom was divided into 26 areas for the Online Directory and 23 for the Enquiry Line. The difference relates to Scotland and Wales being divided into smaller areas for the Online Directory and Ireland being divided into Northern Ireland and Ireland for the Enquiry Line. In addition to this, provision was made for those seeking OTs providing a service Nationwide, in Europe, or Internationally.

The areas are as follows.

Geographic area	Counties/Metropolitan Authorities included
East Anglia	Suffolk, Norfolk and Cambridgeshire
Far South West	Cornwall, Devon and Scilly Isles
Greater London	Greater London
Home Counties North East	Hertfordshire, Essex
Home Counties North West	Oxfordshire, Buckinghamshire and Bedfordshire
Home Counties South East	Surrey, East and West Sussex, Kent
Home Counties South West	Berkshire, Hampshire and Isle of Wight
Ireland	
Isle of Man	
Midlands North East	Derbyshire, Nottinghamshire and Lincolnshire
Midlands North West	Shropshire, Staffordshire and Cheshire
Midlands South East	Northants, Warwickshire, Leicestershire
Midlands South West	Gloucester, Hereford and Worcester
North East	Cleveland, Durham, Tyne and Wear, Northumberland
North West	Lancashire and Cumbria
Northern North	N Yorkshire and Humberside
Northern South	Merseyside, Greater Manchester, West and South Yorkshire
Northern Ireland	
Scotland North East	Tayside and Grampian
Scotland North West	Highlands and Islands
Scotland South East	Borders, Lothian, Central and Fife
Scotland South West	Dumfries and Galloway, Strathclyde
South West	Somerset, Avon, Dorset and Wiltshire
Wales Mid	Dyfed and Powys
Wales North	Clwyd and Gwynedd
Wales South	West, Mid and South Glamorgan, Gwent
West Midlands	
Nationwide	
Europe	
International	

APPENDIX III

WORK/SERVICE AREAS USED FOR ONLINE DIRECTORY AND ENQUIRY LINE

The work or service categories that are used for the Online Directory and the Enquiry Line were generally agreed by members of OTIP at a Special General Meeting that was held in February 2002, and subsequently refined in January 2004. The meeting had been called to debate the way forward for the Directory due to the facts that the production of the hard copy Directory was becoming an unmanageable task and the benefits of developing an on-line Directory were becoming evident.

The 30 work/service categories are as follows.

- Access audits
- Adaptations/environment
- Appeals/reviews/tribunals
- Care/residential homes
- Case management
- Contract to local authorities
- Dementia care
- Dyspraxia
- Equipment
- Ergonomics
- Forensic psychiatry
- Housing
- Insurance assessments
- Management consultancy
- Medico-legal
- Moving/handling
- Orthotics/prosthetics
- OT employment
- Pain management
- Research
- Risk assessment
- Sensory integration
- Staff supervision
- Stress management
- Training programmes
- Treatment and rehabilitation
- Vehicle and driving assessments
- Vocational rehabilitation
- Wheelchair/seating assessments
- Worksite evaluations

APPENDIX IV

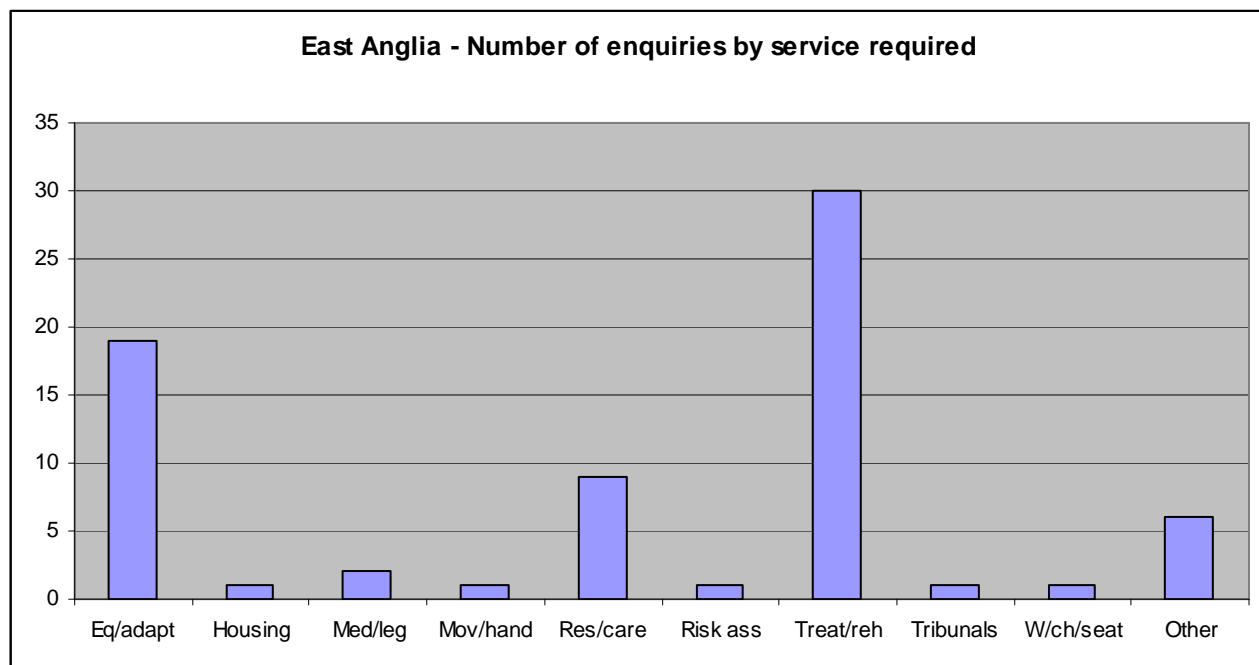
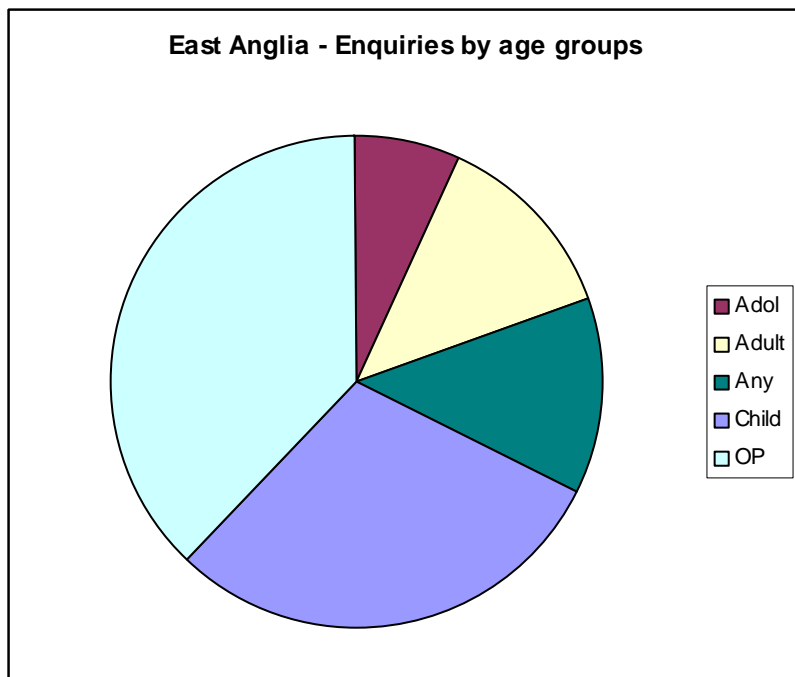
ADDITIONAL CALLERS TO ENQUIRY LINE

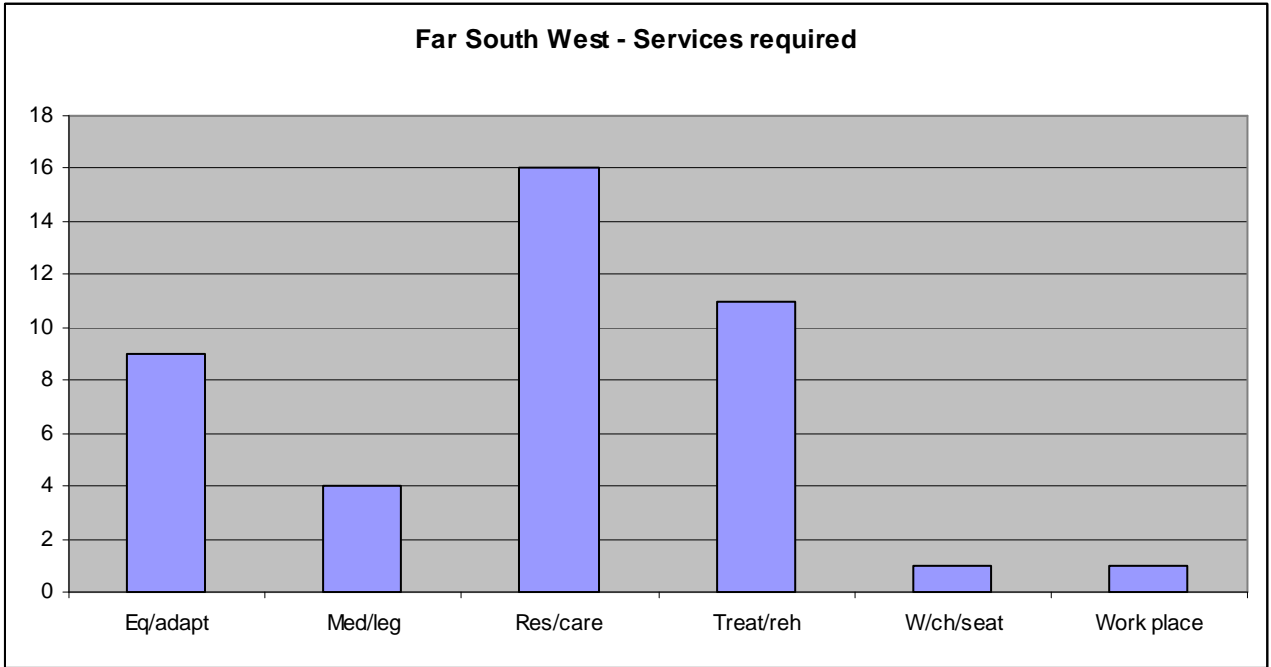
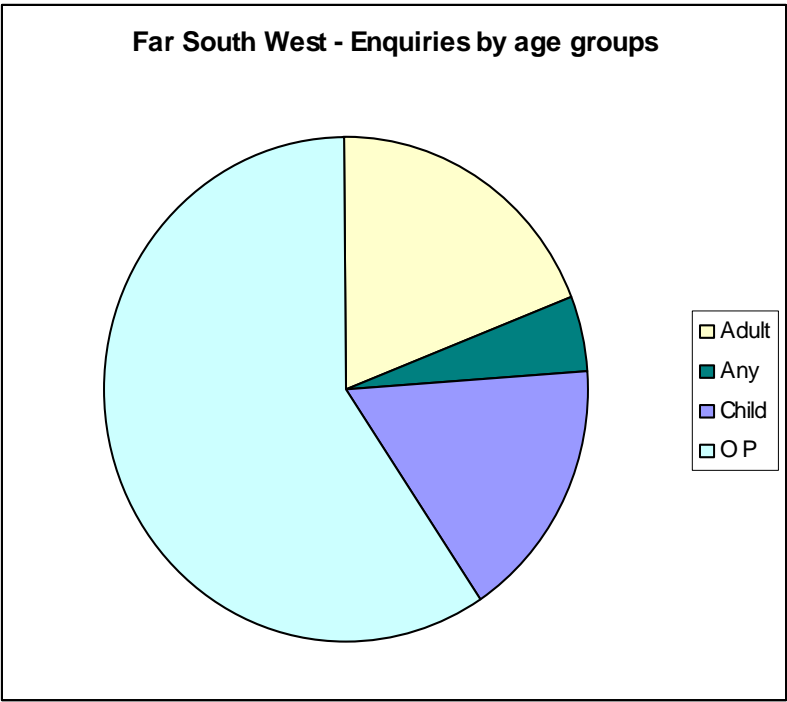
In addition to the callers identified as making two or more calls to the Enquiry Line during the course of the detailed study, the following callers were recorded as making one call. A number are only identified by sets of initials. They are presented in a random order and spellings may be incorrect.

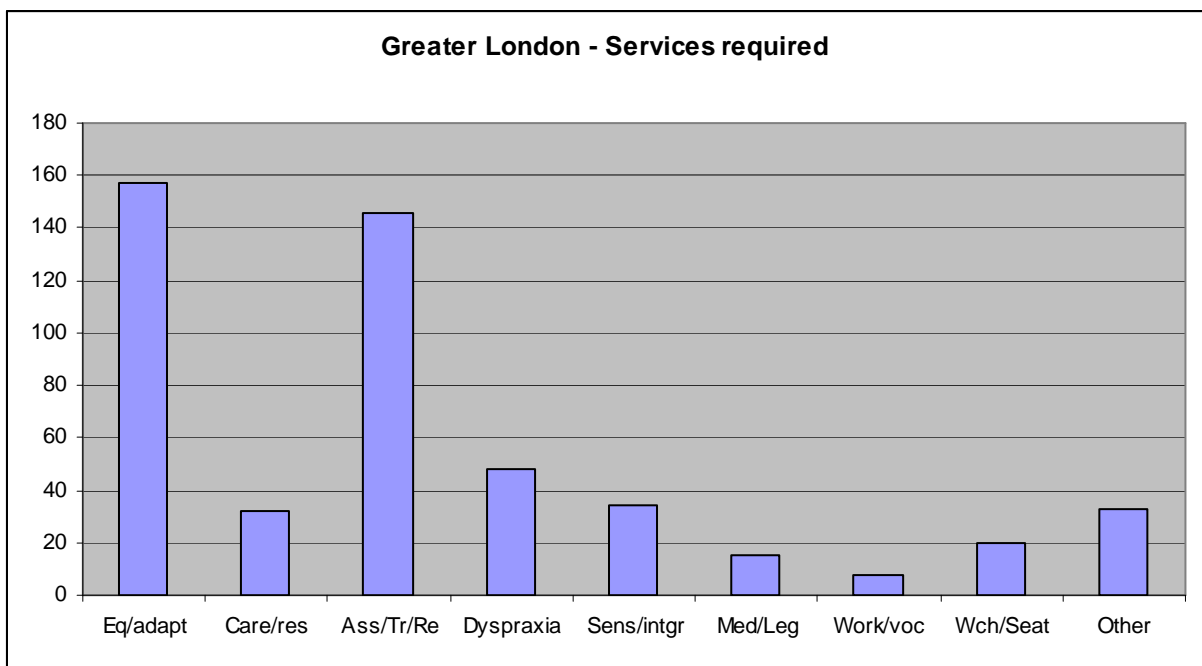
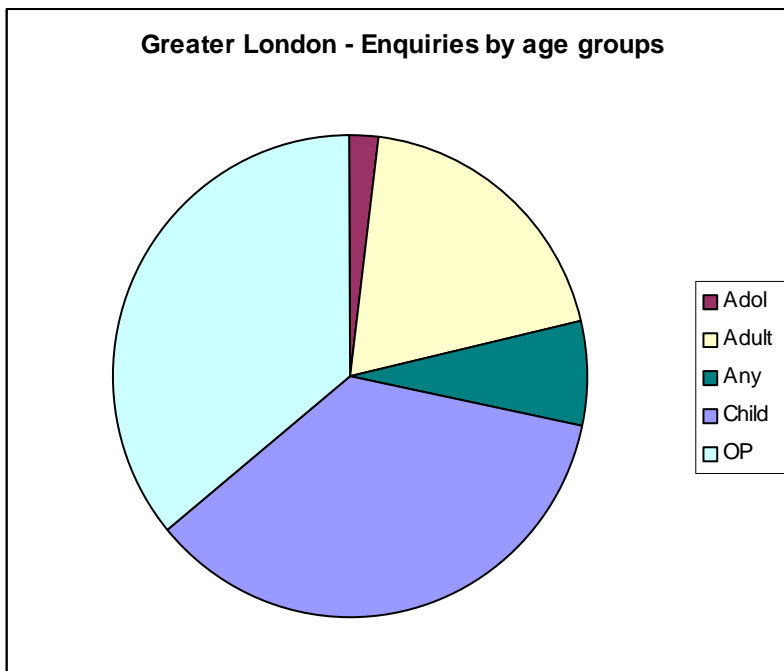
Allied Carpets
Dental surgery
Home Office MOD
Cambridge Psychotherapy Practice
Medical Library Belfast
Langman HRD
Ergonomics
Inspector
Senior Welfare Officer
Rehab Executive
Preventing Depression Team
Customer First
Victoria Wood Association
Institute of Human Genetics
Peterborough Probation Hostel
Bethany Christian Home
The Project Officer
Benslow Management
NCS
CRS
IPRS
IGC

APPENDIX V

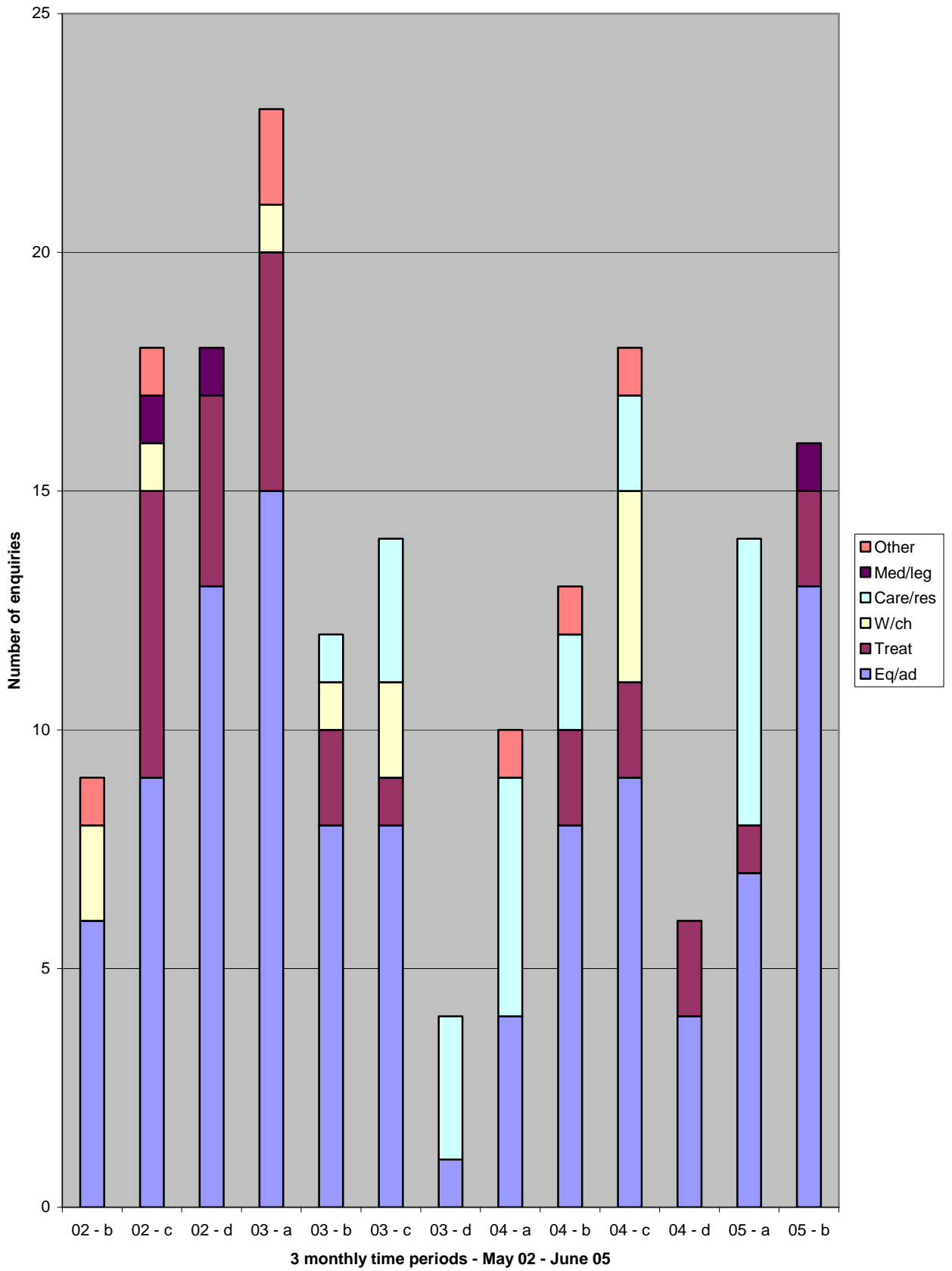
ENQUIRY LINE – CHARACTERISTICS OF ENQUIRIES IN EACH GEOGRAPHIC AREA



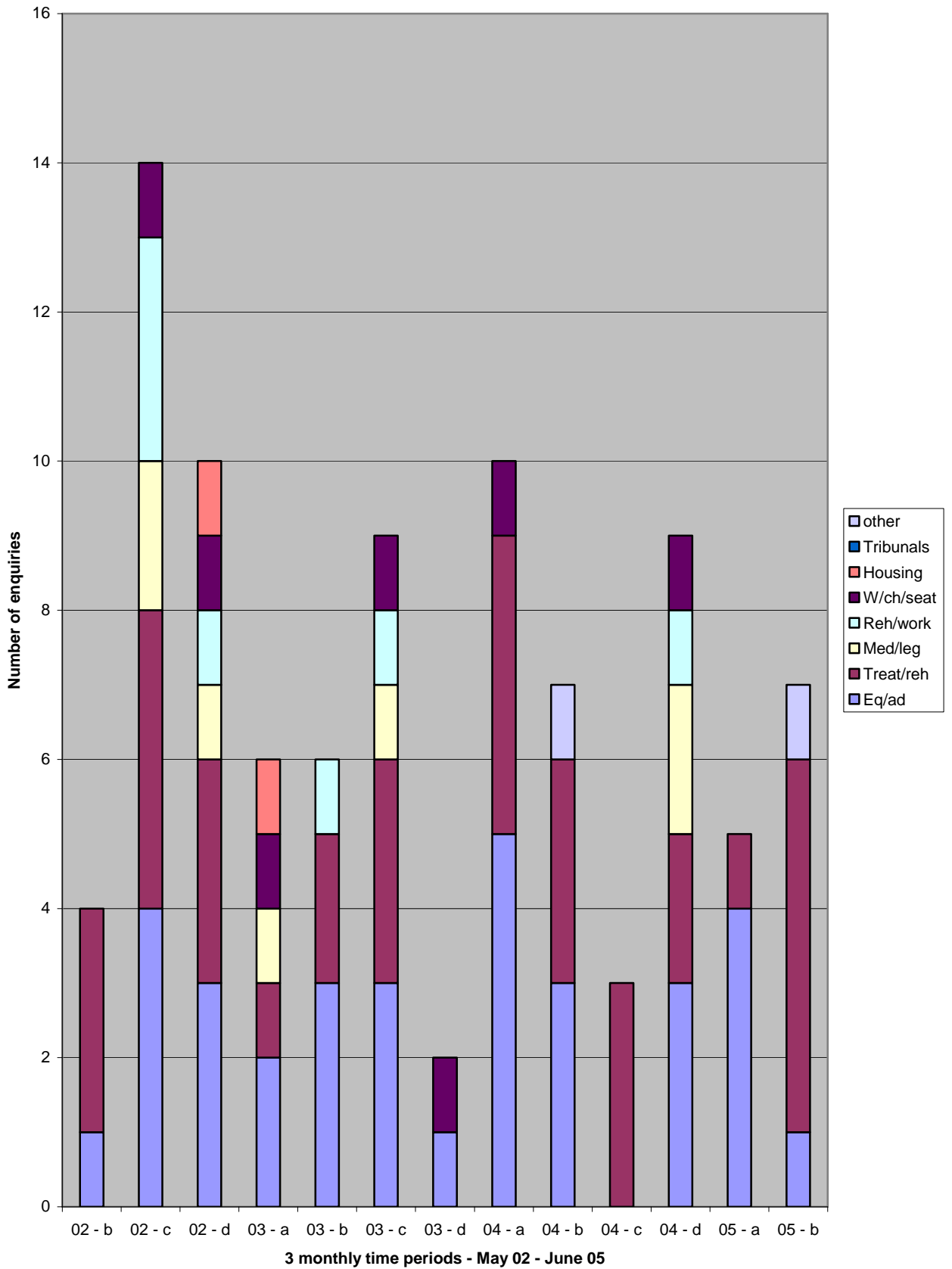




Greater London - Older People - Service required



Greater London - Adults - Service required



Greater London - Children - proportions of services required

