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Building Tomorrow's Occupational Therapists

The Task, the Body and the Room It Lives In

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Introduction

The Kitchen With the Wrong Light

Every trade has a scene that explains it better than any definition, and in this one the scene is a kitchen in a flat two floors up, at four in the afternoon, with the light wrong and the worktop at the wrong height and a person sitting on a dining chair because standing at the counter has stopped being possible. There is no emergency in that kitchen and nothing on a monitor. What there is, is a question that will be answered within the hour and will determine whether this person goes home or stays in a bed for another three months: can they get a hot meal onto a plate, sit down, eat it, and wash up afterwards, safely, in the room they actually live in, with the help they actually have.

The person who comes to answer that question is not a doctor and does not pretend to be one; they have read the notes, and the notes are mostly a list of what has gone wrong with a body. They will spend an hour finding out what has gone wrong with a life; they will watch a hand reach for a saucepan and see not weakness but a shoulder that cannot lift above the level of the worktop. They will look at the light switch that requires a sideways reach, the rug that will move under a walking frame, the step at the door, the narrow gap between the sink and the fridge. They will ask what the person wants to be doing in six weeks, and the answer will not be a measurement. It will be something like dinner for my sister on a Sunday, and the whole hour will be arranged around whether that sentence can be made true.

This is the trade that begins with a task rather than a diagnosis, and it is misunderstood by almost everybody outside it, including a good number of people inside it. The public picture has two versions and both are wrong; in the first, the practitioner is a kind woman with a box of crafts who keeps people occupied on a ward. In the second, the practitioner is an administrator who writes the form that frees a hospital bed, and whose signature is a cost-saving device dressed in therapeutic language. Neither picture contains the craft, and the craft is this: working out precisely what a person needs to be able to do, what is stopping them, and then changing the task, the body, the room, or the help, in whatever proportion the evidence supports, and measuring whether the change made the thing possible.

What This Volume Is Not

This is no clinical manual, and it prints no assessment scores, no thresholds for fitness, no equipment costs and no treatment protocols. Those belong to your jurisdiction, your service and the legislation that funds the equipment you will

prescribe, and any book that prints them for you is stale within an edition. Nor is it a recruitment prospectus, and it makes no promise that the trade is a comfortable place to spend a working life. It states, unsoftened, what the work takes from a body, from a temperament, and from the particular tiredness of being the one who decides whether somebody can go home.

What it does contain is structure. The shape of the trade's reasoning, described in the order a practitioner actually uses it; the two stories the public and the profession tell about recovery, and the third story that neither of them contains; the routes in and what each one honestly costs. The working day as it is lived, including the travel, the equipment store and the ten minutes that the schedule insists on and the work refuses. The rules of the craft, taught on two ordinary problems, a kitchen and a bathroom; the churn, read plainly; the other rooms where the decision is really made; the instrument shelf, from the adapted spoon to the machine that drafts a plan. A constructed department's year, from the first January referral to the final December discharge; and the long view, which describes a career designed deliberately rather than simply handed on.

Why the Machine Matters Here

Of all the trades in this series, this is the one where the machine's arrival is least visible and most consequential. The work is physical, relational and specific to one room and one body, and it therefore looks immune to automation in a way that image reading does not. That appearance is misleading in both directions.

It is misleading in the optimistic direction because a growing part of the trade's administrative surface is now machine-shaped: goal plans drafted from a template and a transcript, risk assessments assembled from a form, equipment suggestions generated from a description of a bathroom. A practitioner who takes those drafts without reading them will produce a plan that is fluent, plausible, and about nobody in particular, and the person will fail at home in a way that the paperwork will not predict.

It is misleading in the pessimistic direction because the part that cannot be automated is the part that most needs defending: the hour in the kitchen, the judgement about what this person's sister actually needs from a Sunday, the courage to say that the plan will not work, the negotiation with a family who are certain it will. Those are not tasks; they are the trade, and the trade's future depends on practitioners being able to say so in language that a

manager, a funder and a machine can all hear.

How to Read This

The chapters run in the order the trade works rather than the order a curriculum teaches; Read them in sequence if you are deciding whether to enter, and read the fourth, fifth and seventh if you are already in and want your own day described accurately. Every case in the book is constructed for its chapter and none is drawn from an individual; Where the trade varies by country, the text says so rather than picking a jurisdiction and pretending the choice was neutral.

One promise, because the series makes it everywhere: nothing here is padded with a story that did not happen, a figure that cannot be defended, or a statistic that will be false by the time you read it. What is here is the craft, stated as plainly as the craft can be stated, and the questions the trade will be asked next.

The Question This Trade Is Always Asked

Every practitioner is asked, within the first five minutes of meeting a stranger, what their job is, and every practitioner has a set of answers. The honest answer is difficult because the trade's name contains a word that has to be unlearned: what the practitioner works with is not employment but occupation in the older sense, the whole of what a person does with their day, from washing to working to sitting in a chair that does not hurt.

The answers practitioners give fall into three kinds, and the three kinds predict a great deal about how the trade is understood. The first is the list: I help people with their daily activities, their washing and dressing and cooking; the list is accurate and it makes the trade sound like assistance, which is the first caricature in a new form. The second is the setting: I work in people's homes, or on a ward, or in a school; the setting is accurate and it makes the trade sound like a location, which explains nothing. The third is the problem: I work out what a person needs to be able to do and what is stopping them, and then I change the task, the body or the room until they can. The third answer is longer, and it is the only one that contains the craft.

The question matters beyond small talk, because the trade's funding, its staffing and its standing are decided by people who have only ever heard the first two answers. A service that is understood as assistance is commissioned as assistance and paid accordingly; a service that is understood as a method is commissioned as a method and defended on its results. The gap between

those two outcomes is made of sentences, and practitioners who can say the longer sentence in a way that a stranger understands are doing the trade a service that no report can do.

The Promise of the Chapters

What follows is arranged in the order a practitioner actually works rather than in the order a curriculum teaches, and the arrangement is deliberate. The first chapter establishes what the trade is and what it is not, because the definition is the source of every subsequent discipline. The second takes the two stories that the public and the profession tell about recovery, and replaces them with an account that can be tested. The third describes the routes in and what each one honestly costs, for the reader deciding whether to enter and for the reader already in and wondering whether the route they took has limited them.

The middle chapters are the working ones; the fourth describes the day as it is lived, including the travel, the documentation and the equipment store, because those are the parts that new practitioners are least prepared for. The fifth states the craft's four rules and runs them through two ordinary problems; the sixth reads the churn plainly, since a trade that cannot describe what wears its people out will keep pretending the problem is individual. The seventh walks through the other rooms where the decision is really made, from the family kitchen to the courtroom. The eighth examines the instrument shelf, from the adapted spoon to the model that drafts a plan in seconds, and states the rule that keeps the machine in its place.

The last two chapters are the long ones; the ninth follows a constructed department through a year, because the trade's difficulties arrive in a sequence and the sequence is easier to see on a calendar than in an argument. The tenth takes the long view, which is what a working life looks like once it has been designed on purpose rather than simply handed down, and it ends with what the trade ought to refuse.

Every case in these pages is invented for its chapter. No service, regulator, manufacturer, employer or person is described, and no assessment score, threshold, dose or price is printed, because all of those belong to a jurisdiction and a moment, and a book that prints them becomes wrong quietly. What is printed here is the reasoning, which does not expire, and the questions, which the trade will be asked again in every decade, in language that each decade believes it has invented.

A Note on What Is Not Here

Two absences in this book are deliberate and both will be noticed by practitioners. The first is the absence of technique: there is nothing here about how to teach a transfer, how to grade an activity, how to fit a splint or how to run a group. Those are learned with a body in a room under supervision and they are learned well by the trade's existing methods; a book that described them would be a poor substitute for a placement and would date within a year as the methods changed.

The second is the absence of the trade's own evidence base. There is a literature, it is substantial, and this volume does not summarise it, because a summary would be both incomplete and quickly stale, and because the reader who needs it should read the primary sources rather than a paraphrase in a trade book. What is here instead is the reasoning that makes the literature usable: the question of which task, whose goal, what block, what change and where it was verified is the question that turns a research finding into a decision in somebody's front room.

Both absences are consistent with the promise the series makes in every volume; the book contains no invented statistic, no unnamed authority and no clinical figure, and the cases in it are constructed for the chapters they appear in. Where a claim depends on jurisdiction, the text says so rather than choosing one country and presenting its arrangements as the arrangement. A reader in any system should be able to use the reasoning and should expect to supply the local facts themselves, which is what a practitioner does every day anyway.

Chapter 1: The Task, Not the Diagnosis

What the Trade Actually Is

Occupational therapy is the practice of finding out what a person needs or wants to be able to do, establishing precisely why they cannot do it, and then intervening on whichever part of the problem will yield the largest return: the capacity of the body, the design of the task, the arrangement of the room, the equipment that substitutes for a failing part, or the pattern of help around the person. The word occupation is the source of most of the confusion, because in ordinary English it means a job, and in this trade it means everything a person does that occupies their time and constitutes their life. Getting dressed is an occupation. Making tea is an occupation. Holding a telephone, sitting through a wedding, managing a bank card, sleeping through a night without fear of falling on the way to the bathroom: all occupations, all legitimate objects of the trade's attention, none of them contained in the word that the public hears.

The consequence of that definition is a discipline that is not organised by disease. A stroke, a spinal injury, a flare of arthritis, a hand that will not close after a burn, a lung condition that makes stairs into a negotiation, a dementia that has made the sequence of a shower inaccessible, a depression that has made the morning inaccessible: the diagnoses differ, the anatomy differs, and the question the practitioner asks is the same in every case. What is this person trying to do, in what room, with what body, and with whom? The answer is always specific and almost never derivable from the diagnosis. Two people with the same diagnosis, in the same week of the same illness, will have entirely different problems, because one lives in a bungalow with a daughter who visits daily and the other lives up a flight of concrete stairs with a husband who is himself unwell.

This is why the trade's central skill is not knowledge of pathology, though it needs that, and not manual technique, though it needs that too. It is task analysis: the capacity to take a piece of ordinary human activity and break it into the parts that must work for the whole to succeed. A practitioner who can do that competently can look at a person, a room and a request and see, within a few minutes, which link is failing, what it would take to strengthen it, and whether strengthening it is plausible inside the time and resources available.

The Bucket and the Belt

Task analysis sounds like an abstraction until it is done in a room; Consider a

person three weeks after a hip replacement, being assessed for discharge to a flat they have lived in for thirty years. The question put to the practitioner is whether they can manage; the answer is not yes or no; the answer is a list of specific tasks that have been tested and specific tasks that have not, and a judgement about which untested ones carry the risk.

Watch the practitioner work through a single task, getting from the chair to the bathroom. Standing up requires a seat height that allows the feet to be planted and the knees to be under the body; the chair in the living room is low and soft and will not do it. Walking requires a clear path; there is a rug at the bathroom door that moved under the practitioner's own foot; the doorway is narrow enough that a walking frame will not pass unless it is folded, and the person cannot fold it while holding it. Inside, the floor is tiled and the light switch is inside the room and to the left, which requires a reach in the dark or a decision to leave the light on permanently. The toilet is low; there is no grab rail anywhere, and the wall beside the toilet is plasterboard, which will not hold one without a fixing decision that involves the landlord.

That is one task and it has produced six findings, of which perhaps two are about the body. The rest are about the room; a practitioner who assessed only the body would have said the person is walking well and can probably manage, and would have been wrong in a way that would have shown up as a fall in a fortnight. A practitioner who changed only the room would have produced a safe flat that the person could not leave, because the body still needs strengthening and the confidence still needs building. The craft is in holding both at once and in knowing which to spend effort on first.

Why the Diagnosis Is Not Enough

The health system is organised around diagnoses; a referral arrives with a diagnosis on it, and the diagnosis determines the team, the funding, the timescale and often the priority. There is nothing malicious in this; it is how a large system allocates scarce attention; but it produces a permanent temptation for the practitioner, which is to treat the diagnosis as the problem rather than as the context in which the problem is found.

The temptation is visible in language; a practitioner who says the stroke in bed four is refusing the exercises has stopped looking. A practitioner who says the person in bed four cannot do the exercises because the exercise requires them to lift an arm above the shoulder and the shoulder is the part that has not recovered, and because the only place to do it is a day room where the

television is on and everyone watches, has started. Everything the craft amounts to sits in the gap between those two sentences, and the second one cost perhaps ninety seconds more to compose.

This has a consequence that surprises new practitioners: the most useful information is usually obtained by asking about a life rather than by testing a body; what did you do yesterday, from waking to sleeping? What did you do that you could not do last week? What is the one thing you would like to be able to do that you cannot? The answers locate the problem in a way that no assessment form can, and they do something else as well, which is to establish that the person is the authority on their own life and the practitioner is the authority on the craft. That division of authority is not a courtesy; it is the mechanism by which the plan becomes one the person will follow after the practitioner has stopped visiting.

The Two Failures the Definition Prevents

A definition earns its keep by excluding things; the one offered above excludes the two failures that have damaged this trade more than any others.

The first failure is treating the trade as a set of activities rather than a set of problems; this produces practitioners who run groups, keep people busy, fill afternoons, and can produce an impressive list of what was done without being able to say what changed. It is a failure of measurement more than of kindness, and it is the failure that the caricature of the basket-weaver is describing, uncharitably but not entirely wrongly.

The second failure is treating the trade as a discharge mechanism: a signature on a form, produced under pressure, at the end of a bed, in ten minutes, that certifies a person fit for a home that nobody has visited. This is the failure that the caricature of the administrator is describing, and it is the more dangerous of the two, because it looks like efficiency and produces harm at scale. It is also the failure that a machine-assisted workflow makes easier, since a plan can now be drafted in seconds and a risk assessment can be generated from a template, and neither of those facts makes the home any safer.

The definition excludes both, because it demands a task, a reason the task fails, an intervention addressed to that reason, and a measure of whether the task is now possible. A practitioner who cannot supply those four things has not finished, however many sessions have been delivered and however many forms have been signed.

The Measure That Matters

The final consequence of starting with a task is that the trade's measure of success is unusually concrete; it is not whether the patient liked the practitioner, though that matters for other reasons. It is not whether the assessment was completed, since completion is a property of paperwork; it is whether the person can now do the thing, in the place where the thing needs doing, in the condition in which they will actually do it.

That measure is unforgiving in a useful way; it cannot be satisfied by a good session in a gym, because the gym is not the kitchen. It cannot be satisfied by a promising score, because a score is a prediction and the kitchen is the event. And it cannot be satisfied by the practitioner's opinion alone, because the person is the one who will be doing it at seven in the morning when the practitioner is somewhere else entirely. Practitioners who internalise that measure become noticeably better at their work within a year, because the measure keeps pointing at the room, and the room is where the trade is decided.

How the Trade Got Here

The trade's history explains its habits, and the history is short enough to be worth knowing. Its immediate ancestor is not medicine but craft: the convalescent workshops of the early twentieth century, where injured men were given benches and tools not because the tools were therapeutic in themselves but because a man working at a bench is a man rehearsing the movements and the routines of employment, and because the alternative was a chair. The insight that made the trade was that the activity was the treatment, and the insight has survived every subsequent change of fashion.

Alongside the workshops sat a second ancestor, which was the moral treatment movement in long-stay institutions, where the argument was made that a person's day is a clinical matter and that an institution which removes all occupation from a life produces a decline that no medicine addresses. Both ancestors were making the same claim in different registers: that what a person does with their time is not a distraction from health but a component of it, and that a service which attends only to the body will produce a person who is technically alive and practically nothing else.

The professionalisation that followed did the trade a great deal of good and cost it something; Registration, university training, standardised assessment, research literature: all of these gave the trade authority and protected the

public from the untrained. What they also did was to move the trade's centre of gravity from the workshop toward the clinic, and the clinic has a habit of preferring what can be measured to what matters. It is not an accident that the trade's most persistent caricature dates from the period in which it became respectable, because respectability requires a version of the work that can be described to a committee, and the version that can be described to a committee is never quite the work.

The most recent phase is what these pages address; the trade has spent two decades arguing for its place in the treatment of long-term conditions, in the management of frailty, in the support of cognition, and it has largely won that argument. What it has not yet settled is its relationship with the machines that now enter its rooms, and with the administrative systems that would like the trade's judgement to be expressible as a field on a form. Both are genuinely useful and both are capable of hollowing the trade out from the inside, and the difference between the two outcomes will be decided by practitioners rather than by policy.

The Trade's Blind Spots

A trade that is good at task analysis should be good at analysing its own tasks, and this trade is not; Four blind spots recur.

The first is the assumption that the home is a stable place; practitioners plan for the house they visited, and the house changes: a daughter moves out, a stair lift is installed, a landlord raises the rent, a spouse dies. A plan written against a household that no longer exists is a plan that fails silently, and the review that would catch it is the appointment that gets cancelled when the caseload rises.

The second is the under-counting of the informal carer; the plan says the family will help, and the family does help, and nobody records what it costs them. Practitioners who ask the carer's own health questions, and who treat the carer as a second patient with their own needs, produce plans that last; practitioners who treat the carer as infrastructure produce plans with a hidden expiry date.

The third is the trade's discomfort with money; Equipment costs, care costs, the cost of a care home, the cost of a person giving up work to care: these are central to almost every decision the trade makes, and the training says almost nothing about them. A practitioner who cannot discuss money honestly with a family will be told a version of the truth that is shaped for a professional

audience, and the plan will be built on it.

The fourth is the trade's tendency to treat the person's own account as data to be interpreted rather than testimony to be respected. Assessment instruments invite this, because they convert a person into a set of responses, and a practitioner under time pressure will take the score and move on. The blind spot matters because the person's account of what is going wrong is usually more accurate than the score, and it is always more specific about the room.

The Referral and What It Leaves Out

A referral is a compressed document written by somebody with twelve minutes and a different job, and its form determines what the practitioner will do first. The standard referral names the diagnosis, the reason for admission, the address and a request: assess for equipment, or assess for discharge, or please see this patient who is not managing. Almost none of that is the information the practitioner needs, and the practitioner who treats the referral as the problem statement will assess the request rather than the person.

What the referral leaves out is consistent enough to be predicted. It leaves out who else lives there, which decides more outcomes than the diagnosis; it leaves out what the person was doing a month ago, which is the only available measure of what has been lost. It leaves out the room: the step, the stairs, the bath, the door width; it leaves out money, which decides which of the possible plans is actually available; and it leaves out the person's own account, because the person was not usually asked.

The experienced response is to read the referral for the one thing it contains that is reliable, which is usually the fact that somebody was worried enough to write it, and to treat everything else as a hypothesis. Then the first visit establishes the things the referral omitted; that inversion, from requested service to actual problem, is one of the small acts that separates a technician from a practitioner, and it takes no extra time. It takes a different first question.

There is a structural point underneath this that services rarely confront. If referrals are consistently missing the information that determines outcomes, the fault is in the form rather than in the referrers, and a service that redesigns its referral to ask three questions, who else is at home, what could the person do a month ago, and what are they most worried about losing, will produce better plans without adding a single hour of clinical time. Very few services do this, because form design belongs to nobody in particular and

because the people who could change it are not the people who see the consequences.

The Trade's Vocabulary

Every profession is partly a set of words, and this one has a vocabulary that repays attention because the words do work; Four of them recur in every chapter of this book and each carries a specific meaning that ordinary speech does not supply.

The first is function, which in this trade means the ability to do a task rather than the state of an organ. A heart may be failing and a person may be functioning well; a joint may be repaired and a person may be functioning badly because the room will not admit them. The word is useful precisely because it separates the body's condition from the person's capability, and it is dangerous when it becomes a euphemism for a person's worth, which happens in institutions where functioning is scored and the score is treated as a description of the human being.

The second is independence, which the trade uses to mean that the person is doing the task rather than having it done for them; the word hides a question that matters: independent of what, and at what cost? A person who dresses themselves over forty minutes and is exhausted until noon has achieved independence by the definition and lost something else; practitioners who use the word without the question become managers of a metric rather than practitioners of a craft.

The third is meaningful, which is the trade's word for an activity that the person values rather than one that is merely useful. It is a good word, and it is frequently used to close an argument that has not been had, since calling something meaningful ends the discussion about whether the service will fund it. A practitioner who can say why this particular activity matters to this particular person, in that person's words, is using the word properly.

The fourth is support, which has become the trade's least specific word and its most revealing. In a plan, support can mean a rail, a daily visit, a training programme, a family arrangement or a sum of money, and the ambiguity allows a plan to appear complete while its actual content is undecided. The remedy is crude and effective: whenever the word appears, replace it with the specific thing and see whether the sentence survives; a plan that says the person will be supported to manage their morning routine is not a plan. A plan that says the daughter will arrive at eight, the kettle will be filled the night

before and the shower will be taken sitting on the stool is a plan, and it can be argued with, costed and checked.

Where the Trade Sits in a System

The trade is unusual in that its work is produced at the seams between systems, and the seams are where its value is created and where its effort is wasted. A person leaving hospital, a person entering a care home, a person moving from a rehabilitation unit back to a family house, a person whose working life ends abruptly: each of those transitions involves three or four organisations with different budgets and no shared account of the person.

The practitioner is frequently the only professional present at the seam, which makes them the only person who can see the whole of the problem, and it also makes them the person on whom the seam's failures land. The equipment that the hospital's budget will not fund becomes the community service's problem; the assessment that the rehabilitation unit did not complete becomes the first thing the practitioner does. The family who were told one thing by a doctor and another by a nurse ask the practitioner to adjudicate, and the practitioner has no authority to do so and is the only candidate available.

This position has a genuine advantage and it is worth naming, because practitioners often experience the seam only as a burden. Being present at the transition means being able to change it, and the changes that a practitioner makes at a seam are frequently larger than any intervention made inside one system: a discharge that happens a fortnight later with a proper assessment, a care package that is arranged before the move rather than after, an equipment order placed early so that the equipment is there on the day. None of those is a clinical technique and all of them are the trade doing its most valuable work.

The cost is that the seam-work is invisible in every measurement the trade is subject to. It appears in no appointment, no waiting list and no clinical record, and it is the first thing a practitioner drops when the caseload rises, which is why services that appear adequately staffed keep failing at transitions. A service that counted the seam-work, in whatever crude way, would discover that it was buying something it did not know it was buying, and would very likely reorganise around it.

ABOUT THE AUTHOR

Aiman JoeHanz writes about work: the trades that keep institutions running, the people who do them, and what happens to a craft when the paperwork around it is handed to a machine.

Building Tomorrow's People is his series of volumes on the professions that hold a society together, each one written from the inside of a working day rather than from a policy document. The series now runs past ninety volumes, from engineers and statisticians to paramedics, radiographers and the therapists whose work is least visible and most consequential.

He writes under the PutraBooks imprint and can be found through the channels listed at the end of this volume.