

Age Old Problems: New Aged Care



A podcast by *Helping Hand*



Episode Three

What is Occupational Therapy?

12 minutes

Age Old Problems: New Aged Care
Episode 3: What is Occupational Therapy?


Helping Hand

00:00:00 Kate

Welcome to *Age Old Problems: New Aged Care*, a podcast by Helping Hand that offers information and advice to help you find and access the right aged care services. This podcast was recorded on Kaurna land.

00:00:22 Kate

Hello, I'm your host Kate Holland. In this episode we're going to learn more about allied health, and in particular, occupational therapy or OT as lots of people seem to call it. It seems to be an area of health that's quite unfamiliar to many as well, but not to this episode's guest Amanda Bailey, because she is Occupational Therapy Manager in Home Care at Helping Hand. Thanks for joining me.

00:00:43 Amanda

Thank you for having me.

00:00:44 Kate

Now OT sits under allied health, so I'm just wondering can you start by describing what allied health actually is. And I think Helping Hand has its own allied health team doesn't it, maybe you can describe some of the things that Helping Hand offers?

00:00:54 Amanda

Yes, Helping Hand has a broad allied health team, so we have exercise physiologists, physiotherapists, occupational therapists, social workers, podiatrists, there's even dieticians and speech pathologists and I think that covers everybody. We have nursing as well, but they don't usually fall under the branch of allied health, that's a bit more medical. But still, all part of the package, and all part of the things that Helping Hand offers.

00:01:22 Kate

And they're all sourced through Helping Hand as well aren't they?

00:01:23 Amanda

Yes. So we have all of those disciplines working for Helping Hand in home care, and I know that we also work across the residential sites as well with those disciplines.

00:01:32 Kate

So people are getting to see people that are part of Helping Hand team which must be very reassuring as they come to their homes.

00:01:38 Amanda

Yes, it's really nice that we can have people that are from Helping Hand, to understand policies and procedures bigger than Helping Hand as well, so up to the more government levels. And make sure that when we make, when we get a referral, that we know who the coordinator is of the person, we know that little bit more about them. And we might get to see them a few times, so it's bit about relationship building as well. More than just, you just pop in pop out, and then you go on. You can see people for several years.

00:02:00 Amanda

We just had a client this week who requested a specific occupational therapist that they've seen for about six or seven years now, said that 'no I don't want another team member, I want to see that person again'; so it just shows that relationship building is really important.

00:02:18 Kate

So how do people know that allied health is there, and that there are certain services that might help them reach their personal goals? As I said, allied health is not necessarily a description people know quite closely, so do you inform them that there are these things out there and what might align to their particular goals?

00:02:33 Amanda

So it comes back to the admission team, and so then the Home Care Package Coordinators or the Client Engagement Officers, or there's a few other roles, but the ones who service the Commonwealth Home Support Package clients. And so they will talk through what the client's needs are, and then they might be able to say 'oh yes that sounds like something that an OT can help with' or 'that might be more physio or speech pathology', whichever discipline that it relates to. And then it also comes back to when the client has had that very first assessment from the government assessors, they might put in referrals to say 'you need an occupational therapist'. So it's quite broad, but we don't see someone without a referral. So they need to kind of already know what we are before we see them, which can be a bit tricky.

00:03:20 Kate

Yeah I was going to say, in my mind, you might see a physio because you want to be able to walk your dog, or maybe a exercise physiologist might help you get better at watering the garden – but an OT, not everybody knows what that is. So maybe you could tell us how you became an OT and what an OT actually does.

00:03:34 Amanda

So I became an OT when I was looking to change from my nursing background. I was just wanting something that wasn't quite the same shift work, still wanted to help people, and one day I woke up and thought 'hmm, OT, I could do that, I've got a rough idea of what they do', and then a few months later I was at uni studying my four year degree to become an OT! So it just sort of progressed quite quickly there, I didn't have much time to change my mind I guess. I've always thought it was the best choice that I've made, I'm really happy that I've become an OT.

00:04:02 Kate

How long have you been doing that for now?

00:04:03 Amanda

So I've been with Helping Hand now for a bit over three years, and then maybe four or five years before that, and then including my nursing and I was also a carer in residential care beforehand – I've been in for around 20-odd years now, so seen all sorts of bits and pieces over the years. And all of those roles have really complemented each other, to be able to look at the bigger picture and get to know people.

00:04:24 Kate

So what are some of the reasons that people would typically seek out help from an OT?

00:04:27 Amanda

One thing that I always try to explain to people is the word *occupation* in occupational therapy is what occupies your time during the day. So it's not a workplace thing, 'cause sometimes people will say to me 'oh I'm retired I don't need an occupational therapist', or sometimes people will answer the phone during our visit and they'll say 'I've got the occupational health and safety girl here with me'. It's like – no it's not quite like that! It's what occupies your time during the day – so everything from getting out of bed, getting

dressed, walking the dog, making something to eat – anything that occupies your time. Hobbies, sewing, doing a puzzle, socialising with family, getting out and about – it really covers so much.

00:05:11 Kate

So you are assisting them to be able to live a meaningful life doing those things that they want to keep doing.

00:05:15 Amanda

Absolutely. So that's why we really need to, when we meet somebody, work out what their needs are. So part of what an occupational therapist does is we look at the person, we look at the occupation that they want to do, and then we also need to look at the environment that they're doing it in. So if you have become less mobile and you can't walk up and down stairs as easily now, but you live in a home that has several steps – what can we do to help make that safer, so you can achieve living at home for as long as possible and still doing the things that you enjoy.

00:05:52 Amanda

Sometimes people say 'I don't want to grab rail that means I'm giving up', it's like – no, it's something that's helping keep you safe. And if this rail stops you having a fall, and possibly having a significant injury such as fracturing your hip, or anything else – or then sometimes you might be then fearful of having a fall, and start withdrawing from doing the things that you enjoy doing – that rail isn't really taking away from your independence is actually probably increasing your independence. So sometimes just reframing, or helping people just really look at how they see some of these assistive technologies, is a big part of what we do.

00:06:25 Kate

I know it sounds like a small thing, but I'll never forget in England, it was a very long time ago, I met a lady over there – and they package everything in England, like to the hilt, with plastic. And she could barely open anything, and even jars and things like that were really frustrating for her. Do you help with little things like that which sounds small but are actually pretty big?

00:06:40 Amanda

Yes. So like I said, we cover anything that occupies your day. So we've got small kitchen aids that can even be as simple as, you know, the little like ring pulls on a tin of tuna, or like dog food cans, things like that. It's really hard to actually open those if you have something like arthritis, or anything that's limiting the function in your hands. And so, we've got devices where people are able to open those cans again. And so we have people that'll be like 'oh I'm able to feed my dog still, or my cat still'. And yes they could have someone come in and help feed the cat, but it's just nice to be able to not have to ask for someone to open that jar, or open that bottle for them. It just gives them the extra little bit of independence.

00:07:16 Kate

Absolutely, that's important. So if someone's coming to see you for the very first time, what are the sort of things you would run through with them as they get started?

00:07:25 Amanda

So we always just start with a bit of an initial assessment and it's really just to get to know the person – what their home environment's like, the sort of things that they do during the day, 'cause sometimes people will say 'oh I don't know what I need to tell me, what you can do for me'. It's like, well, I need to know more about you so I can make those suggestions. And I always explain to people that anything I suggest is a recommendation – it's not that you have to do it, it's just these are some ideas based on my

clinical judgement. But you're the expert in yourself and your body, and you might have tried some of these things before, or I'm not going to tell you have to change everything in your life. I had several people tell me that before I came, they knew that OTs often tell people to remove rugs 'cause they're tripping hazards, and so they went and hid all their rugs before I turned up. And I'm like 'oh thank you for sharing that with me, but even if I recommended you remove them, it's still your choice, you just need to understand there's a risk in having rugs.' And quite often if a rug is large and heavy and not sliding around when you step on it, the edges aren't curling up, it's not really an unsafe thing, it's just something that you want in the house.

00:08:30 Kate

So I mentioned, none of us really want to admit that we're not capable of things. Do you have to sometimes tease out of people their needs?

00:08:38 Amanda

Yes, so quite often during that first visit, it's a bit of relationship building and rapport building as well so I'll have some people who, when we first talked with them, 'oh no no, I'm fine with that. I'm fine with that. No worries there.' And then after you talk a little bit more, they'll happen to just mention something and you'll be like 'oh, are you sure that that you're alright with that?' If there's something I can help you with, and then maybe just explain some of the interventions we might put in place. For example, the little steps over the tracking of the door to get in and out the house. That might be a trip hazard. Your walker might have got caught on there, or just might have stumbled cause it was a bit dark and you didn't see it. And so I can talk about maybe a little small ramp to go there could just make life a little bit easier and without that relationship building and having those conversations. People just be like, I don't know. I'm fine with everything. You don't need to be here, which is sometimes what people say as well.

00:09:32 Kate

Are there common questions that people seem to ask about accessing both OT but allied health in general?

00:09:39 Amanda

I don't know if there's really any common questions. It's more just understanding what we do and sometimes just clarifying that like, 'oh, my friend got told this a few years ago from an OT. Is that true?' And it's like, well, that might have suited them. But legislation's changed now or that's not really quite what an OT would do, or maybe that suited their individual situation, but it's not what you need.

00:10:03 Kate

It needs to be personalised doesn't it.

00:10:05 Amanda

That's right, it's very personalised. If it wasn't a personalised thing, anyone could do this and just throw 3 or 4 pieces of common equipment at you and be like 'OK, see you, bye.' And that's, you know, not everyone needs those pieces of equipment, so let's, you know, step back and work out what you need to support you.

00:10:18 Kate

People want to know how this can be funded. Have you got some information about that for us?

00:10:23 Amanda

So allied health services can be funded through someone's Home Care Package, or through the Commonwealth Home Support Programme. Just with the Commonwealth Home Support Programme. They will need to have the My Aged Care codes in place. And if they don't have them, they can just ask for them. Usually there's just a bit of a phone call to My Aged Care.

00:10:39 Kate

So if someone was listening to this today and they wanted to, you want them to know one piece of advice about accessing allied health services or understanding what OT is and how they might utilise it. What would that piece of information be?

00:10:52 Amanda

So if they already with Helping Hand, I'd recommend that they have a chat with their coordinator or whoever a contact person is a helping hand, or even just to call Helping Hand and say 'I'm having these problems. Is there somebody that can help me?' Because the people who work at Helping Hand will be able to say, 'Oh yes, that sounds like it might be an occupational therapist or that might be a speech pathologist, or maybe that's a physio' and direct them to the right referrals rather than just being stuck at, 'I don't know where to ask' because sometimes just knowing who to ask the questions to is the biggest barrier, because we all have questions in ourselves, but not everybody knows the answers to the questions we have, so just being able to ask that right person. So I think that would be my advice.

00:11:33 Kate

And we will make sure that we have links to phone numbers and websites and all of those bits and pieces in the show notes for this episode, and I really appreciate you coming on and sharing your expertise.

00:11:42 Amanda

Thank you so much for having me.

00:11:43 Kate

For more information on Helping Hand and their services please head to www.helpinghand.org.au. You can also call their home care number 1300 444 663.

00:12:04 Kate

Please remember you understand your needs better than anyone. Take the time to contact one of our friendly team to find out how we can help.