

Wales community children's occupational therapy services

Benchmarking audit report, May 2022



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At a meeting between the Royal College of Occupational Therapists (RCOT) and Eluned Morgan, Minister for Health and Social Services in January 2022, members from Swansea Bay University Health Board described innovations and improvements they have made to the delivery of occupational therapy services for children, young people and families. This RCOT paper builds on that conversation to describe 'what good looks like' for children's occupational therapy in Wales. We also present findings from an RCOT survey in which occupational therapists benchmarked their service against a set of national best practice standards.

Whilst our initial brief was to benchmark against the excellent service delivered in Swansea Bay, we recognise that children's occupational therapists in other parts of Wales also deliver high quality care. We therefore undertook a project to identify the highest quality service delivered by children's occupational therapy services across Wales before asking children's community occupational therapy service leaders to benchmark their service against these nationally agreed quality statements.

Context

Our response to the Covid pandemic has seen collective implementation of considerable changes to traditional ways of working across health and social care. The volume of people needing help has changed and Allied Health Professions along with other practitioners have responded with agility and innovation to meet the novel requirements of this unprecedented situation.

Children's occupational therapists across Wales have responded innovatively and creatively to maximise effectiveness and support as many people as possible. This included introducing practices such as remote working, direct access and supported self-management. These changes support the direction expected in the long-term plan for health and social care in Wales: [A Healthier Wales](#).

Before the pandemic RCOT published [Occupational Therapy: Unlocking the potential of children and young people](#) (2019). This report defines how children's occupational therapy services should be designed to ensure children and young people with additional learning and support needs (including mental health needs) can access good quality occupational therapy when they need it. We argued for a shift in resources towards prevention, early intervention and partnership approaches. Services designed on these principles are needed now more than ever.

One effect of the pandemic is widening inequity in health care. Our report [Roots of Recovery: Occupational therapy at the heart of health equity](#), published in 2022 set out practical ways in which decision-makers and system designers can use the skills offered by occupational therapy to make better use of existing resources. The report makes the case for different levels of service provision, delivered in partnership with families and other members of the children's workforce. Using this approach, occupational therapists can enable children, especially those most at risk of disadvantage, to realise their potential and improve their life chances.

These RCOT policy documents set out the context in which children's community occupational therapy services in Wales are currently operating.

What we did

We used the Institute of Healthcare Improvement's [six elements of Quality in Health Care](#) as a framework for this benchmarking exercise. We anticipate this work may form a basis for a quality statement as part of the implementation of the National Clinical Framework to support the Value Based Healthcare agenda in Wales in the future.

A group of clinical experts identified features of a quality community-based children's occupational therapy service, based on the six elements of Quality in Health Care. These include features that the Minister learned about when talking to colleagues from Swansea Bay, plus good practice offered elsewhere in Wales. The clinical experts identified 14 principles illustrating how the quality statements might be delivered in practice.

We asked children's community occupational therapy service leaders to benchmark their service against these quality principles. The survey, which received ethical approval from RCOT, was promoted to children's occupational therapy team leaders across Wales from 11-26th April 2022.

Who was involved

Responses were received from occupational therapists working in all seven Health Boards, 11/22 local authorities and one other organisation which includes a children's occupational therapist.

- Aneurin Bevan University Health Board
- Aneurin Bevan University Health Board – Camhs
- Betsi Cadwaladr University Health Board – Central Area
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health board
- Hywel Dda Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board
- Blaenau Gwent County Borough Council, 0-25 Disabilities Team
- Caerphilly County Borough Council
- Denbighshire County council
- Newport City Council
- Merthyr Tydfil County Borough Council
- Monmouthshire Social Services, Children with Disabilities Team
- Powys Council
- Torfaen County Borough Council
- Vale of Glamorgan Council
- Wrexham County Borough Council
- Ynys Mon County Council
- Posture and Mobility South Wales

Occupational therapists' willingness to take part in this exercise despite the survey taking place over the Easter break and at a time when teams were experiencing high levels of sickness and pandemic exhaustion is a strong indication of their drive to improve services for children, young people and families.

Format

In this report we present each quality statement, followed by principles illustrating how the quality can be demonstrated in practice. Graphs represent how services rated themselves against each principle. Rather than using a numerical rating scale we agreed descriptors for each level of practice quality. In most cases these are presented as a hierarchy - baseline quality descriptors are at the bottom of each chart, with higher quality practice at the top.

After each principle we suggest actions for quality improvement. These are followed by case studies illustrating how the quality statement is demonstrated in practice.

Quality statements

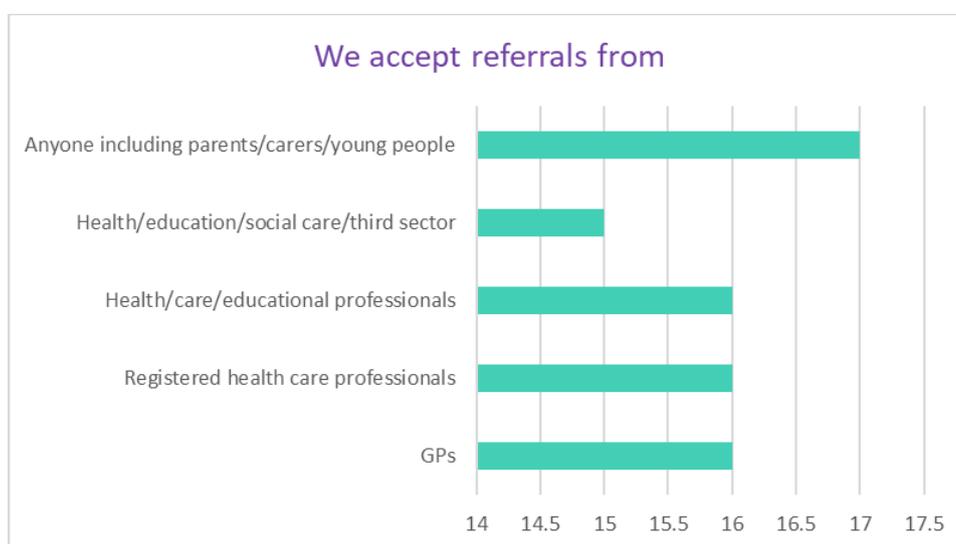
Equitable

An equitable community children's occupational therapy service takes proactive steps to ensure that everyone who needs the service can access it and ensures that the quality of the service does not vary because of personal characteristics such as gender, ethnicity, location or socio-economic status.

Principle 1: Anyone who identifies an occupational need for a child or young person can request assistance or refer a child to our service

We asked respondents to identify people who can refer to their service as an indicator of their accessibility. Gatekeepers are often used to regulate access to health and care services where resources are limited, but some individuals or groups may struggle to negotiate with gatekeepers to access the care and support they need.

It is encouraging that 17/20 services have an open system of referrals, meaning parents, carers and others can request assistance directly.



Actions for quality improvement

Members of the All-Wales Children's Occupational Therapy Network (hereafter referred to as the All-Wales Children's OT Network) will share practice and offer peer support to help the remaining services to move towards a more open system of referrals. This will remove some of the barriers to accessing support, enabling timely, fair and appropriate access to occupational therapy for everyone who needs it.

Case study

Occupational therapists in Hywel Dda changed to a system of open referrals after realizing that referrals were delayed by 'gatekeepers' who didn't include all relevant information. This made it hard for therapists to prioritise and provide timely support. The service now receives appropriate referrals from the people who are most concerned and knowledgeable about a young person's needs and circumstances – their parents/carers and teachers.

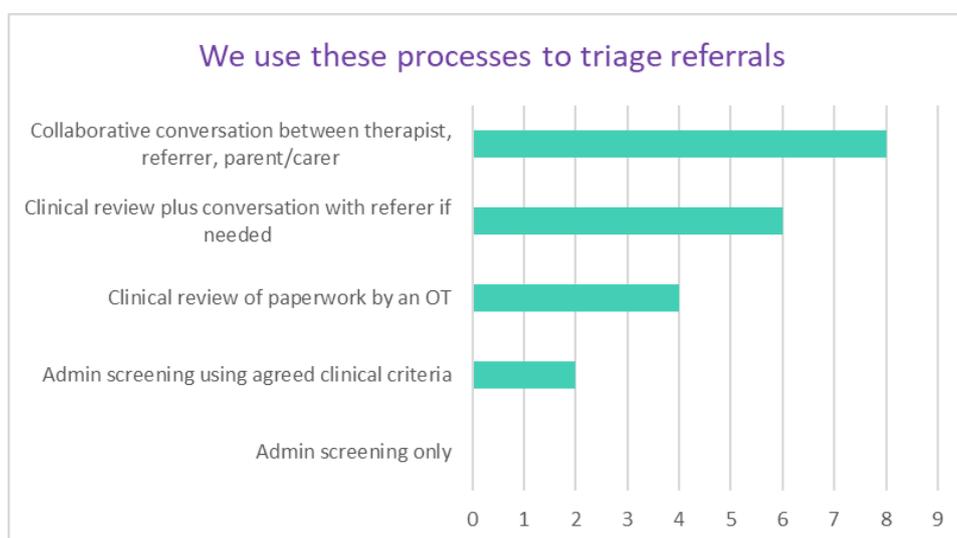
Case study

The Single Point of Access for Children’s Wellbeing (SPACE-Wellbeing) team, part of Aneurin Bevan University Health Board developed a single point of access for children’s emotional well-being support with an open referral system. A multi-agency meeting including an occupational therapist ensures children, young people and families are allocated to the right service, first time. Joint working ensures a seamless service and shared knowledge that supports a young person’s mental health.

Principle 2: The process for accessing our service is clear and we gather information needed to provide the most appropriate service and support for the young person/family at the point of request.

We asked respondents about their system for triaging (or processing) referrals as an indicator of families’ experience of accessing services. Involving clinicians in reviewing referrals rather than relying on administrative processes alone reduces the risk of people waiting for services they don’t need. Where appropriate, occupational therapists can provide information and support straight away, while young people whose needs should be prioritized can be identified early even if referral information is incomplete. Using clinicians at the ‘front door’ supports the principles of planned and prudent care, including reducing unnecessary waits for assessments and services that aren’t required.

18/20 services include clinical decision-making in the triage process, with 8/20 clinicians able to have a collaborative conversation with the person most proximal to the individual to discuss which service is appropriate for a young person’s needs. This ensures young people are directed to the right service, first time, supporting the principle of service accessibility and responsiveness that are embedded in the [Allied Health Professions Framework for Wales \(gov.wales\)](https://gov.wales/allied-health-professions-framework).



Actions for quality improvement

The All-Wales Children’s OT Network will provide peer support to help all services move towards a collaborative system of triage. This will increase families’ confidence that they will receive the right service and support to meet their child’s needs, when they need it.

Case example

A three-year-old girl was referred to occupational therapists in Aneurin Bevan University Health Board as she was finding it difficult to access play, wear clothes, feed herself and use the toilet due to perceived sensory difficulties. The occupational therapist reviewed the referral and called parents to suggest they attend a sensory needs workshop for parents/carers of preschool children. Parents attended the workshop the next month and provided positive feedback about the knowledge and skills they'd gained. They developed a support network with other parents and felt more confident in their ability to support their child's needs. Talking to parents enabled the occupational therapist to signpost the family to appropriate and timely support and meant the family did not need to go on the waiting list for an assessment.

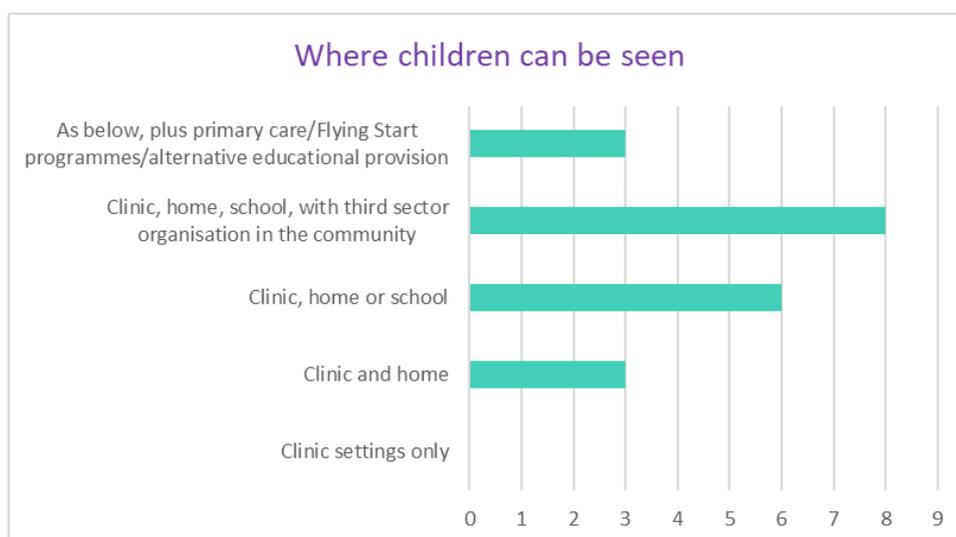
Case study

Occupational therapists working for Denbighshire Local Authority previously sent a screening questionnaire to families as part of the triage process, but these weren't always returned. In response to the Social Service Well-Being Act (Wales) 2014, the team introduced a system of 'Talking points' for children's occupational therapy referrals where information, advice and assistance is offered at the front door. Families are given information about criteria for Disabled Facilities Grants and are signposted to other agencies and charities where appropriate. Some choose to purchase their own equipment following the professional advice they've been given. Many people receive the help they need at the point of referral/triage and fewer are added to the occupational therapy waiting list.

Principle 3: We offer services where people need us.

Having the flexibility to provide occupational therapy in appropriate locations reduces barriers to accessing support. We asked respondents to tell us where they see children and young people.

Respondents told us they offer services and support in a variety of locations according to a young person's needs and circumstances.



Considering the impact of environmental factors on children's participation and engagement in daily activities is an important part of the occupational therapy process. Our ambition is to move services closer to people, so that we can reach everyone who needs us and provide appropriate support in familiar and accessible locations.

It should be noted however, that home is not always a safe place for children and young people, and in some cases a specialist centre may be the most appropriate for them to be seen, for example when trying out a range of specialist equipment. In such cases, other measures to ensure the accessibility of services are required.

Only three services are currently working in Primary care settings, as part of Flying Start programmes, or in specialist provision for young people with a particular identified need such as alternative educational provision. Delivering services in these settings extends our reach to more children and families, and capitalizes on our knowledge and skills to promote children's health, development and wellbeing.

Actions for quality improvement

We will encourage members to share their experience and the value of working in different settings (including Primary Care and Flying Start programmes) via the All-Wales Children's OT Network and more widely through articles in OT News and at RCOT specialist section events.

Case study

The Posture and Mobility service in South Wales identified that the local therapists who already knew children well were not able to attend wheelchair appointments at their specialist centre so they piloted holding clinics in schools. Clinics are well attended, and children receive coordinated input from all relevant parties. Feedback has been positive from children, families and therapists.

Case study

A 13-year-old boy was unable to leave the house after school. He was cross and unhappy with his family and struggled with friendships. The occupational therapist from Aneurin Bevan University Health Board talked to the young man's family about how they could support his needs. She accompanied him to MacDonalds where he was eventually able to order his own food and drink. The young man continued this activity following occupational therapy intervention and felt less angry and better about himself. Although life is still challenging, he has more resources to problem-solve situations in real-world settings as they arise.

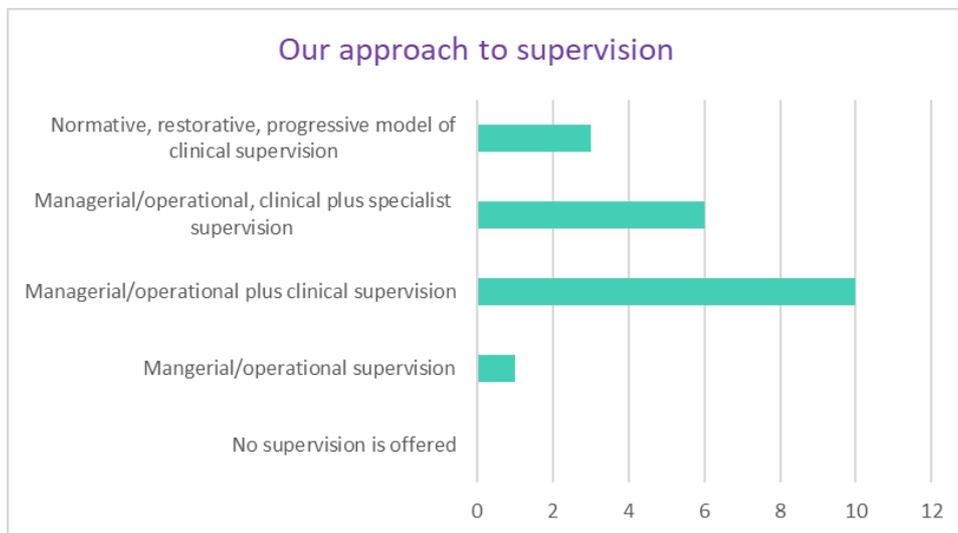
Safe

A safe community children's occupational therapy service is one that takes proactive steps to avoid causing harm to people from the care that is intended to help them.

Principle 4: We have a system of clinical supervision in place to ensure we provide safe and effective care

Clinical supervision is a process that enables occupational therapists to develop and maintain standards of practice that ensure the quality and safety of care. Occupational therapists have a responsibility to take part in regular professional supervision where critical reflection is used to review practice ([Professional standards for occupational therapy practice, conduct and ethics - RCOT, 2021](#)). Supervision can be managerial/operational, educational and/or supportive. A flexible combination of all three, adapted to suit the needs of a service and an individual has benefits for the service and service user ([The benefits and outcomes of effective supervision | \(hcpc-uk.org\)](#))

All services provide some level of supervision with only one offering basic managerial/operational supervision. Three services offer a normative, restorative and progressive model of supervision, an approach that can play an important role promoting safe, quality care for children and young people.



Actions for quality improvement

Whilst access to clinical supervision is a requirement for HCPC registration, our findings suggest variation in the level and type of supervision across organisations. A better understanding is required to identify actions needed. We will share our survey findings with service managers with a request to explore the effectiveness of clinical supervision within their teams.

RCOT is currently updating guidance for clinical supervision. This will provide practitioners and managers with information and knowledge, enabling them to set up healthy and effective supervision practices. Information about this new guidance will be shared with service leads and members to support safe and effective practice when the guidance is published.

Case study

In Gwent, occupational therapists have established a system for peer support and benchmarking with colleagues in different localities. They discuss strategies for keeping children safe and share information about new products including their merits and value, and potential issues regarding liberty protection safeguards.

Case study

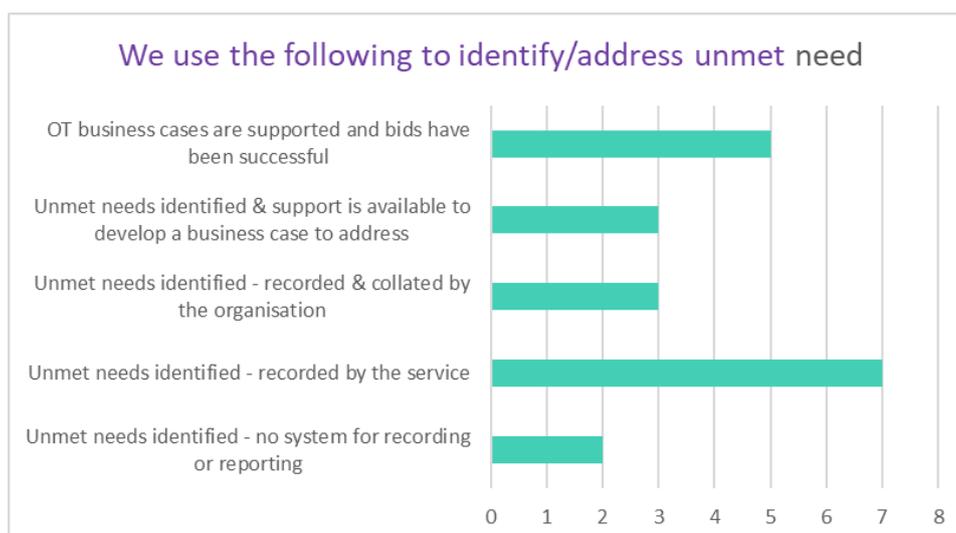
Occupational therapists working for Monmouthshire Social Services Children with Disabilities team were dealing with a complex case involving a child with significant physical disabilities. They used clinical supervision to discuss clinical reasoning and different support options. This ensured that the most suitable intervention and adaptations were identified to meet the child's needs with appropriate safeguards in place.

Principle 5: We have a system in place for identifying, reporting and addressing unmet and emerging areas of need

Occupational therapists are concerned about social justice, ensuring that systems, policies and practices are in place so that people can access the health and social care they need and deserve. Identifying unmet and emerging health and care needs is important, but more important is taking action.

We asked respondents to tell us about systems that are in place for identifying and addressing unmet and emerging needs.

7/20 services identify and record unmet needs at a service level, but don't yet have systems for reporting these to their Health Board or Local Authority. As a result, valuable information about population needs is not being used to improve the safety, health and well-being of children, young people and families. Only three services have access to support to build an occupational therapy business case, meaning that needs that could be met by occupational therapists are not addressed and young people continue to be disadvantaged.



Actions for quality improvement

Service leaders are encouraged to use these survey findings to raise the issue of unreported needs with their managers. Members of the All-Wales Children's OT Network will share templates capturing unmet need, and their experience of using this information to develop occupational therapy services and business cases. Successful services are encouraged to share their learning more widely via RCOT networks including Specialist Section – Children, Young People and Families events and publications.

Case study

Occupational therapists working for Blaenau Gwent Bountly Borough Council 0-25 Disabilities Team identified an increase in safety at home referrals where underlying sensory needs were a cause. They made a case to senior managers for accessing sensory training, which was supported. Occupational therapists now have a better understanding of children's sensory needs and can offer support and therapeutic strategies alongside adaptations if required.

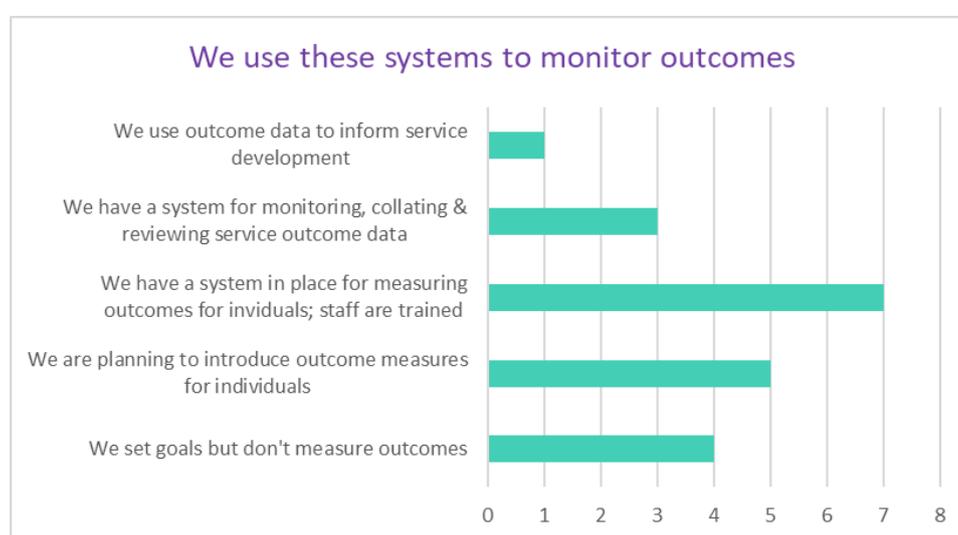
Effective

An effective community children's occupational therapy service provides evidence-based care to young people who need it and avoids providing services to children and young people who are unlikely to benefit.

Principle 6: We monitor outcomes and adjust support based on our findings

Measuring intervention outcomes is an essential part of delivering effective services. Occupational therapists need to understand what difference their service makes and adjust approaches for individuals and groups to ensure the best quality of care.

It is a concern that 9/20 respondents do not yet have a system in place for monitoring occupational intervention and support outcomes for individuals. It is likely that the organisational focus is on outputs (e.g. number of contacts), rather than outcomes (the difference occupational therapy makes). Only three services monitor, collate, and review outcomes at service level, with just one service using this information to inform service development.



Actions for quality improvement

The AHP framework recognises that measuring and evidencing outcomes is complex and difficult with traditional approaches focusing on processes and outputs. Demonstrating intervention outcomes is however critical to improve health and care services including those provided for children, young people and families.

We recognise that establishing systems for monitoring outcomes and training/supporting occupational therapy staff to use and value the process must be prioritised. Members of the All-Wales Children's OT Network will discuss how to take this forward with service leaders, colleagues and the wider strategic AHP leadership in Wales. We will work closely with the AHP Network and Welsh Therapies Advisory Committee as part of the refresh of the Rehabilitation Framework to support services to develop their skills in the use and reporting of outcome measures.

Colleagues will also be reminded of the RCOT resources available to support occupational therapists in the selection and use of outcome measures: [Assessments and Outcome Measures - RCOT](#)

Case study

A young person was feeling very deflated at the slow pace of his physical recovery following complex surgery. Occupational therapists in Monmouthshire Social Services Children with Disabilities Team discussed with young person what he wanted to achieve, helped prioritise his goals and broke these down into much smaller tasks. It was much easier for young person to see that he was progressing and achieving goals he'd set himself. His motivation and mood improved.

Case study

Occupational therapists from the Cardiff and Vale University Health Board recognised the need to collect data to demonstrate whether their input makes a difference. They have developed a one-page Person-Centred Plan and use this to set and rate goals using the Canadian Occupational Performance Measure. They intend to review these at a service level, using outcome data to design evidence-based care pathways.

Principle 7: We carry out audits and use the findings to improve quality of care

Clinical audits provide a framework to examine and improve the quality of care in a collaborative and systematic way.

10 respondents are involved in audit activities. Eight respondents can demonstrate that they've acted on audit findings, and 2 have shared their learning with others. Five services audit their service against published standards such as the RCOT record keeping guidelines and Care Aims standards and have developed action plans to improve quality of care. 5/20 respondents are not currently involved in audits.



Actions for quality improvement

This finding highlights a need for occupational therapists to build knowledge and experience of clinical audit as a means for improving care quality. Occupational therapists will be encouraged to access education and training in the use of data for service improvement as part of Health Education Improvement Wales/Social Care Wales initiatives.

The All-Wales Children's OT Network will provide peer support to enable services leaders to identify how best to support service evaluations. Occupational therapists who have completed audits will be encouraged to share their learning within their organisation, and by submitting articles and abstracts to OT News, the RCOT conference and RCOT specialist section events: [RCOT SS: Children, Young People and Families Conference](#)

Case study

An audit carried out by occupational therapists in Swansea Bay University Health Board identified that some children were being unnecessarily referred to their developmental coordination disorder clinic. They increased their offer of universal and targeted support and embedded occupational therapy advice into a school-based pathway. As a result of this change in practice, teaching staff are better able to identify and support young people with coordination difficulties and the number of referrals to the specialist clinic has reduced.

Case study

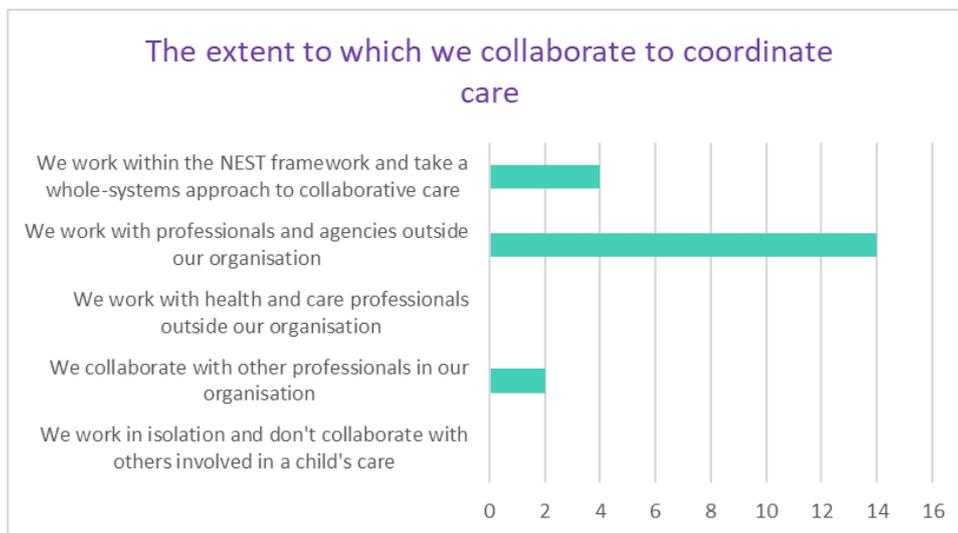
Occupational therapists in Powys Teaching Health Board carried out an audit of clinical record keeping, using a standardised self-assessment tool. This helped build a culture of transparency and the team's confidence to discuss areas for service improvement.

Principle 8: We work collaboratively with others to ensure care is coordinated

Occupational therapists work in many different services with a variety of agencies to support children and young people with a wide range of needs. Delivering person-centred, coordinated care is essential if we are to address needs efficiently and effectively, ensuring the best outcomes for children, young people and families.

We asked respondents to tell us how they work with others to coordinate services and support.

18/20 services work with people and agencies outside their organisation who are also involved in the care of a young person. This approach is consistent with the AHP Framework which recommends working flexibly, responsively and collaboratively across organisational boundaries to improve outcomes and the experience of people who access our services.



Actions for quality improvement

The All-Wales Children's OT Network includes occupational therapists working in health, education, social care and in the third sector. This unique network enables services to collaborate and facilitate care that is coordinated across professional and organisational boundaries. We want families to feel confident that their stories are heard, and their needs understood. Our ambition is that all services will work within the NEST framework, taking a whole-systems approach to enable mental health, wellbeing and support for children and families ([The NEST Framework - NHS Wales Health Collaborative](#))

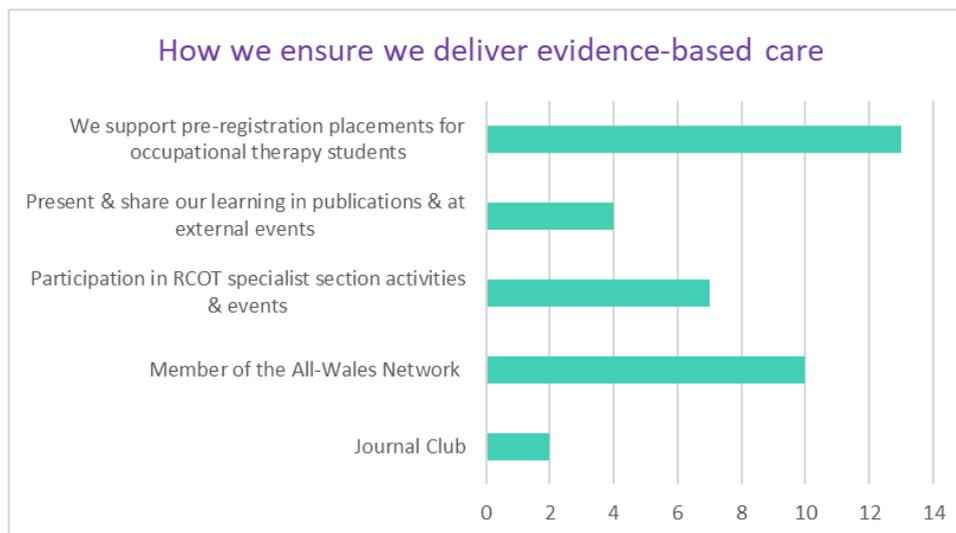
Case study

Occupational therapists who are part of the Children's with Disabilities Team in Monmouthshire are supporting a child with complex needs known to many different professionals. They worked with the young person and family to identify a care coordinator to liaise with everyone involved. Coordinating care and services reduced family stress. All areas of the child's life were considered, and effective communication prevented intervention/support from 'drifting' as timescales were agreed and shared with all parties.

Principle 9: We are aware of current best practice and share ideas and learning with other children's occupational therapists

Occupational therapists have a duty to access, use and contribute to the evidence base to support our work with children, young people and families ([Professional standards for occupational therapy practice, conduct and ethics - RCOT](#)). There are many different approaches for teams to learn about and share best practice, including offering pre-registration practice placements which are an excellent way for occupational therapists to keep up to date with current evidence.

We asked respondents to tell us what they do to ensure their practice is evidence-based (respondents could identify more than one activity).



Actions for quality improvement

Responses highlight that not all services are actively engaged with the All-Wales Children's OT Network. An action following this benchmarking exercise is for the Network to reach out to services that are not represented to encourage their involvement.

RCOT will work with the All-Wales Children's OT Network to ensure all teams are aware of the support that is available to enable them to offer practice placements. We are delighted that a pre-registration course for occupational therapists will soon be available at Swansea University, providing more opportunities for children's services in Wales to support occupational therapy students and keep up to date with current theories and evidence.

Members are also reminded that RCOT has a range of resources to support people to access, use and contribute to our professional evidence base. These include bite-sized learning resources and learning in groups guidance, some of which focus on children and young people.

Case study

Occupational therapists in Betsi Cadwaladr University Health Board - Centre Area recognised staff were not using allocated time for continuing professional development. They set up a Teams 'Clinical research' chat group to share useful information and links. This has meant a better distribution of up-to-date knowledge.

Case study

Occupational therapists in Blaenau Gwent County Borough Council 0-25 Disabilities Team recognised the need to share current practice regarding moving and handling. They arranged joint training with occupational therapists in neighbouring boroughs and swapped information about slings and hoists. They have developed shared templates for recording moving and handling assessments and advice, and are working on an evidence-based booklet for parents/carers. Occupational therapists are confident that they are keeping up to date with current equipment and practice. They are also using time efficient systems for recording moving and handling assessments and reviews.

Efficient

An efficient community children's occupational therapy service uses resources wisely, avoiding wasteful use of equipment, supplies, ideas and energy.

Principle 10: We offer a range of universal, targeted and specialist support meaning children, young people and families can access appropriate and timely support that meets their needs.

The RCOT report 'Occupational therapy: Unlocking children's potential' recommends a balance of provision, including support that is:

- **Universal** - accessible to everyone
- **Targeted** - for children, young people and families who need extra support for their health, development and wellbeing
- **Specialist** - for children and young people with the most complex needs and circumstances.

Different levels of intervention are appropriate for children and young people at different times. Respondents were asked to identify the tools and methods they use to deliver universal, targeted and specialist interventions. The list below has specialist/individual approaches at the top and universal approaches towards the bottom. We would expect to see a balance of provision across all areas.



Responses indicate the range of approaches occupational therapists are taking to improve access to their services. Occupational therapy websites, telephone advice lines and recorded webinars enable people to access occupational therapy skills and expertise easily without needing a referral. Developing tools and services such as these will prevent young people from being added unnecessarily to occupational therapy waiting lists.

Appropriate, early intervention reduces the risk of difficulties escalating and requiring more intense, specialist support in the future. Responses indicate that occupational therapists are adopting partnership approaches to early intervention, using their skills to build the capacity of parents, carers, teachers and others to support children and young people's health, development and wellbeing. Partnership and health promotion approaches encourage independence and self-management, helping to reduce reliance on specialist health and care services.

Offering a range of universal, targeted and specialist/individual interventions means there are more opportunities for children, young people and families to receive the right occupational therapy help, first time. Involving a clinician in the triage process (Principle 2) facilitates signposting to appropriate, timely support. Importantly, shifting resources towards universal and targeted approaches frees up the capacity of occupational therapists to provide specialist support for the children, young people and families who need it most – those with the most complex needs and situations.

Actions for quality improvement

To extend the reach of occupational therapy to more children, young people and families, we recommend continuing the move towards more prevention, early intervention and partnership approaches. RCOT have developed a range of free resources to support this shift in focus, including a professional development package: 'Occupational therapy for children: Right intervention, right time, right place'.

Over the last two years, many services have developed their digital offer. We need to build on this so that every occupational therapy service, as a minimum, has a website providing relevant, high quality and up-to-date information for parents, carers and others. This will require support from organisations' IT and communication teams. RCOT and the All-Wales Children's OT Network will facilitate sharing of resources and information to ensure universal support is evidence based and consistent across Wales.

Case study

In Powys Teaching Health Board, demand for specialist input was high and staff were thinly spread over a wide geographical area. The team reviewed their functional assessment framework to reflect the universal, targeted and specialist service model. They also improved their universal offer of resources. This ensures the team use resources wisely to reach as many children, young people and families as possible.

Case study

Several young people experiencing problems with social interaction were referred to occupational therapists in Monmouthshire. The children were feeling anxious and isolated. Occupational therapists discussed the children's needs with support workers and set up a fun group session. The children who were similar in age chose activities that interested them. With support, the children engaged in shared activities. They have started to build relationships that continue outside of the group sessions.

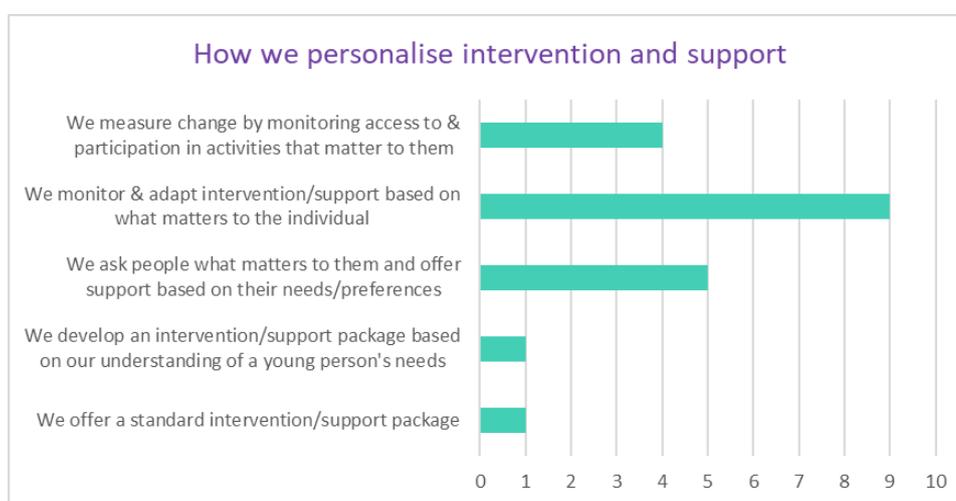
Person-centred

A person-centred community children's occupational therapy service provides care that is respectful of and responsive to an individual's preferences, needs and values. It ensures that decisions about a person's care are centred on the needs, aspirations, values and choices of children and young people and those who care for them.

Principle 11: We offer personalised intervention/support plans that address individual priorities and goals

Occupational therapy practice is shaped by and focused on the occupational needs, aspirations, values and choices of people who access the services ([Professional standards for occupational therapy practice, conduct and ethics - RCOT](#)). Providing help, care and support tailored to meet individual needs is also embedded within the long-term plan for health and social care in Wales [A healthier Wales: long term plan for health and social care | GOV.WALES](#)

Respondents were asked to identify how they personalise intervention and support to meet the unique needs of each child, young person and family.



Responses indicate that most services adapt the intervention and support offered to suit the needs, priorities and circumstances of each child, young person or family. Only two services offer a 'standard' package of care - all others select appropriate, proportionate tools likely to achieve meaningful health and care outcomes, minimising unnecessary use of resources.

Whilst most occupational therapy services adopt a 'what matters to you' approach to goal setting and intervention planning, not all can evidence that their intervention, care and support has improved people's access to and participation in activities that matter to them. This finding is consistent with Principle 6 (outcomes), highlighted earlier in this report.

Actions for quality improvement

Peer support offered by the All-Wales Children's OT Network will encourage services to measure and collate personally meaningful outcomes, including improvements in children's access to and participation in activities that matter to them. Services will be encouraged to report and share examples of good personalised care within their organisation, locally and nationally to highlight the value of occupational therapy in improving peoples' lives.

Case study

For children and young people with deteriorating conditions, accessing play can be more important than independence in self-care activities. Occupational therapists in Blaenau Gwent supported a young person and family to take part in disability swimming sessions. This activity included mastering personal care tasks (getting dressed) and increased the family's confidence to use a bath lifting aid. As a result of this experience, they are now ready to consider other assistive equipment at home.

Case study

Occupational therapists in Hywel Dda recognised that their paperwork was not client-centred, included a lot of jargon and did not reflect their person-centre approach. They revised the format and language to make it more child-friendly. Paperwork better reflects the focus on their work, is accessible to children and families, and supports the delivery of individualised episodes of care.

Principle 12: We co-produce support/resources with young people and families

Co-production approaches recognise the importance of doing 'with' children, young people and families, rather than 'doing to'. It is a principle embedded within Welsh policy, including the Social Services and well-being (Wales) Act. Taking a strengths-based approach values peoples' skills, knowledge and experience and fosters self-management and independence. Meaningful collaboration in service development also improves people's health and care outcomes as services are designed to address issues that matter to the people who access them.

Responses indicate that while occupational therapists are experienced in co-producing care plans and intervention goals with individuals, many have limited experience of involving children, young people and families in developing services and resources.



Actions for quality improvement

It should be noted that this survey was carried out in the context of Covid-19, at a time when services had to adapt quickly to maintain provision. The speed of change and other challenges associated with the pandemic meant there were fewer opportunities to involve young people in families in co-producing resources and services. Co-production will, however, be a focus for future work.

Our findings suggest that occupational therapists would value access to training and support to enable meaningful involvement of children, young people and families in the co-production of resources and services. Through the All-Wales Children's OT Network we will share training opportunities and experience of co-production to encourage and support others to adopt this approach.

Case study

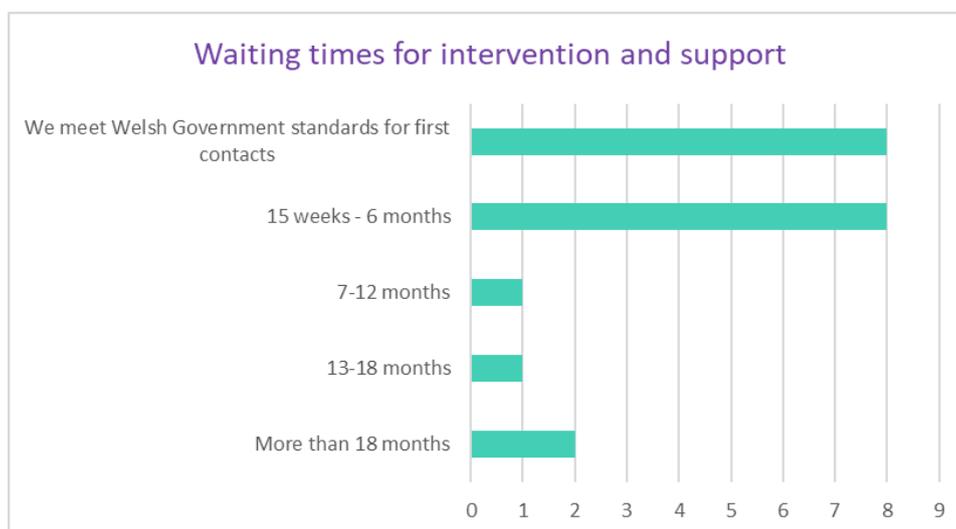
Young people and families consulted by the Single Point of Access for Children's Wellbeing (SPACE-Wellbeing) team, part of Aneurin Bevan University Health Board reported that the disability and support service did not adequately meet their needs. Team members met with children, parents and other professionals to discuss what they wanted from the service and how it could be delivered differently. The service tender was altered to meet the needs identified by children and their families. Early feedback indicates that the redesigned service offers a much better experience for those who access it.

Timely

A timely service avoids harmful delays in children accessing the occupational therapy they need and deserve.

Principle 13: Children, young people and families receive intervention and support within statutory timescales

We asked respondents to tell us about the longest time that children and young people must wait to receive intervention/support from their team.



Two services indicated that their longest wait is more than 18 months. It should be noted however, that these waits may represent individuals who are unable to access services for a variety of personal or circumstantial reasons. More detailed information about waiting times for each service is available from StatsWales.

Our question was broad and does not pick up the complexities of services with different layers of provision, for example waiting times for support after an initial contact. It also does not capture unmet demand to meet new or emerging needs. That said, we recognise that services are facing unprecedented demand at a time of significant workforce challenge.

A UK-wide survey of children's occupational therapists, carried out by RCOT in July 2021 (<https://www.rcot.co.uk/file/8649/download?token=zGzEduWS>) highlighted many factors affecting waiting times for occupational therapy services. 46% of respondents from Wales (n=29) said their teams were not fully staffed. Of these, 70% reported long-standing issues with recruitment while 60% reported new/current workforce issues due to the pandemic. Workforce is a key focus for RCOT currently. We provide a range of support and resources promoting return to practice, apprenticeships and international recruitment to build the occupational therapy workforce.

Actions for quality improvement

This survey, alongside the RCOT report (July 2021) has identified a national picture of a demand/capacity issue within children's occupational therapy that was previously unknown. This information will be escalated to the Occupational Therapy Advisory Forum for Wales (OTAF) to share with service leaders, directors and others involved in the planning of children's occupational therapy services and resources. The impact on families of services that are not fully staffed and that are struggling to recruit must be raised at a strategic level so that appropriate actions can be agreed and implemented.

A particular problem identified by some service leaders is the lack of profession-specific leadership within some children's occupational therapy services. Limited advocacy for occupational therapy services means that unmet occupational needs (Principle 5) may not be captured or used to inform service development.

The All-Wales Children's OT Network will continue to offer a forum for members to share methods and approaches to reduce waiting times. Services that are struggling to meet statutory timeframes for assessment/intervention will be supported by Network members who will share good practice and experience.

Case Study

In Monmouthshire, waiting times for children with less complex needs were growing due to a rise in referrals for young people with more complex needs. Staffing was adjusted to include an occupational therapy assistant (OTA), working under the supervision of an occupational therapist. Access to an OTA means some children can be seen more quickly because they are not waiting for a qualified occupational therapist. Occupational therapists can focus on children and young people with the most complex needs and circumstances.

Case study

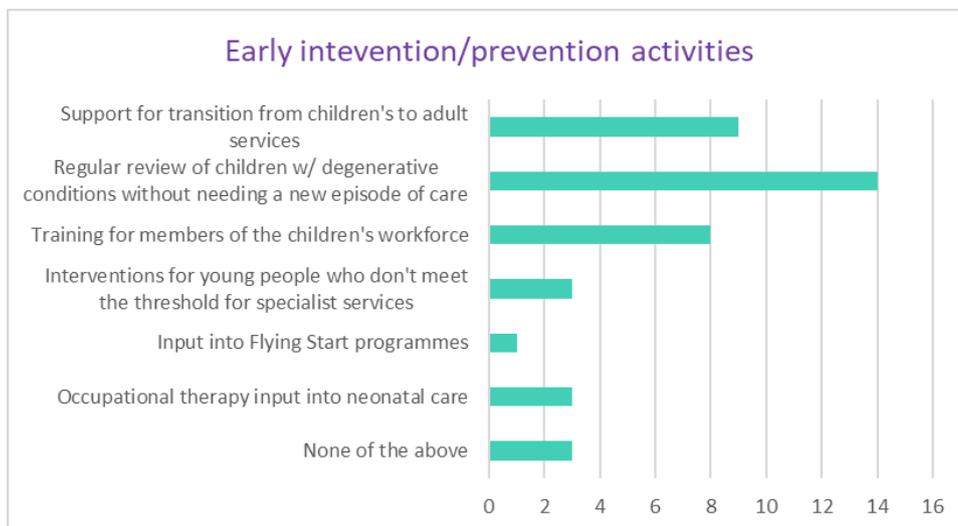
In Powys Teaching Health Board, initial appointments were usually face-to-face. The number of appointments was limited by the availability of clinic space and the ability of children and young people to attend. First appointments are now offered via video call or telephone. This means that needs can be assessed and prioritised effectively. Families feel listened to, and risks are reduced as waiting times are shorter. People can be signposted more quickly to appropriate intervention and support.

Principle 14: We provide early intervention and support to address needs early and prevent them from escalating

The [UK AHP Public Health Strategic Framework 2019-2024.pdf \(ahpf.org.uk\)](https://ahpf.org.uk) recognises Allied Health Professionals (AHPs) as valuable public health experts. It calls on AHPs, including occupational therapists, to scale-up therapy-led public health interventions and shift practice to focus on earlier and preventative interventions.

Our report [Occupational therapy - unlocking the potential of children and young people - RCOT](#) promotes the value of occupational therapy for health promotion and early intervention. This approach reduces the risk of problems escalating, meaning that fewer children and young people will require specialist intervention and support in future.

Responses to our survey indicate that occupational therapists are involved in a range of early intervention and prevention activities.



Actions for quality improvement

Only three of the six organisations that offer neonatal care in Wales include an occupational therapist as a member of the multidisciplinary team. Occupational therapists play a key role in promoting infant neurodevelopment and working with parents/carers to support their infants to sleep, feed and interact. These activities are critical for parent-infant relationship and to optimise infants' health and development. RCOT will continue to support services to make the case for occupational therapy input into neonatal care. A new RCOT e-learning programme for occupational therapists in neonatal care will be launched summer 2022, providing support for occupational therapists new to this area of practice.

The All-Wales Children's OT Network will continue to provide a forum for members to share their experience of developing services in primary care facilities, Flying Start programmes and elsewhere. Examples of good practice will be promoted by RCOT in reports such as Roots of Recovery. Occupational therapists are also encouraged to share their experience by presenting at RCOT specialist section events and in OT News.

Case Study

Occupational therapists in Aneurin Bevan University Health Board responded to high levels of school referrals to CAMHS that didn't meet the threshold for accessing specialist services by establishing a school in-reach team. This included workshops for teachers and access to an occupational therapist for advice. The number of CAMHS referrals reduced as teachers felt more able to identify and support children's emotional and well-being needs. Referrals made to CAMHS are more appropriate. Children and young people are now receiving the right support, at the right time in the right place.

Case Study

Occupational therapists in Powys Teaching Health Board set up a transition service to support young people prepare for their move to adult services. Working in an anticipatory way with young people and the adults around them means that support is coordinated and timely, and facilitates a smooth transition of care.

Limitations

The timescale for carrying out this benchmarking activity was limited, so the survey and report are necessarily 'light touch'. We could have included many other Principles to capture and illustrate what 'good' looks like for children's community occupational therapy. Those included in this exercise are, we hope, a useful starting point.

We were pleased that all seven Health Boards responded to the survey. Responses were received from around half of all local authorities, but the tight timeframe meant we were not able to reach everyone. Despite this, we do now have an understanding of the national picture for children's community occupational therapy that didn't exist before this benchmarking project.

The short timeframe meant we were not able to involve people who access occupational therapy services – young people, parents/carers, referrers, others – in the development of quality statements or principles. These are therefore based on professional perceptions of 'what good looks like' for children's occupational therapy services and may not represent the views or experiences of service users. This should be addressed in future iterations of this quality audit.

Service leads were informed that whilst we would list the services that had taken part in the benchmarking audit, information about individual services' performance would remain confidential. We hope this encouraged service leads to respond honestly, but we cannot be certain they did so. We were pleased to include many case studies that showcase good practice, but not all services had the time to submit examples. Not all submitted examples were included in this report as time and space was limited.

On reflection, our question exploring systems for identifying and addressing unmet need could be expanded. Whilst our intention was to ask about unmet occupational therapy needs, occupational therapists also identify broader concerns about people's access to health and social care. This could be explored in future iterations of this benchmarking tool.

Summary

As a society we want our children to:

- **Lead full and happy lives**, participating in the activities (occupations) they need and want to do at home, at school and at play.
- **Realise their potential by** developing the skills and resilience they need to access education and carry out activities of daily living as children and adults
- **Participate as valued members of their community**, regardless of physical, learning or mental health needs [Occupational therapy - unlocking the potential of children and young people - RCOT, 2019](#).

As occupational therapists we have the skills and expertise to enable children and young people to carry out the roles, routines and activities that are important to them. Demand for our services is increasing, yet resources are not following at the same pace. We need to be sure that we are making the most of the resources we have, to ensure the maximum number of children, young people and families benefit from our skills and expertise.

There is some great work going on by children's occupational therapists in Wales. This benchmarking activity, carried out at the request of Eluned Morgan, MS, prompted us to think about what 'good' looks like for children's community occupational therapy. Based on a set of Quality Statements, services benchmarked their performance and discovered opportunities to improve their support for children, young people and families. RCOT has gathered intelligence about current practice, and services have identified priority areas for improvement. We will continue to use the All-Wales Children's Occupational Therapy Network for peer support and to promote best practice. We look forward to sharing our learning – and developments – with children's occupational therapists in other areas of the UK.

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