1. Access – CYP, their families and others who are concerned can access the occupational therapy (OT) service directly. Within 2 weeks of an initial request for assistance being made their concerns are discussed and listened to. The response is appropriate to the help required to address wellbeing concerns and enable self management and empowerment where possible.

- OT has **open referral** (request for assistance) access since February 2013. OT encourages self referral – this is happening more frequently once service users have already accessed the service. Means that CYP, their families and other service users who may be concerned about the CYP can request assistance directly when they need it. They are informed about triggers and when to request further assistance. Since 2012 approximately **20%** of requests for assistance per year are from parents / carers re-accessing further support. Since 2013 there has been a **26%** increase in request for assistance from education staff who can now access the service directly.
- **Triage** and **Targeted Interventions** (Health Promotion / Self Management). OT can demonstrate high quality effective triage which is successfully supporting increasing numbers of service users through empowerment and self management with the provision of for example; advice, reassurance, workshops / education, drop in's, Top Tips. OT triage provides opportunity for good conversations and 'eliciting the story'. We ask questions like; "How can we help? Who is concerned? What and where is the impact?" Since January 2015 approximately **50%** of requests for assistance to OT are supported at a targeted level. Nationally we are sharing our work and outcomes related to triage and targeted interventions.

  Some parent / carer comments from the workshops: Jan – April 2015
  - This class has answered so many questions"
  - "This has made me more confident that I am doing right by my son"
  - "Some new ideas to try"
  - "All staff were welcoming and supportive"
  - "This has been a great class, I feel I have learned a lot in just 2 hours. I feel a lot more understanding of sensory issues"
  - "Good to hear other people with similar issues. Makes you feel you are not a bad parent and are doing all you can"
  - "Great to be understood and given advice, guidance and reassurance"

- **Timely: Waiting time management** – OT has robust monitoring systems for waiting time management. Utilising Oasis electronic system for collecting data and reporting. DCAQ (Demand, Capacity, Activity, Queue) systems are used to represent and interpret data. Weekly service wide allocation meetings via OCS (video conferencing). Prioritisation / risk system in place. Maximum waiting time 15 weeks for specialist assessment (average wait 10 weeks). Waiting time management action plans being utilised to reduce waiting times. Target maximum waiting time 9 weeks by September 2016. Number of requests for assistance to OT continues to increase annually. Since 2009 numbers have increased by **32%** against reduced resource capacity.

2. Early Intervention and Prevention: OT clinical practices and resources have shifted focus to preventative interventions and provision of support as early as possible for improving outcomes for CYP and their families.

Universal and targeted interventions

- **Get physical programme** –Collaborative work with children, parents, education staff and OT. Piloted and rolled out to primary schools for children with additional support needs.

Improving readiness for learning and sensory motor skills. Programme used in approximately **40%** of primary schools. Child, parent and school questionnaires used to evaluate. Significant improvement was reported in; motor skills, readiness to learn and confidence.

Parent / Teacher Comments:

"Big improvement in his listening skills and attention span".

"Massive improvement in handwriting, more attention paid when completing tasks, quicker and more organised when changing for gym".

"He really enjoys the class and talks about it at home. He has made improvement in all aspects – he runs faster and with confidence"

88% of the children said that the movement group was fun.

The percentage of improvement reported by education staff is outlined below:

Motor Skills	**98%**
Readiness to Learn	**92.3%**
Confidence	**59.6%**

- **Leisure Centre - Motor Co-ordination Classes**. Collaborative work with Fife Sports & Leisure Trust, Fife council, St Andrews University and OT. Class for children with additional support needs accessing leisure clubs, promoting their skills and development. Targeting children who have limited out of school activities and have struggled to participate in clubs due to their additional support needs. **Three** leisure centres across Fife currently providing this opportunity weekly. Classes fully subscribed and plan to extend provision in other areas. Classes are a stepping stone to encourage children to attend and participate in other clubs and physical activities. Aim to have classes available in the **7** localities by **2017.**

- **Management of future harm / risk.** OT can demonstrate post discharge support for prevention and early intervention. Explicit advice regarding triggers for requesting further assistance are provided as part of effective discharge, management of risk and empowerment of service users.

- **EYC** – OT can demonstrate engagement and contribution to the Early Years agenda, principles and stretch aims. Examples as provided
- **Play-** OT promote and advocate importance of play for CYP as their main occupation. Promoting their development, health and well being. Play strategy. OT modifications to promote access to play. **Play activities are the therapeutic medium used in OT**.
- **Powered mobility –** OT lead local multi-agency group. Allocation of smart platforms and powered technology for children with significant physical impairments. Significant outcomes being achieved. Some children progressing to independent powered mobility

- **Neonatal Care –**OT contributed to the development of the Quality Framework for Neonatal Care in Scotland 2013. OT's being trained and using the recommended neuro-developmental assessment tool Bayley III. OT can demonstrated their contribution to embedding Developmental Care principles within a neonates environment supporting the evidence that this practice improves a child's developmental outcomes. OT participating in the neonatal MCN, AHP SEAT neonatal group and UK OT neonatal group for sharing best practices.

- **Building capacity -** OT can demonstrate that a significant proportion of therapist's time is spent working with education establishments supporting those 'next' closest to the child / young person to meet their wellbeing needs. **Feedback:** Schools report that Therapist's are

providing effective information, training, support and communication links. Education staff value Therapist's contributions within the nursery / school environment.

Practice examples

Child Protection: Therapist's in partnership with education provide support to recognise and appropriately assess when a disabled child might be at risk of harm. "Research suggests that disabled children are 3 – 4 times more likely to be abused than non –disabled children". *Safeguarding Disabled Children - Practice guidance 2009, Child protection disability toolkit – SG 2014.*

Confidence: Education staff frequently report anxiety and uncertainty in relation to managing and meeting the needs of a disabled child or a child with additional support needs within the classroom situation. Therapist's provide specialist assistance and support which enhances staff's confidence and abilities.

- **Care Aims Philosophy –** The OT service has been implementing this framework and embedding the principles since 2003. The OT service can demonstrate significant and effective service changes, developments and thinking as a result. The OT service is continuing its care aims journey which facilitates constant reflection and collaborative decision making. In 2013 OT published a reflective report in the British Journal of Occupational Therapy. The report highlights the quality service developments implemented as part of this journey. Focus on risk and impact rather than problems.

3. Person Centred – Help received by CYP, their families and others from occupational therapy is reflective of their concerns, priorities and goals.

Engagement & Participation – OT's support and contribute to the child's plan

- OT can demonstrate use of the **Canadian Occupational Performance Measure (COPM)** which is an evidence-based outcome measure designed to capture a service users self-perception of performance in everyday living, over time. The COPM measures performance and satisfaction in self care, productivity and leisure from the service users perspective. OT has been using this tool since November 2012.
- **Care Agreements** – goals identified by the COPM are recording in child friendly care agreements. How goals are to be achieved are discussed and negotiated along with roles (child, parent / carer / OT / education staff etc). This collaborative working and negotiated goals improves outcomes and satisfaction. OT focus on asset based, evidence includes; conversations, reports and help / interventions reflective of the child's strengths, interests, family and community supports.
- **Every Child Matters** - **Culture –** OT practitioners recognise and believe their wider professional role in promoting CYP's wellbeing. "Every healthcare intervention is an opportunity for health promotion e.g. physical activity, nutrition, sleep, play, parenting, safety.." Disabled children and children with additional support needs require additional action. They experience greater and created vulnerability as a result of negative attitudes, unequal access to services and resources, and because they may have additional needs relating to physical, sensory, cognitive and/ or communication impairments.
- **Least intrusive –** Therapist's focus on empowering the child, family and those working closest with the child to manage their health and well being needs and to live their lives.

4. **New ways: Occupational Therapy innovates, reviews and utilises practice changes to provide an efficient, effective and engaging service to CYP and their families. Service users experiences and feedback are integral to changes and developments.**

Early Intervention & Prevention.

- **Health and Social Care Integration:** OT Joint partnership meetings started in May 2013 (Health, Social Work and Education OT's). Sub group formed.
- Shared vision and principles underlying partnership work- Involvement of all staff. Improved experiences and outcomes for children, young people and their families. Effective and efficient use of children's OT resources.
- Over 50% reduction in longest waiting times for CYP and their families on the social work OT lists
- **eHealth and technology:** OT can evidence it's proactive involvement using and embedding e-systems / solutions into practice. OT participation in NES eHealth leadership programme. OT eHealth service group (locally and nationally)- evidence of robust work plans to progress agenda. Clinical outcomes: Using technology to increasing CYP participation and access to play, education, self care, communication etc. Using technology to improve efficiencies and safety of practices.
- **Environments (home, school, leisure, community etc) –** modifications to increase participation and access to play, education, self care, communication etc e.g. OT Universal poster for all schools "Help me sit and attend" – promoting good sitting posture and handwriting. Support for Learning teachers can now access assistive equipment based on poster guidance.
- **Advanced Practice -** DCD Diagnosis pathway. Collaborative work with parents / children, paediatricians, AHP's and education staff to formalise diagnostic pathway for DCD given choice and options. OT taking lead professional role on this work.
- **Universal and Targeted interventions:** (refer to evidence provided under Early Intervention & Prevention). OT increasing universal and targeted work to promote better outcomes for self management.

Aspects for development

Access

- Increase general public's knowledge of how OT service might be able to help, when and how to request help. Need more **online accessible information** about this
- **Waiting time management** - Target maximum waiting time for specialist assessment 9 weeks by September 2016.
- **Flexible service provision –** Some Saturday morning clinics have been undertaken but this has been more in relation to waiting time management agenda's. Positive feedback from parents. Service needs to explore 7 day working in relation to service user preference and model accordingly. Evening triage at times is also offered and again received positively.

Early Intervention & Prevention:

- **EYC** – Increase OT participation in workstreams. Early Years event for OT & PT arranged for 17th June 2015 to progress this agenda.
- **FASD** – CHMT agreement regarding progress of this work. Preference to focus on preventative work rather than assessment pathway if confined by resources.
- **Neonatal Care –**To further develop the model collaboratively for neuro-developmental follow

up and OT's delivery / contribution with administration and interpretation of Bayley III as per national best practice guidance.

- **Increase capacity of universal services –** OT provide increased support / advice and training to; Support groups, HV's, leisure centre staff, education staff on agreed aspects of CYP development and wellbeing.
- Increase number of primary schools providing **Get Physical** programme
- **Management of future harm / risk.** – need to increase availability of this information in universal forms.

Person Centred

- Embed use of **wellbeing indicators** into practice. Explore using the wellbeing web.
- Need improved links and **partnership working with Mental Health services**
- Explore use of **talking mats** to further increase effectiveness of COPM and ensuring the child's voice and perceptions.
- **Leisure Centre** - Motor Co-ordination Classes increase availability and access

New Ways

- Further use of **demographic information** for service planning & developments
- **Data collection** – need to capture and understand impact of indirect activities, COPM
- OT improvement work to be in **PDSA** format
- **E-Systems / eHealth –** email consent, video conferencing with service users / Social Media
- **Community equipment stores** – Need improved processes, criteria and stock particularly with regards to provision of beds for CYP where clinical need has been identified.
- **H&SC** – Shared IT access, case management and information. Equipment stock and budgets remain a challenge but we continue to work together with Stores and Procurement to achieve best value and to maximise our ability to refurbish and recycle stock.