



Transcript

#OTsForEquity: Twitter Spaces Conversation

Friday 5 November, 12pm

Caz Dunn (@Caro4133):

Hello, everyone. I'm Caz Dunn. I'm the Corporate Events Manager at the Royal College of Occupational Therapists. Really excited to welcome you all to RCOT's first ever Twitter Spaces event.

Caz Dunn (@Caro4133):

Just before we get started, just to mention there's an option to use captions, if needed. Just click on the settings button, that's the three little dots, and from there you can turn on captions. These are live captions so they're not going to be 100% accurate, but they should help overall. I'm just going to pause a moment to allow people to do this.

Caz Dunn (@Caro4133):

Okay. Okay. We'll be recording the entire conversation and we're going to make it available on our website and other social media and channels for everyone to listen to afterwards.

Caz Dunn (@Caro4133):

A reminder that if you'd like to join in the conversation, click on the microphone icon, which is at the bottom left of your screen, and you use that to request to speak. When you do that, we'll then make you a speaker. It just takes a moment for us to do that. You'll then have control of your mic while you're speaking, so you can turn it on and off, mute, unmute, when you are speaking, or when others are.

Caz Dunn (@Caro4133):

It would be great if you [inaudible 00:01:12] yourself when you do start speaking, and please remember to put yourself back on mute when you're finished. We do also have the power to do this for you.

Caz Dunn (@Caro4133):

To allow as much participation as possible, we're going to be monitoring the number of people we have at any one time and, if you are speaking, we do ask you to please be concise as we've only got limited time in this event.

Caz Dunn (@Caro4133):

Right. More than enough from me. I'd now like to welcome Steve Ford, RCOT's Chief Executive, to please start the OTs for Equity Twitter Spaces conversation. Steve.

Steve Ford (@SteveGFord):



Brilliant. Thanks, Caz. This is fantastic, isn't it? It's amazing. I can see so many people joining us. It reminds me actually of when I used to do student radio. I was given a slot Sunday morning, 7:00 AM to 9:00 AM, and I reckon in the whole year that I did that, I don't think anybody ever listened to my show, which is probably quite good actually. But it's great that we can see people.

Steve Ford (@SteveGFord):

I think it's fantastic that we're innovating, experimenting with different ways of engaging and connecting. That's what it's all about, isn't it? How are we going to build this really strong, powerful community movement of occupational therapists? So, this kind of innovation, I think... let's see how it goes and how we can build on that. It would be great to hear from as many people as possible and there'll be opportunities for people to speak in a minute.

Steve Ford (@SteveGFord):

So this is my first ever occupational therapy week and it feels like it's been a success, but it'll be great to get comments from people about all of that. It started with our launch event on Monday, so Michael Marmot's thought-provoking presentation. And then a great panel discussion looking at topics like the data that's gathered, whether it reflects the needs, the issues facing all parts of our society, the barriers that the LGBTQ+ community can face accessing health services, questions about whether poverty should be identified as a prioritizing factor for occupational therapy interventions, and lots more other great insights.

Steve Ford (@SteveGFord):

So, if you didn't attend, the recording's on the website. So do catch up on it. It's felt too there's been a real buzz on social media. Lots of ways of kind of calculating different things, and we reckon that we've had a reach of 5.9 million through all of the social media interactions. So it just shows just how powerful it is when we all work together on a campaign, and I think that's fantastic.

Steve Ford (@SteveGFord):

So the video that we launched on Monday has had over 46,000 views, which is great, and hopefully you felt that was a powerful communication, but let's keep that going. Do continue to share it. It's on our website. You'll see lots of tweets with it on. So you can get hold of that and pass it on.

Steve Ford (@SteveGFord):

We've been asking people to share examples of what they're doing to address health equity every day, and I've been really inspired and impressed and learnt a lot just to see the examples; people talking about how they're supporting their patients, whether it be housing, from an acute hospital setting actually, getting involved in housing type issues. The way people are making sure that their services have full access to interpreters so there's no barriers for anybody to access services. But so many other examples.

Steve Ford (@SteveGFord):



We've been asking people throughout the week to share your ideas for how we can address health equity as individuals, as a profession, and as your professional body, what should we be calling governments to do as well, and that was the theme for our OTalk session on Wednesday, and some really great conversations there. We've been asking people to share on our new Ideas Platform as well. So that's definitely worth having a look at.

Steve Ford (@SteveGFord):

Okay. Well, enough from me. I want to open up the conversation and hear from others. So we've invited a few members to join me so we can start it all off. Again, if you want to say something, just click on the microphone icon to request to speak and we'll get you on stage to do that.

Steve Ford (@SteveGFord):

But, first of all, I'd just like to ask just the panel members to go around the table and introduce themselves. So, Verena, would you like to start?

Verena Zimmer (@zimmer_verena):

Hello. Hi. So, I'm Verena Zimmer. I'm on the Welsh board of RCOT; have been there... I think it's my second year. For my day job, I'm one of the lead occupational therapists in Powys County Council. So that's in social care covering the south of Powys.

Steve Ford (@SteveGFord):

Brilliant. Thanks, Verena. Then we've got Hannah.

Hannah Spreadbury-Troy (@HannahtheOT):

Hi. Hopefully this is working.

Steve Ford (@SteveGFord):

Yeah.

Hannah Spreadbury-Troy (@HannahtheOT):

Oh, I can see the captions coming up, so that's good. Hi. I'm an occupational therapist working in London. I work on a deaf acute mental health ward. So it's a ward for people who use BSL and are deaf. It's quite an interesting place to work because half of our staff MDT are also deaf, including the activity worker I work with. So, yeah, it's nice to meet you all.

Steve Ford (@SteveGFord):

Brilliant. Thanks, Hannah. And then Kier.

Keir Harding (@Keirwales):

Hello. So, I'm Keir Harding. I am the Clinical Lead of Beam Consultancy, and also obviously an occupational therapist. My work is largely around helping people who are recurrently suicidal and use self-harm as a way of coping, who tend to get a diagnosis of personality disorder to



avoid prolonged admissions to hospitals and private hospitals where the care that they get isn't particularly good. That's what I get up to.

Steve Ford (@SteveGFord):

Great. Thanks, Keir. So, yeah, it would be just interesting to hear from you all on your... on this week, actually. Who wants to go first? Why don't you go first, Keir?

Keir Harding (@Keirwales):

I will [crosstalk 00:06:52]

Steve Ford (@SteveGFord):

Okay.

Keir Harding (@Keirwales):

I was really impressed by that launch at the beginning of the week, so, I think, Michael Marmot's talk about the social determinants of health. I think the thought that kind of struck me was around why do we get people who might have chronic lung conditions, put them in an expensive hospital and treat them and send them back to the conditions that caused these problems in the first place?

Keir Harding (@Keirwales):

So that really affected me, and then I think I was quite impressed and excited by RCOT taking this as an issue. It felt very political to think about the social determinants of health, as opposed to ill people or people with problems where that problem was entirely rooted within them. It feels like quite an exciting change to be pushing for within the political arena.

Steve Ford (@SteveGFord):

Great. Thank you. Hopefully you can hear me. My Bluetooth speakers have just gone off, so I'm now talking through the phone.

Steve Ford (@SteveGFord):

Now, what about Verena? What's your views?

Verena Zimmer (@zimmer_verena):

I'd agree with what Keir just said. It, I think, very much feels like a very political subject. I wouldn't say I'm naturally, historically, very political, but I think it's interesting because it puts us right in there, and I think perhaps a challenge to us all is how [inaudible 00:08:13] to get involved with those kind of issues.

Verena Zimmer (@zimmer_verena):

I think my reflection of the week is actually how hard it is, and I'm sure... I think the original title of the OTs for Equity, it didn't grab me so much, and I think that's the same for some of my



colleagues, and it's not until you actually immerse yourself a little bit in that that it's brilliant. That talk was amazing.

Verena Zimmer (@zimmer_verena):

I think to fit in engaging with OT week when we've all got incredibly busy lives and we are trying to keep a good work-life balance going, I reflected quite a lot on that this week because the one evening when I joined an OT talk, I didn't sleep very well because I'd worked all day and I'd thought about OT all the evening. So that's just, I guess, a personal reflection on us, where OT week is brilliant, but just how do we make sure that we engage our hardworking OTs with an event like this?

Steve Ford (@SteveGFord):

Yeah. No, that's a really good point. Yeah. And what about you, Hannah?

Hannah Spreadbury-Troy (@HannahtheOT):

I think it's fantastic. I think it's very relevant to a lot of what's been going on on social media, with young people, young activists, young disabled activists as well. I think it's about time that we are also involved in that, and I think we can offer a lot as a profession, but I do think sometimes we can be a bit in the shadows when we should be... Well, I think that patients value us, but I think sometimes we're a bit invisible.

Hannah Spreadbury-Troy (@HannahtheOT):

I think we should be using our voices more to promote OT and also to be talking obviously about equity. It is political as well. I think that there are little things that we can be doing as well. I know we'll be coming on to talk about that, but I think the main point is that it's very relevant at the moment, that discussions are already happening, and we need to be promoting that, if that makes sense.

Steve Ford (@SteveGFord):

Brilliant. Thanks, Hannah. I think you've all kind touched upon this a bit, but what does health equity mean to you? I suppose I'd be interested to hear that particularly in relation to the services that you're involved in.

Keir Harding (@Keirwales):

And I'll fill that space again then. When I was working in the NHS, I found that the client group that I was working within tended to get quite a raw deal. So they were people that practitioners could say, "I do not work with them." So they kind of got excluded from services or they ended up in high levels of restriction for long periods of time.

Keir Harding (@Keirwales):

So what I wanted to do with setting up Beam was to try and provide a service that could think about people in a thoughtful way. So that's definitely what I do to try and address that, and I partly try and take it a bit further because you can see that England and Scotland are investing in this client group. Wales isn't at the moment, and Wales is kind of like... There's areas of



Wales where they don't provide specialist services to this client group and the health secretary will say, "The NICE guidelines are optional." It's really interesting to see that disparate response to people, who've generally survived neglect, trauma and abuse, being so different in the different home counties.

Keir Harding (@Keirwales):

Health equity for me is trying to get a fair and compassionate response to people who have lived through incredible adversity in their lives, who at the moment I see just getting blamed for all of their problems and not thought about and not being responded to in ways that people with other diagnoses do.

Keir Harding (@Keirwales):

And then the second part of that is the amount of restriction and coercion that gets put on people with this diagnosis but, equally, people who tend to be poor, in poor housing, with really difficult relationships, and we definitely need to address the social aspects around people, as opposed to thinking, "What is the correct medication for surviving an abuse full of domestic violence?" So that's definitely what I'm doing and building on. [crosstalk 00:12:09]

Steve Ford (@SteveGFord):

I like that, Keir. Sorry, I interrupted you a bit. I like that bit about for you equity is not just about dealing with the patients or your clients as they come through the door; it's actually about setting up services, going out and identifying those groups who aren't accessing services. So that's fantastic.

Steve Ford (@SteveGFord):

What about you, Verena? What would you want to say?

Verena Zimmer (@zimmer_verena):

Sorry, I was pressing the wrong button. So, obviously in social care one of our main roles is around housing. So, I think again reflecting on the recording of the opening talk I heard this morning is, I guess a lot of it is we are doing it already. Every time when we help people for rehousing, we adapt people's housing, we are, in a way, addressing the effects of the inequities.

Verena Zimmer (@zimmer_verena):

I think, for me, this is quite a new concept, I'll be honest. So, for me, I think it's just a bit of a light bulb moment. I've always known in our practice a lot of the people we work with, we can see first hand it's a very complex, a very clear impact that poor housing has on people's physical health, mental health, children's development and all of that. I guess, for me, it's just having this concept of health inequities. It's just giving me something to frame really where the context is for that and the importance really of the work that we're doing there.

Verena Zimmer (@zimmer_verena):

I think I heard again this morning about this sort of continuum of awareness, action and advocacy. So, I think, for me, probably what it means is just having more of that awareness of



how the people that we are working with, how they are in the situations that they're in, and maybe at the point of challenging... Because we hear from colleagues, from housing colleagues, from all sorts of people we work with, some of the stories they're being told are plainly lies: "Anybody could eat well if they just learn how to cook properly and cook from scratch," and how people have got big plasma TV screens. There's a lot of stories being told that are just not true, and I think maybe just for us to work at that, asking more ourselves and spreading that awareness.

Steve Ford (@SteveGFord):

Thanks for that, Verena. It's interesting. You're being quite open really about the sense of perhaps not looking at what you do through that lens of health equity, and maybe that's been a theme for lots of people this week and perhaps an issue for us collectively as a profession.

Steve Ford (@SteveGFord):

So, we'll bring other people in in a minute, but let's just ask Hannah that question and then we'll bring some others in.

Hannah Spreadbury-Troy (@HannahtheOT):

Hiya. So, where I work is very unusual. There's only three wards in the country for deaf people with mental health problems, and it was set up because deaf people would go to a doctor, a CMHT or something, and they would ask for support, but they would have to go through an interpreter, if an interpreter was booked. So deaf people have to really fight first to get communication and then to get-

PART 1 OF 4 ENDS [00:15:04]

Hannah Spreadbury-Troy (@HannahtheOT):

Have to really fight first to get communication and then to get support. And so I think just by talking about my own role, all of that is about improving access because deaf people also have a shorter life expectancy because of lack of access to healthcare. And, also, just linking in with what [Kar 00:15:21] said about people who use self-harm and suicide as ways of coping with trauma, et cetera, deaf people who use those methods may get a diagnosis of personality disorder. There is no specialist help for them. So they get stuck with us, which we can offer support, but we are not specialists. So those people, literally, have nowhere to go. So, basically, my job, it's around supporting deaf people, but also within the deaf community it's vast. So there's way more we could be talking about as well.

Steve Ford (@SteveGFord):

So a real kind advocacy role, I think, I'm hearing from you. It's not just kind of responding to those kind of obvious needs that get presented to you. It's about looking kind of beyond and what the broader needs are and how we make sure that services are in place. So brilliant. Have you got someone else who we can bring in to speak or would like to come off mute, turn my microphone on? Have we got anyone? Okay. Well, it would be great if people do want to flag out that they want to say something, perhaps tell us what health equity means to you in relation to the service that you're involved in.



Verena Zimmer (@zimmer_verena):

I can fill a gap while we wait for, hopefully, some hands to come up. I joined my first, is it OT talk or OTalk on Twitter on Wednesday. The technology was quite overwhelming, but I thought it was fascinating and just really interesting to, I guess, talk to other OTs in a different context. And we talked about lots of different topics. It was amazing. One of the things I found interesting was we were talking about health equity and climate change. And, at first, I didn't see where that connection came from at all. And then there was a really interesting article on BBC News the following morning, about exactly that and saying from things like, when it floods, how the people who are killed are very often people with disabilities, mobility issues, who can't can't leave their properties. And I believe something about when there've been extreme heat, how people with schizophrenia have got something like 500 times more have been a proportion of people of deaths because of the medication that they're on doesn't let the body deal with heat so well. I just thought that was an amazing connection, really.

Steve Ford (@SteveGFord):

Yeah.

Verena Zimmer (@zimmer_verena):

About...

Steve Ford (@SteveGFord):

Yeah. That's really interesting. Yeah. So we've got Amanda.

Amanda White (@ajciliaOT):

Hi, Steve.

Steve Ford (@SteveGFord):

Hi, Amanda.

Amanda White (@ajciliaOT):

Hi, everyone. This is a great platform. Thank you for hosting it all. So I'm Amanda Wyatt. I'm in care of the Eastern region, but I work in housing predominantly. Just want to share my experience from this morning and my frustrations. I've been assessing a lady since February under a local council sort of DFG service. We identified that her property maybe could be adapted to meet her needs. However, further feasibility with the surveyors identified that it's not suitable to adapt that property. So that's taken from February until November to identify that. She's now been told that she would have to go onto a housing register where the waiting list could be six months to be assessed. And then it could be eight to 10 years before she's housed. That was awful for me to hear this morning. And, obviously, there are some other services that you can get into like maybe going onto a housing register for social housing, sort of supported housing with the occupational therapy recommendations that might put you onto a nominations list, and you might get housing a little bit sooner.

Amanda White (@ajciliaOT):



But this isn't the first case that I've heard of this, and I'm sure there are many other social care housing occupation therapists that echo this story. It just breaks my heart. When I have to leave somebody in a house that is damp, is unsuitable, is not accessible, and they're stuck in two rooms and can't access their toilet easily, so having to use a commode, to me, that isn't life, and that's having mental health effect onto the individuals and their families. And I don't... Where's the answer to it?

Steve Ford (@SteveGFord):

Yeah. No, that's really powerful. And I think what comes out from what you're saying is what other people said about that need for us to be more political, and maybe that's something new for us or it's got a greater emphasis for us sort of currently. It'd be interesting to [inaudible 00:19:40] on that. I know Dai from Wales, I think I've seen his icon. Dai, I thought you gave a really great answer about that on the Monday session. Do you want to kind of reflect on what it means to be political given your role in Wales and having that kind of influence? Are you able to speak or are you in the middle of eating your lunch or something? I don't know.

Verena Zimmer (@zimmer_verena):

While we wait for Dai, yes, I thought so, too. And I've been lucky to have done quite a bit of work with Dai or he's invited me along to do various events with Welsh government. And I think, yes, I really liked what you said, Dai, about, yes, it is political, but rather than being too drawn down the lines of party politics is to actually listen, I believe. Sorry. I'm misquoting you badly. Correct me if I'm wrong, Steve. A lot of-

Steve Ford (@SteveGFord):

So I think Dai's... Yeah. Do you want to say something, Dai?

Dai Davies (@RCOTPolicyWales):

Yeah. Hi, everyone. I'm Dai Davies. I'm the professional practice lead for Wales. I'm actually on my day off and I'm having the [inaudible 00:20:44]. If you hear any drilling, please excuse that. Yeah. The political dimension of this is really important. And, I think, I tried to emphasize on Monday evening, actually, it's not a sort of party political issue. It's an issue of fairness, and all parties believe in fairness. You might not agree with that, and you might not agree with their methods, but it's just understanding that. And then working with a sort of political party stakeholders, then trying to come to a positive solution for your service users. So I've always sort of emphasized that this is not a left right issue. It's just an issue on fairness, and for our patients we've just got to advocate that, we have.

Steve Ford (@SteveGFord):

Yeah. Brilliant. I think that's really good.

Hannah Spreadbury-Troy (@HannahtheOT):

Can I mention something?

Steve Ford (@SteveGFord):



Yeah, do.

Hannah Spreadbury-Troy (@HannahtheOT):

Yeah. I feel that, as a profession, we are providing access. And any time we are providing access, especially for disabled people, mentally ill people, et cetera, that, in itself, I feel is political in a world that is inaccessible.

Steve Ford (@SteveGFord):

That's really interesting. Really interesting.

Dai Davies (@RCOTPolicyWales):

Can I jump back in that? We work on the social model of disability, and we advocate for that quite a lot in power. So, I mean, we do think that. I mean, society is disabling everyone, and everything we do in relation to OT from out and adaptations to managing wait lists, all as a political dimension. So understanding our political dimension is really, really important.

Steve Ford (@SteveGFord):

Yeah. Brilliant. Thank you. And I think we've got Jim, Jim OT and Nicky, Nicky Low. So Jim first.

Jim Hellard (@OT_Jim):

Hi, thanks for letting me speak. It's really weird coming to sort of an OT talk that's vocal rather than typing which is great for a dyslexic. I just wanted to [inaudible 00:22:31] Kier and Hannah's words from the beginning, having previously worked in secure mental health and dealing with patients who have a [inaudible 00:22:38] personality disorder, and also deafness as a key feature. It's been incredibly hard to be equitable and support them. And, again, we have a lot of patients in them services that are from Wales, that are put out all the way. I mean, either in Northampton, that that's a long way for them to be placed and forgotten about. But, from a personal point of view, currently we're working with people with a bariatric diagnosis, with bariatric need, and there isn't the pathway to support them to gain access to mental health services, because the services just don't exist. I just wanted to raise that as something that we're struggling on.

Steve Ford (@SteveGFord):

Yeah. Brilliant. And how do you get that voice heard then? I mean, because that sounds like that's a really important message [inaudible 00:23:18]. And, actually, if other people commute while you're not talking that would be great. Yeah. Do...

Jim Hellard (@OT_Jim):

Currently, I'm using the free local NHS trust, the two councils together, everyone coming together to build a taskforce to look at what we can do. But it's all about their physical health. The issues around the mental health and maybe an eating disorder type approach just is not existent at the moment. It's something that we will attack as a service. There's a lack of provisions as opposed to persons, obviously. But, again, it's using your local resources, our



networks, and it's being political on things like LinkedIn on Twitter and trying to get people to take notice that there's a gap.

Steve Ford (@SteveGFord):

No, I think that's a great example, actually, of being political isn't, as Dai said, about being party political. It's not even always about governments. It's about using our local health systems and influencing the power that's there. Yeah. No, thanks for that. Nicky, do you want to...

Nicky Low (@nickysarahlow1):

Yeah. Sure. Hello, everyone. Nicky Low here, so I'm an OT working in adult social care. And, for me, I think, I'm absolutely delighted to see Royal College of OT embracing the kind of political nature of our work. For me, politics is politics with a small P. It's about everybody. It's about inclusion. And I was concerned particularly about those client groups, including those with MECFS, who haven't been well-served by the medical community. And I was really pleased to be able to work with Royal College of OT, revisiting the statement that was originally made, and to see our professional body coming out and supporting the new revised nice guidance. So, for me, that's a real step forward. Obviously, lots of work going on about research into long COVID and MECFS. And I think sitting next to those client groups for whom the science isn't yet there and being their allies and working a person-centered way with them is hugely important.

Steve Ford (@SteveGFord):

Yeah. Yeah. And I think a good example of your politics then, Nicky, I remember you were DMing me on a Saturday afternoon trying to help, getting us to kind of respond quickly. But that's great, isn't it? I think it's using our influence in whatever way we can to affect change. Yeah. We've got Rachel next, Rachel Booth-Gardener.

Rachel Booth-Gardiner (@OT_rach):

Oh, hello.

Steve Ford (@SteveGFord):

Hi, Rachel.

Rachel Booth-Gardiner (@OT_rach):

This is exciting. I really just wanted to see how it all worked, but I guess kind of the couple of things that I wanted to add was some people may be aware that, unfortunately, I caught COVID and spent a long time in hospital last year, and I'm still recovering, so an interesting perspective of how the whole health service worked together. And some people might struggle with how I felt about the occupational therapy that I received, because it wasn't holistic, and it wasn't together. We know that all sectors are fragmented. It would've been really helpful to have one person all the way through my journey, but I've had different consultants, different doctors, different occupational therapists, different physios. So I just think that this subject is a really good subject, kind of making us just people think, yes, we say we're holistic. We say we're all of these things, but, truly, the systems we work in aren't. We need to wake up a little bit and be political and kind of change the system from without. Anyway, I'll stop now.



Steve Ford (@SteveGFord):

Yeah. Brilliant. Thank you. I'm just wondering, I mean, I can see lots of colleagues who work at RCOT on, do we say on the call in the meeting? I don't know. How do we do it? In the space? Does anybody want to say anything, how you think this emphasis on health equity is kind of influencing your work or the work of your teams? And, perhaps while you're thinking about that, we've got Heather. So, Heather, why don't you take the mic?

Heather McFarland (@HeatherMcF16):

Thank you, Steve. Hopefully you can hear me.

Steve Ford (@SteveGFord):

Yeah.

Heather McFarland (@HeatherMcF16):

It's my first time using this platform. That's great. I'm Heather McFarland. I've just moved into an allied health professional role in the Public Health Agency in Northern Ireland as of this week. So I am an OT of many years, but I've just moved into this role. Can I just say I'm absolutely delighted to see #OTsForEquity taken forward OT week. I was so excited to see it, and I've been involved with the Royal College for several years now. So I just wanted to say, initially, thank you. It's been absolutely wonderful to have been part of those conversations. I think, in terms of COVID, on what we have learned from that through what Michael Marmot said but also lots of reports that are coming through in terms of BMJ and, certainly, the reports that are feeding through from our outcomes of that, it's impossible for us to ignore that the hardest hit group by this pandemic were those with disabilities, as well as those from ethnic minorities.

Heather McFarland (@HeatherMcF16):

And, two, we know we've always worked extremely well in terms of promoting our role as OTs, but I think within this climate, it's impossible for us to ignore the extrinsic factors that are associated with both of these groups, and it's closely linked to socioeconomic deprivation. And we, as OTs, you're absolutely right, lots of speakers have talked about the housing that we've got involved in, the way that we increase that access to our services, but we have got to be aware and not blind to the fact that there are massive health inequalities in our system, and our health outcomes have increased that gap now. It's becoming broader and broader. 30% of our children are living in food poverty. I mean, that's incredible. If we were to eat well, I think Michael Marmot said, 74% of income of the lowest families would need to go on food.

Heather McFarland (@HeatherMcF16):

That's directly related as we know to fuel poverty, because those families have got to think about, can I heat a home or do I eat well? So, I think, for us in community, and those particularly as I have been, have worked many years in cold winters, recognising that our older people stay longer in bed, because they can't heat the homes, isn't something we can go in and just recognise and feel sorry about. I think we've got to actually step up what we do and raise this conversation both to a higher level and lobby as we can because of our professional capacity within the organisation to do so. We need to be active and lobbying about this, because this is



impacting the people we work with. This poverty and this debt deprivation is coming forward. And Dai's right, it is an issue of fairness. It's not about left and right politics here.

Heather McFarland (@HeatherMcF16):

But I think there is an appetite for collaboration. We've seen that through COVID, and there is an appetite to develop that. Now is the time that we can seize. Forget about the competition. This is everybody's impacting everyone. Poverty impacts everyone at-

PART 2 OF 4 ENDS [00:30:04]

Heather McFarland (@HeatherMcF16):

This is everybody's impacting everyone. Poverty impacts everyone, it impacts the whole community and nationally right across it. I suppose in Northern Ireland, we've been fortunate when we've had an assembly up and running, that because it's been local, we've had that potential to actually lobby at that level and to speak to people about what's affecting our community, but you have brilliant examples in the likes of Preston where they do community wealth building models extremely well, and that has really impacted on reducing poverty within local areas.

Heather McFarland (@HeatherMcF16):

So there are models of practice out there that we can look at, and I think as occupational therapists, now is the time actually for us to step up and say we know that it exists within our communities, we know there's power hikes in some areas overriding fuel and food poverty that's impacting on health inequalities, and I welcome the conversations we've had this week. What I would love to see is for that to be taken to a higher forum and for us as an organisation to continue those conversations, but maybe at a national level.

Steve Ford (@SteveGFord):

Yeah. Well, that's a good challenge. Fantastic. Thank you for that, Heather. So we've got Ruth Hawley next. Ruth, you're able to unmute yourself?

Ruth Hawley (@Ruth_Hawley):

I am. Goodness. My phone clicked off at the point that you gave me the power to unmute.

Steve Ford (@SteveGFord):

No, don't worry about that, it's the law, someone's law.

Ruth Hawley (@Ruth_Hawley):

I know. It's really unusual. So a little bit like Rachel. Partly, I just wanted to try out the technology and to actively contribute. But I've equally loved the theme around OTs for equity. And I guess for me, part of joining in on a new platform, I heard Jim said about this is because OTalk is written and as someone who is the experience of dyslexia, that's hard to access.

Ruth Hawley (@Ruth_Hawley):



I'm in my own brain wondering about what are the equity access issues if this is a different platform as well, I'm just pondering that. I think with so many things, there's not necessarily always quick answers or easy fixes, but I love the fact that at the minute, within our profession, it feels like we're asking the questions and there's appetite for change and there's energy for it, and I think that's got to be a good thing.

Ruth Hawley (@Ruth_Hawley):

And as an addition, I joined just at the point that Verena was talking about the challenges of OT Week and having lots of questions and lots of challenges is that it can almost be overwhelming and make your brain buzz too much, and how do we balance that with work-life balance and occupational balance? And I'm trialing my Twitter Spaces on a walk in the park.

Steve Ford (@SteveGFord):

All right.

Ruth Hawley (@Ruth_Hawley):

I recognize it's because I've got the privilege to do so, but just [inaudible 00:32:48] .

Steve Ford (@SteveGFord):

No, that's something. That's brilliant. I just wonder, Karin, whether you want to give a RCOT perspective on some of this conversation. And then I'm putting people on the spot now and people are going to be worried. So Carolyn, I just wonder whether you wanted to lead on education work, whether you just want to reflect on how we are preparing new occupational therapists for this kind of emphasis in our work. So do you want to go first, Karin?

Karin Bishop (@KarinBishopRCOT):

Yes. Just really saying that I think for us at RCOT, it's really exciting and invigorating, just to hear so many examples of where health equity is being addressed across occupational therapy. We do have the opportunities to sit around tables, round tables with decision makers, but what really brings those conversations to life is when we have real examples from occupational therapists, so to highlight the points we want to make.

Karin Bishop (@KarinBishopRCOT):

So I think my message really is keep sharing, keep putting examples, keep talking, keep putting examples on our social wall so that we can use those examples. We have experience of using people's examples in our different campaigns and the health equity one is no different though, so just please keep sharing. Thanks.

Steve Ford (@SteveGFord):

Brilliant. Yeah, share what you do so we can build that into our messaging. But also, I think just sharing it with each other is just such a powerful way to accelerate change, isn't it, when we can copy good stuff that other people are doing. So yeah, thanks for that, Karin. Carolyn, are you able to-



Carolyn Hay (@CarolynHay):

Yes, I am. And I'm another of the very excited people to be using Twitter Spaces, so great to be trying that out. I was just jotting down a few notes and trying to structure my thoughts when you said my name, so apologies if my thoughts aren't too clear, but... The role for students in this is huge, and I think in listening to Sherry [Sheherazad Kapadia], on Monday, you're listening to somebody who is the future of our profession, it gets used all the time, but incredibly articulate, incredibly clear, politically aware.

Carolyn Hay (@CarolynHay):

And our students are, and I think there's a real opportunity to make sure that particularly when our students, our apprentices, our learners are out on placement, they've got that opportunity to bring some of their experiences, bring some of the conversations, learning, perspectives, reading that they're undertaking within their study into practice.

Carolyn Hay (@CarolynHay):

And particularly with the variety of the different placement opportunities and thinking about quality improvement projects, service improvement, quality assurance projects, and leadership placements, there's lots of different ways that I think students can get involved in really trying to support the work of organisations and teams in terms of health inequalities and health equity.

Steve Ford (@SteveGFord):

Yeah, brilliant. Thanks for that, Carolyn. I guess we're coming a little bit towards the end, but it would be really good, I think, just to hear people's reflections on what next. It sounds like we've taken a lid off something this week or we've given greater exposure to an issue which is resonating with lots of people, but what next? It'd be great to hear your views on that. But while you're thinking about that, I think Amanda White wants to come back in.

Caz Dunn (@Caro4133):

Sorry. It's Caz here, we're just waiting for Amanda to come back. And there she is. Hi Amanda.

Amanda White (@ajciliaOT):

Hi, sorry. I'm just sitting here listening very intently to everything that's being said. And the thing that's come back to my mind, I was looking at something on Twitter this morning, I think, and it just reminded me of Kate Granger's campaign for Hello My Name Is, and I resonated that with the experience that Rachel shared with us in her hospital.

Amanda White (@ajciliaOT):

And Kate created this great big campaign that is used nationally across the NHS now. And I'm just sitting there thinking, "What could we do to create a great big campaign similarly that is used nationally across the poverty?" I know it's a big ask, but it's just my thoughts and I just wanted to share them.

Steve Ford (@SteveGFord):



Yeah. Brilliant. Thank you, that's really good. Very good. And anybody else want to just share their ideas of what next?

Keir Harding (@Keirwales):

Can I? It's Keir.

Steve Ford (@SteveGFord):

Yeah.

Keir Harding (@Keirwales):

It's so just listening to people talking about how this might be a political issue, and I think when we say that, it might mean that it becomes the work of somebody else, whereas I think as a profession, we are brilliant at adapting environments. If somebody can't stand up in the shower, we will stick a stool in there and we'll put some grab rails on the wall and we will adapt that physical environment really quickly.

Keir Harding (@Keirwales):

But what we've heard today is people talking about it can take months or years for somebody to get accommodation that doesn't make things worse for them. People are going into bariatric services and people only looking at the calories they put in their mouth and not thinking about the mental health implications. People are living in a society with huge inequality, and if we think that that is impacting on the functioning of the people that we work with, then we need to change that environment.

Keir Harding (@Keirwales):

We need to adapt that environment so that it is promoting or getting the lives they want and need in there. This is our profession, to adapt to environments, to help people function, and we need to get out there and start doing that, whether that is writing our letters to the newspaper, whether that is getting vocal on Twitter or social media, whether that is in putting ourselves in positions where we can influence what goes on in society a bit more, this is our job, to adapt environments, to improve functioning, and we need to get out there and start doing that.

Steve Ford (@SteveGFord):

Brilliant.

Hannah Spreadbury-Troy (@HannahtheOT):

Yeah, I agree.

Steve Ford (@SteveGFord):

Yeah.

Hannah Spreadbury-Troy (@HannahtheOT):

Can I speak next?



Steve Ford (@SteveGFord):

Yeah, do.

Hannah Spreadbury-Troy (@HannahtheOT):

Yeah, I agree with Kier a lot. I think we could be doing things immediately within our team. So one thing that is on my priority list, the team have been asking me about trans issues and whether I could do some training. So we could do those sorts of things, we could be talking about equity within our teams at ground level, and then there's other things you can do, like I'm part of the LGBTQ+ trust staff network as well as a couple of others, but mainly that one.

Hannah Spreadbury-Troy (@HannahtheOT):

And I think that's something we can do. So I've been reviewing the trans policy and there's been a few other policies that you just get to have your say on, so that's making it more equal for staff and patients and carers. And I agree that we should also... So you quite often see in the news, the medical opinion is always of a doctor, but I think it could be us. I think we are often in a space where we can give our opinions, and I think they should be just as valid as doctors'. I hope that makes sense.

Steve Ford (@SteveGFord):

Yeah, no, it does. No, thank you so much for that, Hannah. That's a real challenge. How many times can we be, I say we, you, an occupational therapist on the platform, in the media, let's see what we can do over the next 12 months. Okay. I think we got Rachel, I think Rachel wanted to speak again.

Rachel Booth-Gardiner (@OT_rach):

Yep. Hello. Sorry, I can't remember who it was that was talking about the #HelloMyNames campaign.

Steve Ford (@SteveGFord):

That was Amanda.

Rachel Booth-Gardiner (@OT_rach):

That was it, thank you. And I was going to apologize for my thoughts being all over the place, but I'm not going to because this is what long COVID has done to me, I've got all these thoughts and ideas and sometimes getting them out is difficult. But absolutely, we do need to think about campaigns, and that's a fantastic campaign, but in my 13 months in hospital, I didn't see it being used.

Rachel Booth-Gardiner (@OT_rach):

They just start off brilliantly, and then it fades out. I think one of the things that I really struggled with was the time, no clock on any ward was correct. It was either the wrong year or the wrong time or the wrong months, and it drove me insane. There's lots of campaigns that we could do out there. And I'm going to stop now cause I'm waffling.



Steve Ford (@SteveGFord):

Yeah. Thank you. Thanks, Rachel. And Laura.

Laura Marmion (@marmi_l):

Good afternoon. This is exciting, joining a Twitter talk in real life talk. I'm really excited and really quite hopeful for the profession in terms of being more political and change agents for the systems and structures. It can be quite daunting though, as an occupational therapist, often we're the minority in MDTs or within services.

Laura Marmion (@marmi_l):

And I do feel if the Royal College of OT could support us and have our backs in terms of giving us permission to be more active, and maybe a how-to guide in terms of who do you lobby, who do you reach out to? Because navigating the systems is quite daunting, but I'm really positive for the future of the profession.

Steve Ford (@SteveGFord):

No, I think that's a fantastic idea, real practical resources that we could provide. Yeah, thanks for that, Laura. And then Kelly Ann.

Caz Dunn (@Caro4133):

I think she's just coming online, there we are, Kelly Anne should be with us any second. There we are. Hi Kelly. Oh, just take yourself off mute, Kelly, please.

Kelly Ann (@kellybarhuizen):

Hello.

Steve Ford (@SteveGFord):

Hi Kelly, you're on.

Kelly Ann (@kellybarhuizen):

Thank you for letting me speak. I am not an OT yet, I'm a future OT. I started as an OTA and I'm very passionate about what we can do and how we can do it. And just the last speaker resonated with me at a fair bit, that before I start on this profession, I am feeling slightly, not unsupported, but then where can we go to be passionate about our profession when others are not listening or not so passionate about what we do? And I think being political, and that is taking a stand in some places, is an excellent idea for our profession to push forward.

Steve Ford (@SteveGFord):

Yeah, great. That's good, and your perspective is [inaudible 00:43:19], so thank you for that. I think we've got people wanting come in, so that's fantastic. I think we've got Orla next.

Caz Dunn (@Caro4133):



Again, I think it's just little moment between people coming in and actually becoming live, as it were, so just bear with us a second. I can assure Ola... There we go. Ola, are you there? Okay.

Steve Ford (@SteveGFord):

Yeah. Go for it, Ola, if your microphone is on. Maybe we can bring in other people at the same time so that you're ready to go. Are you there, Ola? Anybody else who wants speak? I think Jim, you wanted to say something else, if you want to go for it, Jim.

Jim Hellard (@OT_Jim):

Yeah, if that's okay. So there were several things, obviously the HelloMyNamels is still part of my tagline on Twitter and it's still part of my daily practice and it's something I go to every student I educate or work with or every new colleague, and we do need something like that, we do need a banner for us to gather behind. We were told to be, was it destructive, no, disruptive enablers by the former chair at the last OT show, something along that, going out there and changing the dynamic out there, changing the narrative and innovate and just change everything.

Jim Hellard (@OT_Jim):

But we need to target that, and for us in physical health of health, the biggest target has got to be this DTA model that we've been fostered on by government that has a right to reside document, that has one element out of nine that refers around therapy, and it's a medical decision. That's only one aspect of a person's care in physical health.

PART 3 OF 4 ENDS [00:45:04]

Jim Hellard (@OT_Jim):

That's only one aspect of a person's care in physical health, and we need to be more enabled and empowered to champion that when someone's function is not ready for society to support, or is not safe to leave a ward, that we should actually be empowered to make that decision and have a standing that is at equal to our medical colleagues and that's something I'd really like the [inaudible 00:45:21] to look at. My point of view.

Steve Ford (@SteveGFord):

Yeah. Brilliant. Okay. Thank you for that, Jim. Who else have we got? Is Paula able to speak now?

Caz Dunn (@Caro4133):

I don't think so, Steve, but we've got Ruth and Nicky have asked to speak again.

Steve Ford (@SteveGFord):

Okay. Let's go with you first, Ruth. Then Nicky.

Ruth Hawley (@Ruth_Hawley):



Hello. I guess part of my thoughts are around the Hello, My Name Is. That actually it was an amazing campaign, but it stemmed from someone articulating really well what they had experienced as the problem.

Ruth Hawley (@Ruth_Hawley):

I think that's where all good campaigns and all innovations start from, able to see a need. Even when you see things on the Apprentice, sorry for my [inaudible 00:46:07], all the best creations come from people having seen a need.

Ruth Hawley (@Ruth_Hawley):

I almost think that it's not always just about something that's centralised and targeted, but if we each individually do that, that collectively we make ripples right across the whole of the profession and it's almost easier to see, well, what can I individually do? And what could my contribution be? Rather than feeling overwhelmed.

Ruth Hawley (@Ruth_Hawley):

I guess my thought was around actually the needs that we individually see and the things we see through our occupational lens in our field of practice. Let's just start doing something about it.

Steve Ford (@SteveGFord):

Yeah. Brilliant. Making it, cool. No, I like that. I like that one. Yeah, Nicky?

Nicky Low (@nickysarahlow1):

Hello? Yes. Hi, sorry, me again. Yeah. No, this is great listening to this conversation. A couple of speakers alluded to needing to feel that Royal College of OTs had our back. I think that's certainly been true throughout my career, feeling that wasn't that confident in where we were as a profession.

Nicky Low (@nickysarahlow1):

I do, it's been great having this campaign running and having your support, Steve, and all the other RCOT members of staff. But I wonder in terms of building bigger alliances with other allied health professions, in the same way that we need to ally ourselves with patient groups who are not well served, perhaps there's a case to be made for building our alliances politically, amongst other allied health professions.

Nicky Low (@nickysarahlow1):

But also, there is a movement, however derisory one might feel about it level, but there was a presentation at the fringe event at the Tory party conference. Michael Gove was there, and there was a paper presented by We Are New Local, which our political RCOT team, they were aware of that, and we've communicated about that. Should we be building alliances on the national level, and in a bigger way?

Steve Ford (@SteveGFord):



Yeah. I mean, I think we do try to do that. But yeah, there's always more and I guess there are new opportunities now with this particular focus. I think a challenge about when we think it's a really important distinctive OT voice that we want to get across, and when actually the message is more powerful and relevant. But that stuff, we can work through.

Steve Ford (@SteveGFord):

I think it looks like, I think we should probably start coming to an end, really. There no one else waiting to speak. But thanks everyone for joining. I think it's been a fantastic conversation and it'd be great to get feedback, but this platform seems to be something I think is really effective and engaging. What I'm really determined to do is just find ways of building the strength of this community, really. I think this is clearly a tool that has got potential in all of that.

Steve Ford (@SteveGFord):

I do hope, and it's been great to hear people reflecting that this feels new. It feels that RCOT is stepping into a space that it perhaps hasn't been stepping into before. But I think it isn't just this week, is it? It's the conference, it's all the conversations I've had with so many of you since I joined. People wanting RCOT to be making more noise, to be more outspoken, to be supporting its members to be more active in this space. So this is definitely something we want to do more of moving forward.

Steve Ford (@SteveGFord):

I think as I've just said, that power of community, I think, comes over really strongly this week and gives us a platform to build on. It's great, isn't it? That we have an OT week where we can make this kind of particular concerted effort to get our message across. But, what does that mean? Does that mean we scurry back into our boroughs for the next 51 weeks and do it all again next year? Or, can we use this week as a, we can continue to push, persuade, campaign for more occupational therapy throughout the year? Of course, we'll have particular bursts and particular emphasis, but can we make sure that collectively we can just step up our voice, all year long?

Steve Ford (@SteveGFord):

Yeah, I mean, let's bring today to an end. Let's keep the conversation going, lots of opportunities to add ideas and suggestions onto the ideas board on our website, please do share stuff. And of course, we've got the Elizabeth Casson lecture next Wednesday, haven't we? I know that Anita Atwal will be challenging us even more, I think, to go further in this space. Let's keep that conversation going.

Steve Ford (@SteveGFord):

Thanks everybody. Thank you to the panel members who kicked off the conversation at the beginning, that was really helpful. Thank you for our digital gurus, who yeah. Told that this, the Twitter spaces even existed, which I guess a lot of us didn't beforehand. It's been a good week. Well done everybody for what you've achieved this week. I think it has been really powerful. And for those of you who've got weekends, have a relaxing weekend. Thanks everybody.

Jim Hellard (@OT_Jim):



Bye.

Steve Ford (@SteveGFord):
Bye-bye. Thanks everyone.

Caz Dunn (@Caro4133):
Bye everyone.

Speaker 2:
Bye. Thank you.

Ruth Hawley (@Ruth_Hawley):
Bye. Thanks.

PART 4 OF 4 ENDS [00:57:27]