

## **Response from the Royal College of Occupational Therapists to 'Modernising support for independent living: the health and disability green paper.'**

### **Introduction**

The Royal College of Occupational Therapists (RCOT) is pleased to provide a response to this consultation. RCOT is the professional body for occupational therapists and represents over 36,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health and Care Professions Council (HCPC), and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call 'occupations'. Occupational therapy helps you live your best life at home, at work – and everywhere else. It's about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

Occupational therapists work closely with individuals affected by changes to the PIP process. To inform our response, we received input from the RCOT Specialist Section for Work and hosted a webinar with members on Tuesday 4 June 2024 attended by over 70 members. We have also received input from the ABLEOTUK, a UK Occupational Therapy Network for practitioners, students, researchers, educators and people with disabilities and long-term conditions.

Our members highlight the critical need for a more holistic, person-centred approach to PIP assessments, emphasising flexibility, respect, and individualised support while addressing practical, ethical, and systemic challenges.

### **Responses to questions 1 to 8 on PIP overview and assessment form**

We're concerned that the proposed changes places undue emphasis on formal diagnoses rather than functional needs. This shift undermines the personalised care approach essential for truly understanding and meeting individual needs.

PIP assessments must be holistic and person-centred, recognising that everyone's functional capabilities are unique. A formulaic, one-size-fits-all approach is inadequate and could lead to

inequitable outcomes. Our members feel that using a formal diagnosis ignores the functional impact of illness and disability and perpetuates the dominance of the medical model.

## **Responses to questions 20 to 23 on proposals to move away from cash-based incentives**

Our members support giving people greater freedom of choice about how to spend their money, rather than restricting this. There is strong opposition to transitioning from cash-based schemes to voucher-based systems, which are viewed as infantilising and shaming. This approach lacks respect and dignity for individuals requiring support and is considered by many as immoral and inhumane. The dignity of those receiving PIP must be upheld through respectful and supportive policies.

Cash-based benefits are vital for the flexibility and autonomy needed to manage household expenses and the extra costs associated with being disabled or having a long-term condition. Vouchers and specific items may not meet individual needs and could result in unwise choices or harm if inappropriate equipment is provided. Financial support should empower individuals, not restrict their autonomy.

While supporting this drive for greater personalisation in the benefits system, we urge caution around the statutory duties which exist for both health and social care to provide aids, appliances, and services to disabled people. These duties should not be minimised or removed as part of this process; rather the two approaches should work in a coordinated manner together to provide better support and more choice for disabled people.

Furthermore, the proposed changes may disproportionately affect individuals with mental health challenges and learning disabilities, as the catalogue incentive appears to focus primarily on physical disabilities.

### **Final general points**

Some of our members feel that the voices of disabled people who are trying to navigate the benefits system have not been sufficiently listened to by the previous government and urge a greater use of personalised approaches and the creation of systems that can operate in more flexible, person-centred ways.

There is a growing critical discourse and dissatisfaction within the profession about the growing health inequalities that disabled people and others face, that the current system appears to be amplifying, and a call for a greater focus on social justice and the social determinates of health in all systems. Government and media rhetoric on PIP is already having a negative impact on people

using mental health services, increasing their stress and stigma.

## Contact

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