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| **THE WAY FORWARD** |
| **Occupational Therapy Services****in the Public Sector** |
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|  |
| **in support of** |
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| **The Reconstruction and Development Programme** |
|  |
| **and** |
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| **The National Health Plan** |
| **for South Africa.** |
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| May 1995 |
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| **THE PURPOSE OF THIS DOCUMENT** |

This document has been developed to position occupational therapy in the public sector as an equal role player in health teams in the National Health System, in support of the complete transformation of the health sector in South Africa.

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| **ACKNOWLEDGEMENTS** |

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In a dynamic profession such as ours it is essential that this document be revised to reflect changing needs and circumstances. To that end, your ongoing comments and contributions are not only welcome but essential.

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| **OCCUPATIONAL THERAPY****STATEMENT OF INTENT** |

Our mission is to render a quality service that meets the needs of our consumers and clients within the Primary Health Care Approach as envisaged in the National Health Plan.

Our philosophy emphasises client and community participation. Our role is to facilitate the interaction between our clients and their environments in order to enhance their function and independence, and so capitalise on their abilities.

Our intervention is a process that consists of the identification of client needs, and the design, implementation, evaluation and adjustment of treatment strategies in co-operation with clients, families, care-givers and communities.

Our unique contribution is that we facilitate the client's productive and meaningful functional performance through the analysis, adaptation and use of everyday activities and situations.

Our management philosophy emphasises an open, creative approach. This allows for personal and career development whilst supporting service development.

Our growth emphasis is to ensure adequate service delivery facilities and sufficient, appropriately trained personnel to support the development of occupational therapy services in order to meet the demand for our service at primary, secondary and tertiary levels.

Our resources, knowledge and skills will be utilised in order to contribute to the health of all in the most cost effective manner. We are committed team members and we believe in the value of our services

**1 CONSUMERS OF OCCUPATIONAL THERAPY SERVICES**

 **Our consumers are:**

* clients and client groups (the end-users)
* members of the multi-disciplinary health team
* public, private and non-governmental health organisations
* training institutions and their students
* health promoters in other sectors

 **Our clients and client groups (the end-users) are:**

 • individuals or groups of all ages whose lives have been disrupted by illness, injury, violence, developmental delay or the ageing process

 • individuals, groups or families who have, or are at risk of acquiring physical, developmental or psychological (cognitive or emotional) problems or deficits

 • individuals, groups, families or communities who are dysfunctional as a result of environmental or social circumstances

 **What our consumers can expect:**

 Our consumers can expect promotive, preventative, curative and rehabilitative services that will enhance the client’s capacity to meet the functional demands of the environment and daily life, thus promoting their quality of life.

 **Our consumers have the right to:**

 • be treated with respect and dignity and in accordance with the Bill of Rights

 • accessible, equitable, affordable, acceptable, appropriate services

 • a quality service which meets their needs and expectations

 • accountability from the service providers

**2 OCCUPATIONAL THERAPY SERVICES**

 **Service quality**

 Services will be in accordance with established professional norms and standards as well as the needs and expectations of the consumer. These norms and standards will be maintained in management, service provision, professional practice and clinical training.

 **Scope of services**

 Services will be provided within the promulgated scope of practice and the policies of the National, Provincial and District Health Authorities, according to the needs of our consumers.

 **Range of services**

 The health needs of people of all ages who have an actual or potential functional performance deficit will be addressed at primary, secondary and tertiary levels. This will be achieved by providing promotive, preventative, curative and rehabilitative occupational therapy services to enhance the client’s capacity to meet the functional demands of the environment and daily life.

 **Service priorities**

 We will expand our services to ensure that we contribute to the achievement of national health priorities with regard to:

 • care of the elderly

 • child health

 • chronic illness

 • mental health

 • occupational health

 • rehabilitation

* victims of violence

**3. OCCUPATIONAL THERAPY WORK FORCE**

 The occupational therapy work force must be transformed to represent fully all people in South Africa. Our current registered work force includes occupational therapists, occupational therapy assistants and technicians.

 **Staffing of occupational therapy services**

 There must be sufficient posts and adequate post structures for occupational therapy personnel in all provinces and districts. These posts must be distributed according to population densities and the need for occupational therapy services in the communities being served. Specific attention must be given to posts in the community and incentive schemes must be developed to facilitate the redressing of imbalances in the distribution of personnel in under-served areas.

 The current ratio for the provisioning of posts for occupational therapists is 1 **:** 25,000 of the population and a like number of other staff. The ratio for occupational therapists **:** mid-level workers varies between 1 **:** 2 up to 1 **:** 10 depending on the nature of the service provided. These ratios need to be tested further.

 **Personnel development**

 Promotional procedures and criteria must be further developed and upheld in order to ensure fair career advancement for all levels of personnel. This must be facilitated by an occupation specific performance appraisal system and sound management principles.

 Continued education must focus on:

 • the reorientation of current personnel to the Primary Health Care Approach; and

 • the acquisition of new skills and enhancement of existing skills

 The above measures will enable our personnel to function effectively and efficiently in health teams within the new health system.

**4 MANAGEMENT AND CO-ORDINATION OF** **SERVICES**

 **Management of services**

 The proposed post structure (addendum 1) for occupational therapy at national and provincial head office levels provides for three post ranks, that is, deputy-director, assistant director and chief-control. At provincial, district and community service rendering levels provision is made for six post ranks for occupational therapists (that is, assistant director, chief-control, control, chief, senior and entry grade) and five post ranks for occupational therapy assistants (that is chief, principal, senior, assistant and attendant).

 Provision for both rank and post promotion will allow personnel to further their careers in either the areas of management or service rendering. Implementation of the structure will depend on the needs and resources in each province.

 Self-representation at the head office level is strongly supported (addendum 2). The functions of occupational therapy managers are outlined in addendum 3.

 **Co-ordination of services**

 Services will be co-ordinated at national level and further managed at provincial, district and community levels, within the parameters of the National Health Plan; and the philosophy, norms and standards of occupational therapy.

 Inter-provincial co-ordination will be facilitated by the intra- and inter-disciplinary liaison forums for networking which supports a participative approach whereby duly elected representatives address common issues at district, provincial and national forums (see addendum 4). This structure allows for the inclusion of other health team members. Through this, under-served districts will be strengthened by the provision of access to provincial and national occupational therapy resources as well as by receiving support and guidance. This, in turn, will empower personnel at grassroots level to participate optimally in health teams, especially in the districts.

**5 TRAINING**

 Occupational therapy will participate in the training of occupational therapy students, as well as students from other health disciplines, attending courses that may be offered by tertiary education institutions or other organisations.

 The principle of equal opportunities in all occupational therapy training will be supported to ensure a fully representative work force. Sufficient numbers of appropriately trained personnel are needed to ensure adequate service provision. There will be an emphasis on previously neglected areas such as the primary health care approach and community based rehabilitation.

 Stepwise certification will be supported which allows for multiple entry points and qualifications of certificate, diploma or degree as envisaged in the National Health Plan and the Reconstruction and Development Programme. These qualifications will be registered with a statutory body. Additional qualifications in fields that are relevant to job functions should be accredited.

 It is essential that continued education programmes are offered. Special attention should initially be directed to the orientation and retraining of current personnel with regard to the primary health care and rural approaches.

**6 RESEARCH**

 Research will be encouraged within the Primary Health Care Approach and will be relevant to the tenets of the National Health Plan and the Reconstruction and Development Programme. Teams or individuals could be involved in research and may co-operate with academic health institutions and relevant research committees and councils.

**7 FINANCE**

 Funding from the public sector must be allocated according to the size, level and nature of the service. These funds may be supplemented by funding from other sources such as fund-raising projects launched by communities themselves.

 Provision must be made for funding of appropriate physical resources (materials, equipment, tools, appliances, assistive devices, the workplace, mobile treatment facilities, transport), human resources, research, special projects, continued education and training programmes.

**8 INFORMATION SYSTEMS**

 Appropriate occupational therapy information systems, relevant to the National Health Plan and the Reconstruction and Development Programme, will be developed and maintained at national, provincial and district levels.

 Information systems will be designed to support the total transformation of health services in the country. Information gathered will focus on the identification of under-served and vulnerable communities to facilitate the redressing of imbalances.

**9 MEETING THE CHALLENGE**

 To meet the challenges of the total transformation of health services, it is essential that we address the following issues:

 **Co-ordination of occupational therapy services**

 Our services must be represented at National, Provincial and District Health Authority Levels since it is essential that our services are co-ordinated among all these authorities.

 **Reorientation of occupational therapy personnel**

 Current occupational therapy personnel must be orientated to the Primary Health Care Approach on an ongoing basis.

 **Transformation of occupational therapy services**

 Our services must be extended in order to initiate and be involved in community based programmes.

 **Development of district services**

 Our services must be established at a district level and implemented in an integrated manner so that we form part of a health team.

 **Integration of occupational therapy services**

 Our services must be integrated with occupational therapy services in other sectors.

 **Growth and development of services**

 Occupational therapy is an under-resourced service; therefore attention must be paid to the following:

 • increasing posts for occupational therapy personnel, according to needs, especially at the district level

 • addressing the imbalance in the occupational therapist : mid-level worker ratio

 • extending services to communities deprived of adequate occupational therapy services

 • ensuring adequate physical facilities (fixed and mobile workplace, materials, tools, equipment, transport)

 • redistribution of posts where feasible

 • ensuring adequate and efficient referral systems

 • expanding services to ensure the achievement of relevant the identified national health priorities

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|  *ADDENDUM 1* ***OCCUPATIONAL THERAPY POST STRUCTURE*** |

**NATIONAL AND PROVINCIAL HEAD OFFICE LEVEL**

Directorate

*Deputy director: Occupational Therapy / or*

*Assistant Director: Occupational Therapy / or*

*Chief-control Occupational Therapist*

**PROVINCIAL, DISTRICT AND COMMUNITY SERVICE RENDERING LEVELS**

*Assistant Director: Occupational Therapy / or*

*Chief-control Occupational Therapist / or*

*Control Occupational Therapist*

*Clinical Grade Level 3 (Chief Occupational Therapist)*

*Clinical Grade Level 2 (Senior Occupational Therapist)*

*Clinical Grade Level 1 (Occupational Therapist)*

**PROVINCIAL, DISTRICT AND COMMUNITY SERVICE RENDERING LEVELS**

*Chief Occupational Therapy Assistant (Chief Specialised Auxiliary Services Officer)*

*Principal Occupational Therapy Assistant (Principal Specialised Auxiliary Services Officer)*

*Senior Occupational Therapy Assistant (Senior Specialised Auxiliary Services Officer)*

*Occupational Therapy Assistant (Specialised Auxiliary Services Officer)*

*Occupational Therapy Attendant (Specialised Auxiliary Services Assistant)*

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|  *ADDENDUM 2* **THE IMPORTANCE OF SELF-REPRESENTATION AT HEAD OFFICE LEVEL** |

The envisaged restructuring of the health system necessitates a total reorientation and repositioning of services rendered by occupational therapists as professionals and the semi-professional occupational therapy assistants. This implies numerous changes to management, training, rendering of services and research in occupational therapy. These changes must be co-ordinated and managed effectively to ensure that services are rendered appropriately within the structures of the new National Health System. The only person qualified to co-ordinate such changes effectively is an occupational therapist posted at a provincial head office who can identify, initiate and sustain the necessary and appropriate profession-specific changes within the province in consultation and co-operation with occupational therapy staff at various levels of service rendering.

The role of occupational therapy within the Primary Health Care Approach must be defined and developed to enable occupational therapy staff to contribute appropriately to the health priorities identified in the National Health Plan. The occupational therapist at head office will play a dual role which encompasses the co-ordination of both profession-specific practices and the integration of occupational therapy staff into multi-disciplinary teams- such as Mother and Child Care, Geriatric Care, Occupational Health, Chronic Disease, Rehabilitation, Mental Health, and Substance Abuse which have all been identified as health priorities. Confining the role of occupational therapy to one health priority area such as Rehabilitation will lead to the neglect of services and programmes in other health priority areas.

In addition to the above-mentioned functions, a crucial role will be played in providing profession-specific consultative services and advice with regard to, for instance, human resource management, legislation, health support, administration and finance to directorates and chief directorates at Provincial and, if required, at District and National levels. This will be done in consultation and co-operation with occupational therapy staff at various levels of service rendering. Specialised occupational-specific inputs become even more important in view of the fact that Directors' posts are not occupational-specific and the various professional health workers are governed by different Acts of Parliament. Furthermore the diversity of their skills, knowledge level and diversity of services necessitate self-representation. It is only in this way that profession-specific issues in occupational therapy will be addressed adequately to support effective management in the relevant directorate and in the provincial health authority.

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| *ADDENDUM 3* ***FUNCTIONS OF OCCUPATIONAL THERAPY MANAGERS*** |

The occupational therapy manager may be responsible for managing occupational therapy and other health related services. The head of occupational therapy services (an occupational therapist) will be responsible for managing the service at a specific level within the ambit of that health authority.

**Functions at the District Health Authority level**

The functions of the occupational therapy manager at the district health authority level will be to:

• represent the service at the District Health Advisory body

• identify health needs and monitor health indicators in the district in collaboration with other role players and team members

• plan, provide and evaluate services at the district level, according to needs and based on national norms, policies and guidelines

• translate policy into integrated programmes in the district

• provide input for health legislation and policy development

• comment on proposed legislation in other sectors that may affect health services

• manage and monitor relevant finances for the district

• advise local communities on the procurement of additional funding to provide for special local projects

• support and supervise personnel at district levels

• assist in the establishment of services rendered by community rehabilitation workers in areas where adequate support, structures and referral systems exist

• co-ordinate and monitor continued education and training of personnel at a district level

• facilitate efficient and effective intra- and inter-disciplinary referrals between services at primary, secondary and tertiary levels

• collect and analyse relevant data

• develop and maintain a district resource information system

• liaise with other districts and provincial health authorities

• liaise with community structures

• liaise with all relevant role players both intra- and inter-sectorial

• co-ordinate research at the district health level

**Functions at the Provincial Health Authority level**

The functions of the occupational therapy manager at Provincial Health Authority level will be to:

• represent occupational therapy at the Provincial Health Authority level

• identify health needs and monitor health indicators in the province in collaboration with other role players and team members

• plan, provide and evaluate services at provincial level, according to needs and based on national norms, policies and guidelines

• translate provincial policy into integrated service delivery programmes

• provide input for health legislation and policy development

• comment on proposed legislation in other sectors that may affect health

• manage and monitor the relevant finances for services at provincial level and co-ordinate finances in the district

• support procurement of additional funding to provide for special provincial projects

• support and supervise personnel at provincial and district levels

• provide specialised expertise and advice to the districts

• co-ordinate and monitor continuing education and training at a provincial level, within a primary health care framework

• facilitate inter- and intra-disciplinary referrals between services at all levels

• collect and analyse relevant data

• develop and maintain a provincial resource information system

• liaise with other provinces and the National Health Authority

• liaise with community structures

• liaise with all relevant role players both intra- and inter-sectorial

• co-ordinate research at provincial and district levels

**Functions at the National Health Authority level**

The functions of the occupational therapy manager at the National Health Authority level will be to:

• represent occupational therapy at the National Health Authority level, both inter- and intra-sectorially

• identify health needs and monitor health indicators nationally in collaboration with other role players and team members

• translate national policy into integrated service delivery programmes

• provide input for health legislation and policy development

• comment on proposed legislation in other sectors that may affect health

• procure funding to provide for services in line with identified health priorities and needs

• co-ordinate national human resource planning and development

• support and supervise personnel at provincial and district levels

• provide specialised expertise and advice to the provinces and districts

• co-ordinate and monitor continued education and training at national level

• develop and monitor guidelines, norms and standards of care

• develop and maintain a national resource information system

• liaise with all relevant role players both intra- and inter-sectorial

• liaise on international level in order to share knowledge and expertise, develop appropriate technologies and obtain access to technical assistance

• co-ordinate research at national level

*ADDENDUM 4 NETWORK DIAGRAM*



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| **GLOSSARY** |

**Activities of daily living:**

Activities of daily living are activities of work, school, play, leisure and self-care.

**Community:**

The term "community" is used to represent those people living in a specific geographical area served by a Community Health Centre.

*(National Health Plan for South Africa, ANC, May 1994, p 61)*

**Consumers:**

Consumers are all the persons or groups who use occupational therapy services, either directly or indirectly.

**Clients:**

Clients are the end-users of the occupational therapy service.

**Functional performance:**

Functional performance refers to the execution of tasks or activities within a person's living and working environment.

**Health:**

Health is defined as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." *(National Health Plan for South Africa, p 25)*.

Health is the ability to perform the roles and tasks of living that are essential in maintaining one's self in an independent manner, to satisfy one's personal needs and to contribute to the needs and welfare of others.

**Health team:**

A health team consists of any number of health workers, who collaborate for a common purpose, such as alternative healers, assistants, community rehabilitation workers, community health workers, dentists, dental therapists, dieticians, doctors, herbalists, nurses, occupational therapy assistants, occupational therapists, oral hygienists, orthotists prosthetists, optometrists, pharmacists, podiatrists, physiotherapy assistants, physiotherapists, radiographers, social workers, speech, language and hearing therapists and audiologists, traditional healers.

**Mid-level workers:**

Mid-level workers are occupational therapy assistants and occupational therapy technicians.

**Occupational therapy:**

Occupational therapy involves the analysis, adaptation and use of tasks, activities and environments in order to enable persons who have a functional deficit to fulfil their tasks and roles in their own living and working environments.

**Primary health care approach:**

Primary health care is comprehensive care encompassing promotive, preventive, curative and rehabilitative services that should be integrated at all levels, involving all related sectors in addition to the health sector. Primary health care is essential health care, based on practical, scientifically sound and socially acceptable methods and technology. It brings health care as close as possible to where people live and work and forms an integral part of the health system and the overall social and economic development of the community.

Central to the approach is full community participation in the planning, provision, control and monitoring of services, at a cost that the community can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination. It relies on health workers who are suitably trained to work as a health team, responding to the needs of the community. *(World Health Organisation, 1983)*

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 • ensuring adequate physical facilities (fixed and mobile workplace, materials, tools, equipment, transport)

 • redistribution of posts where feasible

 • ensuring adequate and efficient referral systems

 • expanding services to ensure the achievement of relevant the identified national health priorities

**Rehabilitation:**

"Rehabilitation means a goal-oriented and time-limited process aimed at enabling an impaired person to reach an optimum mental, physical and/or social functional level, thus providing her or him with the tools to change her or his own life. It can involve measures intended to compensate for a loss of function or a functional limitation (for example by technical aids) and other measures intended to facilitate social adjustment or readjustment." Rehabilitation prevents disability from becoming a handicap.

**Impairment:**

"Impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function."

**Disability:**

Disability is any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being.

**Handicap:**

"Handicap is a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal, depending on age, sex, social and cultural factors, for that individual."

**Prevention:**

• first level prevention aims at preventing the onset of mental, physical and sensory and developmental impairments; it is synonymous with promotive primary health care.

• second level prevention aims to prevent impairment from having negative physical, psychological and social consequences and resulting in a disability.

• tertiary level prevention is synonymous with rehabilitation.

(*World Programme of Action Concerning Disabled Persons*, UN 1982).

**Service quality:**

Service quality refers to the extent to which services meet needs and expectations as defined by the consumer.

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