Occupational Therapy for Children and Young People: A Collaborative Approach to Service Provision

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Background

The integration of health and social care provided a catalyst for change for Occupational Therapy services for children/young people within North Ayrshire. Traditionally health and social care Occupational Therapy services worked in isolation, the integration of services facilitated positive discussions to improve service delivery and reduce duplication. It was identified that the Occupational Therapy services for children/young people within social care were experiencing lengthy waiting times alongside demand and capacity challenges. Integration of services enabled discussion in relation to a triage clinic model of practice which had been implemented successfully within child health Occupational Therapy. It was recognised that the clinic triage model of practice could be transferred across the partnership, to provide a sustainable integrated way of working to meet the health, care and wellbeing needs of children/young people and their families.

Previous Model:

- **AIM**: To provide a collaborative integrated and effective Occupational Therapy service for children/young people in North Ayrshire by 2016
- **PRIMARY DRIVERS**
  - Accessibility
  - Service User Experience
  - Partnership Working
  - Capacity and Demand
  - Self-Management and Resilience
  - Early Intervention and Prevention
- **SECONDARY DRIVERS**
  - Engagement of children/young people and their families
  - Sharing of knowledge and skills across Occupational Therapy services
  - Communication

Methodology

A combination of methodology approaches was utilised including: processing mapping, Plan Do Study Act (PDSA), collation of quantitative and qualitative data.

Plan Do Study Act (PDSA), collation of quantitative and qualitative data. A monthly joint health and social care Occupational Therapy triage clinic ran between April 2016 and December 2016. Prior to commencing the clinic, the referral process was streamlined. Traditionally, all new Occupational Therapy referrals received by social service for children/young people were logged by admin staff and followed a complex and lengthy process. It was agreed that ownership of the referrals basket would be transferred to the Clinical Lead Occupational Therapist within child health, thus ensuring a single point of contact (see diagram below).

New Model:

- Referral received by admin staff → Visit completed by District Nurse → Visit completed byOT/ Physiotherapist
- Referral received by admin staff → OT Referral → Referral screened by Clinical Lead OT
- Referral received by admin staff → Urgent Referral

Outcomes/Results

**Reduction In Waiting Times:**

- April 2016: 319 days (average)
- December 2016: 64 days (average)

Positive feedback was also obtained from children/young people and their families and occupational therapy staff.

- "The single point of contact and better collaborative working has improved service provision."
- "Being able to speak to an OT face to face was very helpful instead of getting passed from pillar to post on the phone."
- "When I first contacted OT I wasn't quite sure how the process worked, there were 3 issues in my house that I really had to get seen to for my daughter, and those issues were taken care of today at the clinic. Because they were listening to what I needed and sorting what they could help with. Which I found very helpful."

Conclusion

The implementation of a collaborative approach to Occupational Therapy service provision has enabled:

- Easy access to advice, information and specialist services
- Early intervention and prevention
- Promotion of self-management and resilience
- Sharing of knowledge and skills
- Reduced duplication

References

- Ready to Act (Scottish Government, 2016)
- Getting It Right for Every Child (Scottish Government, 2016)
- Getting It Right for You (North Ayrshire’s Children Services Plan 2016 to 2020)
- Active and Independent Living Improvement Plan (AILIP, 2017 to 2020)