Supporting Engaging Environments:
Developing the 'SEE' occupational therapy reasoning tool to enhance support provided to people with intellectual disabilities

University of Brighton

NHS Kent Community Health NHS Foundation Trust

David Haines, Amanda Knowles, Diana Ramsey
d.haines@brighton.ac.uk, amanda.knowles5@nhs.net, diana.ramsey2@nhs.net

© MENCAP

Key findings

A prototype Supporting Engaging Environments ('SEE') occupational therapy reasoning tool was developed using action research.

- The 'SEE" is used alongside direct work with a person with intellectual disabilities when collaborating with their support network to bring about change, e.g. regarding engagement in activity.
- It recognises the complex reasoning involved when working alongside support networks.
- It acknowledges the person within their support network and identifies systemic environmental factors facilitating and restricting recommendations being adopted.
- It supports a thorough reflection on the support network's cultural, institutional, social and physical environment.

Cultural | Institutional
Environment of a support network
Social | Physical

Facilitates →
Allows →
Impedes →
Restricts →
Person's goal
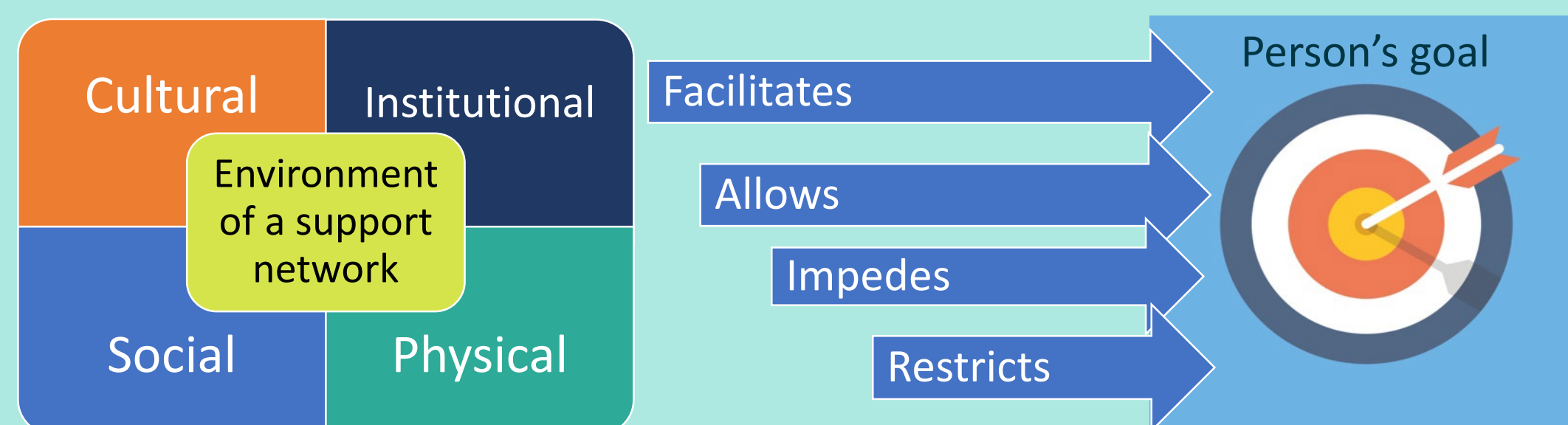
- This leads to conclusions about alignment of leadership, willingness, capacity and culture and overall level of readiness for input.
- It supports investment of time on implementation, suggesting strategies to set shared goals and embed recommendations.

The 'SEE' enables reasoning how best to set shared goals and embed recommendations

Strategies to work systemically and collaboratively as a team

Strategies to develop knowledge, understanding and values (particularly regarding meaningful engagement in activity)

Background

- The growing population of people with intellectual disabilities needs skilled day-to-day support.
- 38% of UK social care budget is used to fund this (Local Government Association, 2021), but levels of meaningful engagement in activity can be extremely low, especially for those with higher support needs whilst at home. This risks occupational injustice and affects health and wellbeing.
- Occupational therapists in community intellectual disability teams work collaboratively with paid support networks (Haines et al., 2018), recommending change to practice in particular how people are supported to meaningfully engage in activities.
- However, embedding change and achieving "implementation fidelity" (Cross & West, 2011, p.19) can be challenging and provision of recommendations alone may be insufficient for practice to change even after extensive input.

Methodology

Theory-led action research methodology (Galvin et al., 2018).

Participants (co-researchers); occupational therapists and assistants from community intellectual disability teams in one English region

Data collection
- contribution to cycles of action research
- sharing experiences of working with support networks
- consideration of existing theory from research
- reflections on practice.

Analysis and tool development
- Tool content came from analysing data using thematic analysis (Bazeley 2013).
- Participants piloted and gave feedback on wording of content items and prototype tool as it developed.

Aim
For an experienced occupational therapy team in a community intellectual disabilities service to develop a theory-informed reasoning tool to positively change support environments.

Watch a video introducing this poster:
https://vimeo.com/769120363

Conclusion and recommendations
The 'SEE' clinical reasoning tool appears to have good potential to:
(1) support gaining understanding of the support networks occupational therapists collaborate with to meet goals of people with intellectual disabilities; and
(2) support reasoning to overcome barriers to implementing recommendations.

Further research will:
- establish face and content validity and acceptability of the 'SEE' by gaining views from beyond where it was developed and importantly views of people with intellectual disabilities, their families and support workers.
- explore use of the validated tool within multiple occupational therapy teams and evaluate outcomes for people with intellectual disabilities.

References
Bazeley P (2013) *Qualitative data analysis: practical strategies*. Los Angeles; London: SAGE.
Cross WF, West JC (2011) Examining implementer fidelity: conceptualising and measuring adherence and competence. *Journal of Children's Services*, 6(1), 18-33.
Galvin KT, Sloan C, Cowdell F, Ellis-Hill C, Pound C, Watson R, Ersser S, Brooks S (2018) Facilitating a dedicated focus on the human dimensions of care in practice settings: Development of a new humanised care assessment tool (HCAT) to sensitise care. *Nursing Inquiry*, 25(3)
Haines D, Wright J and Comerasamy H (2018) Empowering support workers to change how they support people with profound intellectual disabilities to engage in activity. *Journal of Policy & Practice in Intellectual Disabilities* 15(4), 295-306.
Local Government Association (2021) *Learning disabilities services efficiency project*. London: LGA