Final Performance Report

Elizabeth Casson Trust (ECT) fund award

Domestic Abuse Occupational Therapy (DAOT) Project

in Response to COVID-19

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Date of Award: **02/09/2020**
Date of Final Report: **26/04/2021**
Project Value: **£ 10,000**

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1. Executive summary of success of project against intention and objectives outlined in fund proposal

1.1. Overview

At completion of the Elizabeth Casson funding period (31st March 2021), the project has completed all the time line events demonstrated in the ECT application GANTT chart (Appendix 1) and has met the majority of intentions and objectives of the proposal.

1.2. Our Intention as outlined in original proposal

To provide rehabilitation through occupational therapy to victims of domestic abuse, allowing them to re-engage in daily social, educational, occupational, behavioural and cognitive activities, helping to rebuild their identity and life.

1.3 Objectives stated within the proposal	1.4. Progress with objectives on completion of the work funded by the award
Based on the scoping exercise, it is envisaged that a cohort of approximately 35 individuals will be seen by the service within the six-month pilot period.	The Occupational Therapist has seen 30 individuals, nine of whom are still open to Occupational Therapy. Five are on the waiting list. Numbers seen and completed intervention less than anticipated due to lack of group work and difficulty engaging some participants due to ongoing lock down and home schooling. Access to support staff would improve efficiency of project.
The occupational therapist will liaise with relevant professionals including GPs, hospital staff, social services staff, police, health care providers, occupational therapy colleagues, mental health teams, speech and language teams, independent domestic abuse advisors (IDVA) and the court, truly incorporating the principles of integrated care.	Networking events have been completed across a wide spectrum of services. (Appendix 6) Integrated care pursued with liaison across multidisciplinary and multiagency care (Safeguarding team, CMHT, LPMHSS, GP, other teams within DASU, Health Visitors, Social Services, Psychological Therapies, Local College), used to facilitate health, safety and wellbeing.
Other community and third sector partners may be accessed to support the person in developing their roles and pursuing their interests within society. The individual's strengths and assets, and any relevant community supports or services will be harnessed to embed ongoing change.	Referrals on to 3rd sector partners made as needed (Table 4) Individuals encouraged to foster and garner support networks through family, friends, their networks, employer, and other community groups. Motivational interviewing used to focus attention on strengths and successes.
Work will be conducted using a person-centred approach with clients allowing the occupational therapy process to be used to consider and address functional abilities in daily life. Interventions will be agreed collaboratively with those referred. Interventions will harness occupations that are important to the individual to motivate change and build skills in a graded programme.	The OCAIRS and COPM were used routinely in assessment, embedding person-centred work within the process. This facilitated a collaborative identification of important occupational performance issues that the person chose and prioritised to address within intervention. This formed a tailored intervention plan that addressed the important functional issues identified. Please see example within case study (Appendix 11)

The occupational therapist will enable, empower and coach a person, family, and community to develop occupational identity and master new lives through meaningful activity. Individuals will be supported to achieve mastery and confidence across areas of daily living that are problematic or for which there is a desire for change. Individuals will be support to engage in roles that facilitate healthy routines and build a satisfying identity.	Both quantitative and qualitative evaluation evidences improved participation in, performance of, and satisfaction with valued and personally selected occupations across those who engaged with Occupational Therapy. Quotes from feedback of service users particularly demonstrates success of the project in developing mastery and confidence with meaningful occupations which supports identity.
The Occupational Therapist will facilitate and support cognitive functioning, decision making, judgement, problem solving, following direction, task initiation, self-confidence, coping skills, stress management and interpersonal relationships.	Interventions were used to focus on all these areas. The complexity of domestic abuse on mental health and wellbeing required the following areas to be addressed and entwined into each client's Occupational Therapy interventions as needed. Across the duration of the project, the Occupational Therapist delivered a range of clinical interventions on a 1:1 basis across the cohort of individuals. The clinical interventions have been directed towards occupational focused goals as identified through the assessment with the COPM and co-produced intervention plan.
Interventions may include creative activities that support a reflective process utilising the Kawa (River) Model (Iwama, 2006) to explore themes such as 'My Journey without words' via mediums such as art.	Due to government guidelines in relation to COVID-19, clients were unable to participate in creative group activities. However, the Occupational Therapist utilised this medium on a one-to-one basis with several clients when exploring environmental factors during intervention. Thus, enabling client's visual learning style's to be applied.
In addition, the 'Recovery through activity' (Parkinson, 2017) workbook will be used as this is widely used by occupational therapists to support recovery.	No group work was undertaken due to ongoing lock down restrictions. The 'Recovery through activity' workbook was not used due to the period of the project. An Occupational Therapy written, tried and tested short course called 'Skills for better living' selected instead, but only delivered individually due to ongoing lock down restrictions and client preference.
The occupational therapist will become part of the mental health occupational therapy team which provides peer support, learning opportunities and shared resources	Occupational Therapist fully integrated within BCUHB's Occupational Therapy Service, affording access to all support and the wider BCUHB policies/ procedures and processes.
Standardised assessment tools used pre and post intervention in conjunction with qualitative data.	The COPM was used pre and post intervention with all individuals who engaged with Occupational Therapy. Outcomes on the COPM for five of the six people who completed intervention demonstrated significant improvements in Performance and Satisfaction with performance. The outcomes for nine people who have been reviewed, and are still open to Occupational Therapy but have not completed intervention are also promising. Qualitative data demonstrates changes in how people are able to engage with and live their lives.
The BCUHB patient experience team will be approached to create evaluation forms that can provide evidence on the service, eliciting patient stories.	A Service User feedback form was created. However, the BCUHB patient experience team were not approached to review the created evaluation form, or to support its circulation since most clients requested, and it is DASU practice not to send written correspondence to clients due to risk of them living with the perpetrator. As an alternative, we collated patient experiences in the natural course of intervention and review, and these illustrate,

	triangulate and add richness to the evaluation of quantitative data.
Individual case studies could also be used to provide richness in the evaluation.	A case study is included in the appendices. (Appendix 11)
Outcomes from the service evaluation will be disseminated through a variety of platforms including; a poster presentation, which can be discussed and shared within the OT service, DASU and Mental Health service; an article in OT news and/ or other relevant journals.	The Project has been accepted as a Bevan Exemplar and will be shared through the Bevan Commission web pages and a showcase event in June 2021. Further dissemination will be pursued after this showcase event.

2. Summary of how ECT funds have been spent

The full £10,000 from Elizabeth Casson Trust has been spent towards providing a Band 5 Occupational Therapist to work within DASU. All remaining and 'on costs' have been covered by BCUHB.

3. Project overview

3.1. Outline of the project:

The Domestic Abuse Occupational Therapy project has provided an Occupational Therapist, experienced in Domestic Abuse, based within the Domestic Abuse Safety Unit (DASU, 2021) North Wales offering intervention to support recovery from Domestic Abuse and increase ability to participate in daily life. The Domestic Abuse Occupational Therapist is newly and uniquely working directly with survivors of domestic abuse and is co-located with, and working alongside DASU and their sister services such as a one stop shop, drop-in crisis service, outreach service, refuge and independent domestic abuse advisors (IDVA). This co-location allows the Occupational Therapist to provide advice and guidance on other cases across Wrexham in relation to the service user's functional needs, and facilitates liaison, multidisciplinary/ agency working and ease of referral.

The funding agreement with the Elizabeth Casson Trust (ECT) completed on 31st March 2021 (the project commenced on 5th October 2020). However, the project has successfully secured funding from an alternate source for a further 6 months, and so the project work continues. Further sources of funding are being pursued. The following report gives a snap shot of the outcomes achieved with people who have accessed the service up to 31st March 2021, some of whom are still actively engaged with Occupational Therapy.

3.2. Model and assessment / evaluation tools

The project used the Occupational Circumstances Assessment Interview Rating Scale (OCAIRS) (Deshpande et al., 2002) as the basis for assessment, and the 'Model of Human Occupation' (MOHO) (Kielhofner, 2008) to structure assessment analysis, in order to understand and engage each service user, providing a framework to understand issues relating to domestic abuse and how to reengage in a meaningful life. In addition, the Physical Health Questionnaire 9 (PHQ9) (Kroenke and Spitzer, 2002) and General Anxiety Disorder 7 item scale (GAD7) (General Anxiety Disorder 7 items) (Löwe, B. *et al.* 2008) were used to screen for mental health symptoms. This facilitated a recognition of depression and anxiety disorders, identified the significance of risks and the severity of the issue to the persons occupational participation and readiness for change within Occupational Therapy. Onward referrals were made as needed. The Interest Checklist (Katz, 1998), Role checklist V.3 (Scot et al., 2017), and DASH RIC (Domestic Abuse Stalking and Harassment Risk Indicator Checklist) (Richards, 2009, Almond *et al.*, 2017) have been utilised as appropriate, to reconstruct disoriented occupational identity after experiencing occupational deprivation and injustice through domestic abuse. The assessments chosen allowed the service user and Occupational Therapist to identify strengths, desired outcome, goals, routines, roles and current baselines without reliving the trauma of domestic abuse.

The Canadian Occupational Performance Measure (COPM) (Law *et al.*, 2014) was selected as a 'Patient Reported Outcome Measure' (PROM) (Fuller, 2011) as its utility and applicability are endorsed, being used internationally and extensively by occupational therapists in practice to facilitate co-production (Coulter *et al.,* 2015, SCIE, 2015) of meaningful goals with patients, supporting a client centred approach, and in research to evidence the efficacy of occupational therapy interventions (Law *et al*., 2014; Parker and Sykes, 2006). In addition, it is recognised to suitably complemented the MOHO theoretical approach. It measures change, using a ten-point Likert scale, of performance of, and satisfaction with performance of, occupational goals that have been identified and prioritised by the individual and are pertinent to their unique circumstances (Colquhoun, *et al.* 2012).
Extensive evaluation of the measure's validity, reliability and responsiveness has been conducted across numerous studies (Carswell *et al*., 2004; Parker and Sykes, 2006; Law *et al.,* 2014). The COPM has consistently been found to be a valid measure of occupational performance and satisfaction across different client groups and practice settings. Change scores of two or more are considered to be clinically significant for either performance or satisfaction (Carswell *et al.,* 2004).

The COPM facilitated co-production of an appropriate Occupational Therapy intervention plan and scores measured pre intervention, at regular reviews during and post intervention to rate changes in 'performance' and 'satisfaction with performance' of each individual's goals.

Attempts to establish a service user group, to influence project set up and provide feedback on service delivery, failed due to reluctance of individuals to participate in such a group during the pandemic. However, service user feedback was gathered via 1:1 interviews as a natural part of review of each individual's personal goals, and rescoring these on the COPM. As far as possible, we recorded the clients' actual words as quotes within the clinical record. We selected this method as the least intrusive form of gathering qualitative data in the live delivery of Occupational Therapy to the target group. Whilst the data gathered this way supports the quantitative findings, we will give consideration as to how service user feedback can be strengthened in the next stages of project development.

3.3. Interventions offered

On average, a woman leaves her partner five to seven times before staying away and experiences the cycle of abuse 36 times before telling a professional (Oliver *et al*., 2019). With this in mind, the implementation of evidence-based interventions in the domestic abuse setting is complex. There are a variety of reasons why individuals may not engage with intervention. These include economic pressure, belief *he* will change, no place to go, fear of being alone, concerns for the children, pressure from others, concerns for the abuser and fear of being harmed since it is well understood that the risk to an individual is heightened once they leave the relationship due to lose of control by the perpetrator.

A review of relevant literature supported the following evidence-based interventions, which were selected for use tailored to each individual following the assessment process:

- Anxiety Management (Critcher and Dunning, 2014, Ingram and Luxton, 2005)
- Sleep Hygene (Faulkner, 2017, Bothelius, K. *et al*. 2013).
- Depression management (Iverson and Luxton, 2009, Critcher and Dunning,2014)
- Relaxation techniques/ visualization (Manzoni *et al.* 2008, Salt and Kerr, 1997)
- Mindfulness (Thompson, 2009, Randal *et al*., 2015)
- Goal Setting (Bovend'Eerdt *et al*., 2009)
- Role development (Mattingly Lewandowski, 2013)
- Assertive communication skills (Alberti, R. and Emmons, M. 2017, Temple and Robson, 1991)
- Developing new habits and routines (Fritz and Cutchin, 2016)
- Social interaction with family & friends (Lin, 1986, Mosey, 1996)
- Motivational Interviewing (Prochaska and Velicer,1997, Rollnick *et al.* 2008)
- Social Prescribing (Thew, 2017, The King's Fund,2019)

3.4. Approaches used

In order to support recovery from domestic abuse, the Occupational Therapist selected from five appropriate approaches to intervention and employed these within the tailored intervention for each individual. These were as follows:

- Educational
- Psychodynamic
- Behavioural
- Humanistic
- Rehabilitation

3.5. Clinical Governance

BCUHB Occupational Therapy Department directly employed the Occupational Therapist delivering intervention, and as such they received regular support and oversight in line with the College of Occupational Therapists code of ethics (2015) and professional standards (RCOT, 2021). This included supervision, tutorials, and professional networking through team meetings led and guided by the BCUHB Occupational Therapy Clinical Lead Occupational Therapist for mental health for the duration of the project. All supervision was recorded in accordance with the BCUHB Therapies service policies. In addition, informal support from the project lead has provided through regular monitoring meetings and updates via email, Microsoft Teams, face to face or phone calls.

4. Project Evaluation

4.1. Moral and engagement

Networking and marketing materials were created at the initial stages of the project, which included a project leaflet (Appendix 2), referral form (Appendix 3) and power point presentation (Appendix 4) with presentation notes. A stakeholder exercise and analysis resulted in a communication strategy to develop and maintain relationships and influence partners throughout the project (Appendix 5). Networking events have continued throughout the 6 months of the project, due to the high level of interest in this work, despite the plan outlined in the original proposal GANTT chart, which anticipated only 3 months for networking. On occasions when networking events were unable to take place due to COVID 19 restrictions, copies of the projects leaflet, referral form, and presentation were emailed to relevant parties.

In the course of this project, 70 members of staff across DASU, covering the project location county, and three other counties, have been educated on the role of the Occupational Therapist in enabling clients to engage with meaningful occupations after be exposed to domestic abuse. The prospect of having access to such a service if future funding bids are successful paves the way for a pathway for referrals to Occupational Therapy to support the recovery journey, and has created much interest.

It is estimated that 494 partners and organisations were contacted, influenced or educated about Domestic Abuse, the Domestic Abuse safety Unit and service, and the role that the Domestic Abuse Occupational Therapist holds within the project (Appendix 6).

The co-location of the Domestic Abuse Occupational Therapist within the project locality DASU base has enabled a fully integrated service. The Occupational Therapist has blended therapeutic packages through close multidisciplinary working with the existent DASU services including;

Crisis service:
first point of contact, offering advice, assessing risk and signposting,
Outreach team:
providing long term support to manage risk, emotional support, housing related issues, signposting for legal issues, attending appointments for strategy issues and

Independent Domestic Violence Advisors (IDVAs):
managing high risk, serious harm or homicide cases.

In addition, the Occupational Therapist has worked alongside other service teams, e.g., colleagues within the primary and secondary community mental health teams.
Feedback from multidisciplinary/ agency colleagues within and without DASU has evidenced the positive impact of the Domestic Abuse Occupational Therapist on moral, engagement and multi-agency working, as illustrated below.

Outreach worker

"I think .. (the DAOT's) ..specialist intervention has enabled far swifter progress for our ..(service user).. than would have otherwise taken place"

Outreach worker

"I have seen the huge difference that ..(the DAOT).. makes to the clients that I support. This holistic and joint working approach has enabled my clients to move forward with their lives at a much quicker pace than my support worker role alone. I have supported clients that after working with .. (the DAOT).. have increased positivity and motivated to change their lives. It has provided me with more time to concentrate on the support needs of my clients and if I have a client that is struggling to move forward I know joint working with ..(the DAOT)..will drastically improve the clients future support plans and successful exit from the service."

CMHT Social worker

"I am a Care Coordinator in the… local CMHT… at (local area). I referred a citizen for occupational therapy intervention as she was experiencing severe anxiety and panic attacks which impacted on her daily functioning. …(the DAOT)... has been regularly visiting the citizen providing person centred and outcome focused treatment and support. ..(the DAOT).. has developed a positive working relationship with the citizen which has been central to the effectiveness of the treatment. The citizen has made significant progress in managing her anxiety and working towards her desired outcomes. ..(the DAOT)… has maintained regular communication with myself and attended meetings with the psychologist to ensure effective multi agency working. "

Principal Clinical Psychologist,
Adult Mental Health Clinical Psychology and Psychological Services

"I currently work within secondary care adult mental psychology services and have been working with the occupational therapy team to plan appropriate support for an individual in the community who has severe mental health difficulties that are significantly impacting on her functioning across all aspects of daily living. It has been extremely beneficial to work collaboratively and devise a comprehensive plan based on the individual's formulation and implementing an evidence-based intervention. To access psychological intervention often an individual requires a period of stabilisation prior and the work that the occupational therapist has completed to address this individual's needs and to develop skills has been vital in her being able progress and be in the position to possibly access a trauma focused intervention in the future. The outreach element of the occupational therapy support has been extremely beneficial and this is something that in my opinion is essential as otherwise these individuals would not be able to receive the

appropriate care. I have really valued the opportunity to engage in multi-disciplinary working and devising a holistic care package."

4.2. Process improvement

Over the period of the ECT funding, the Occupational Therapy process was harnessed to identify and create a routine pathway across assessments, planning, interventions and approaches needed for this population. A service specification is in draft form. An information guide on the Occupational Therapy service leaflet (Appendix 2) was created to guide DASU staff and service users as to when to refer to Occupational Therapy, alongside the networking presentation (Appendix 4) delivered at numerous events (Appendix 6).

In addition, an Occupational Therapy training package is in draft form, in readiness to guide new Occupational Therapy staff when we are able to adopt and spread this model of support to domestic abuse services. We continue to pursue potential funding streams.

A General Data Protection Regulation (GDPR) form has been developed, facilitating service users to consent to Betsi Cadwaladr University Health Board (BCUHB) and DASU North Wales on holding confidential information on their data bases and at both sites, and to share if needed with relevant organisations/ agencies (Appendix 7). All cases are logged on the health boards Therapy Manager database and on DASU's data system.

4.3. Contribution to risk management

The funding arrangement of BCUHB Occupational Therapy department being commissioned to provide the Occupational Therapy service, afforded direct recruitment, employment, line management and clinical governance of the Occupational Therapy staff and facilitated access to and use of all BCUHB mandatory training, policies and procedures with regard to risk management. The Occupational Therapist conducted base line assessment of mood, anxiety and risk for those seen in all initial assessments. Clinical support, via the direct relationships with BCUHB Occupational Therapy, mental health and safeguarding services afforded early intervention and effective risk management of individuals who were advised, referred on, or signposted to appropriate support as necessary in liaison with DASU crisis team and health partners (Table 2).

Table 2. Numbers of onward referrals to manage risk via the DASU crisis team and MDT discussion.

Referred to	Number of clients
Secondary Care Mental Health Services	3
GP	2
IDVA -Independent Domestic Violence Advisor	2
MARAC – Multi Agency Risk Assessment Conference	1
DAO – Domestic Abuse Officer	0
MAPPA- Multi Agency Public Protection Arrangements	0
Police	0

This direct employment and Occupational Therapy line management for future
Occupational Therapy staff will be essential to support the mental health and wellbeing of individuals referred to Occupational Therapy, supporting effecting risk assessment and appropriate management for health concerns.

4.4. Access to Occupational Therapy

Having an Occupational Therapist situated within DASU has improved access to rehabilitation and early intervention.

4.4.1. Occupational Therapy Activity

The capacity of the Occupational Therapy caseload was initially set at ten active service users in order to allow time for service set up, networking, resource creation, write up, time for reflection, supervision and guidance from the Occupational Therapy Lead. Within the later stages, the active caseload of the Occupational Therapist has increased to 16 as the project progressed.

Over the six-month period, the Occupational Therapist has received 35 referrals and worked with 30 individuals. This is short of the envisaged cohort of 35 individuals due to the difficulty with offering face-to-face group interventions, and the lack of take up of virtual group interventions. In addition, the ongoing COVID 19 lock down restrictions affected some individuals' ability to engage with Occupational Therapy due to the issues caused, e.g., home schooling.

Table 3 below shows the status of 35 referrals received at the close of the project-funding period.

Nos of people	Level of engagement	Outcome
6	Engaged and completed Occupational Therapy intervention	Six people reported improved ability to live daily life. Of these, five demonstrated clinically significant improvements in function as recorded on COPM. Significant potential reduction in costs to the economy.
9	Open to Occupational Therapy intervention commenced, and reviewed, but not complete.	Nine individuals reported positive improvements in function Of these, eight people completed COPM review scores demonstrating improvement. Potential saving to the economy
6	Occupational Therapy assessment commenced. No review of progress available	Four people are still in assessment phase Two have set goals but not made progress with these yet. One of these has re-referred herself, following previous discharge from Occupational Therapy due to not being ready for intervention, as now feels ready.
8	Declined or were not ready for change	Sign posted to: counselling services, GP, primary mental health and 3rd sector partners to manage their wellbeing and risks in the most appropriate way.
1	Occupational Therapy not required	One person affirmed her existing self-management skills during assessment, and identified no occupational needs. Referred onto Outreach team for support with housing application.
5	On the waiting list	
36		(NB one re-referral, therefore 35 individuals seen in total)

Table 3: Status of referrals received

Each service user who completed intervention, received between 2 and 14 sessions dependent on a tailored intervention plan, prior to discharge from Occupational Therapy.
Of the clients still open to Occupational Therapy, the number of interventions received to date ranges between 2-20 sessions.

16 people identified between two and five personal occupational goals for intervention. The goals selected by the cohort were grouped into categories, and these categories into grouped into eight underlying themes of the cohorts priorities for Occupational Therapy intervention as can be seen in Appendix 10.

The themes for occupationally focused intervention goals were to improve ability to…;

- "cope with symptoms",
- "hold and carry out an important role",
- "establish a routine",
- "look after myself",
- "find enjoyment".
- "have and look after my home",
- "see friends",
- "have confidence to get out".

In addition, small achievable goals were routinely set each week for all individuals as a part of Occupational Therapy in order to work towards these larger goals.

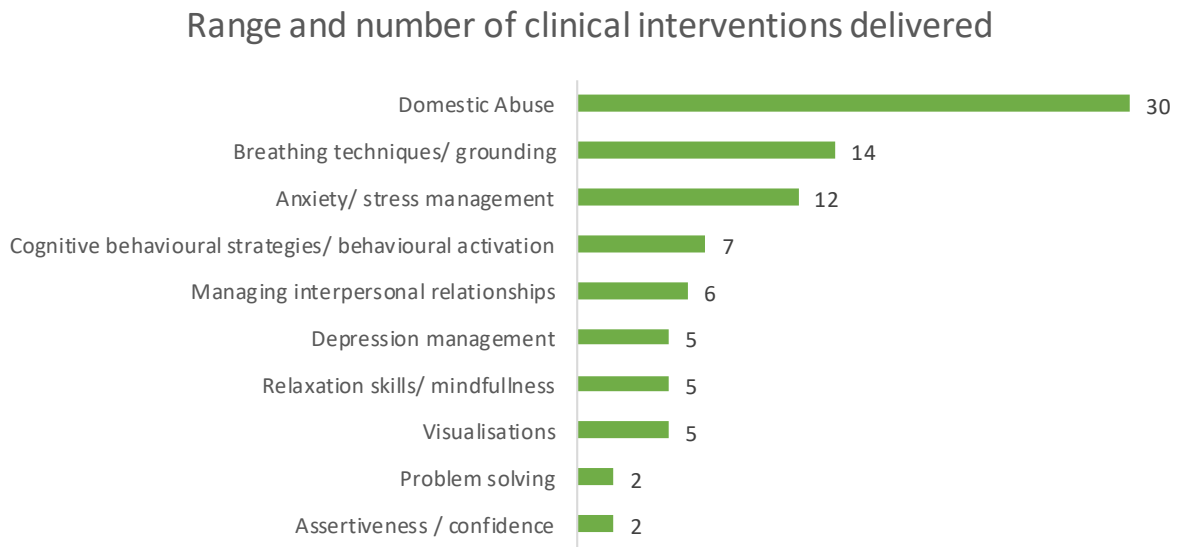
4.4.2. Occupational Therapy Interventions

The Occupational Therapist used a wide array of interventions focused (Fisher, 2013) at improving occupational performance across the individuals seen, including;

Goal setting
Graded exposure
Roles and values
Parenting
Environmental adaptation
Time management
Activity scheduling
Routine setting
Narrative and life story work
Sleep hygiene
Chronic illness management (i.e. COPD, Fibromyalgia, Lupus, Diabetes, Pain)
Energy conservation
Attending college
Employment management
Social prescribing
Arts and Creative Therapies

In addition to these, interventions to improve underlying knowledge and skills were used to assist in developing the ability to manage daily occupations.

Chart 1: shows the frequency of the use of a range of clinical interventions across the project period.



4.4.3. Social Prescribing to Community Assets

The Occupational Therapist harnessed social prescribing community assets (Coulter, A. *et al.* 2013) to support self-management (de Iongh, *et al.*, 2015, National Voices, 2014.) and the recovery journey. These include both statutory services such as the Education Programme for Patients (EPP) (Wales.nhs.uk, 2021), the National Exercise Referral Scheme (NERS) (Wlga.wales, 2021) and third

sector support such as KIM Inspire (2021), Association of Voluntary Organisations in Wrexham (AVOW)(2021), CAIS (2017) or the ICAN Community Hubs (Bcuhb.nhs.wales., 2021). However, during the pandemic lockdown, several services were either closed or only offering virtual support, reducing the potential take up.
It is expected that numbers of onward referral and social prescribing to such community assets will expand as the project progresses.

Agency	Number of clients referred	Information given to clients
ICAN Community Hubs (North East Wales) MIND	2	3
KIM inspire	I	5
GP practice led emotional wellbeing team	I	
Online resources e.g. Headspace (mindfulness app)		8
AVOW		3
NERS (NERS not offering a service during lock down)		
EPP (all courses currently virtual)		
CAIS		

Table 4: Numbers of individuals signposted or referred onto community assets

4.5. Quality: Service user experience

4.5.1. Quantitative outcomes with the COPM

Of the six people who have completed intervention and been discharged from Occupational Therapy, five individuals identified scores for 'occupational performance', and 'satisfaction with occupational performance' of their personal occupational goals on the COPM. Table 1 shows the changes in the average score for ability to perform all goals for each person following Occupational Therapy. Table 2 shows the changes average 'satisfaction with performance' for each individual's goals at the point of discharge.

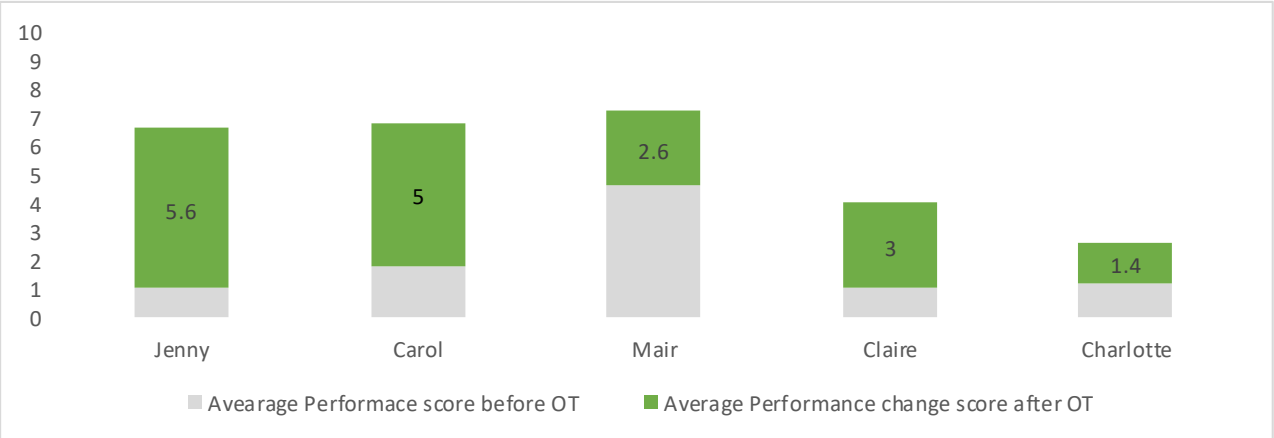


Chart 2. Changes in Performance scores for people who have completed Occupational Therapy intervention

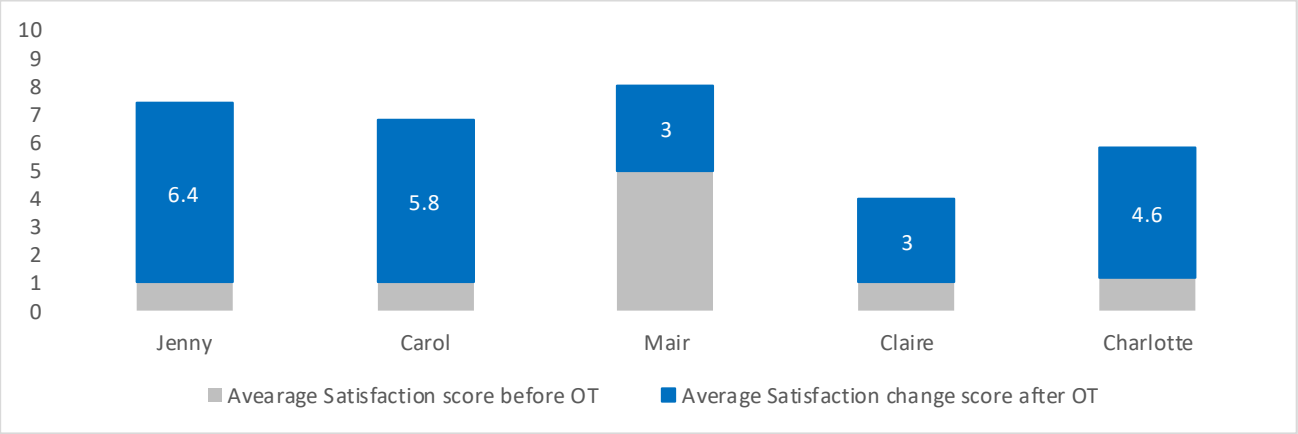


Chart 3. Changes in Satisfaction with performance scores for people who have completed Occupational Therapy intervention

A further nine people are still open to Occupational Therapy, and having ongoing intervention. The number of contacts with the Occupational Therapist for this group ranged between 2-20 sessions. Of these, eight people completed a COPM at a review of their progress conducted for the end of the ECT funding period, despite Occupational Therapy intervention *not* being complete.

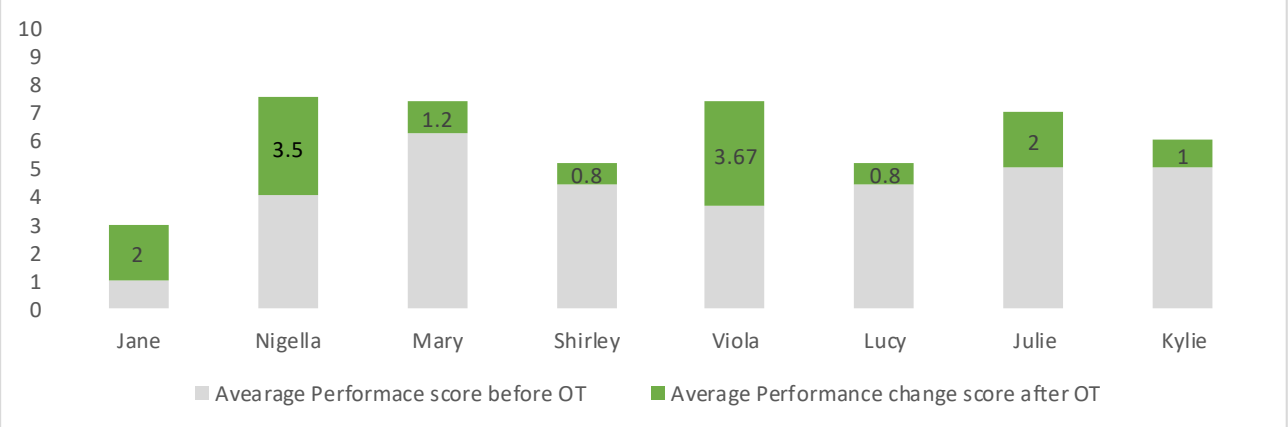


Chart 4. Changes in Performance scores for people who have NOT completed Occupational Therapy intervention

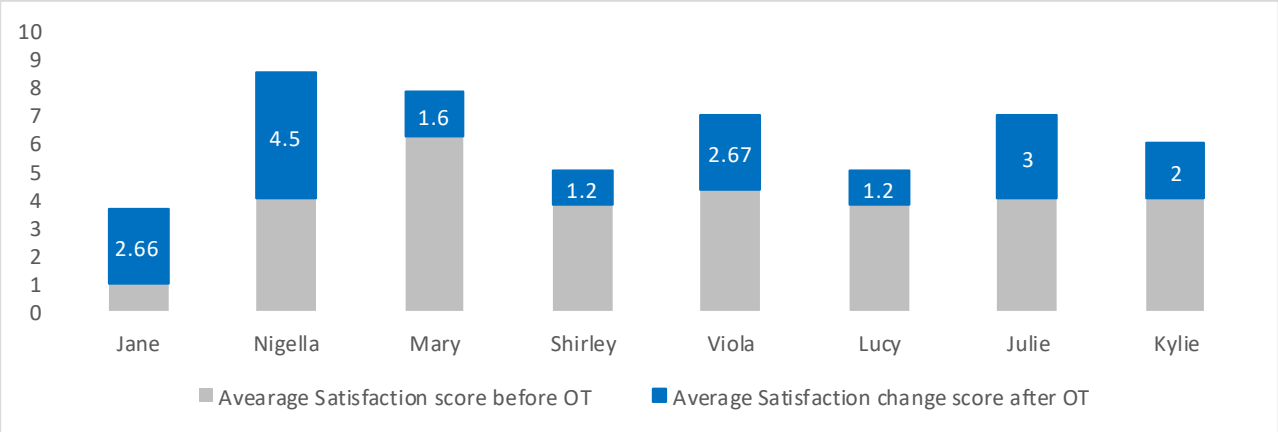


Chart 5. Changes in Satisfaction with performance scores for people who have NOT completed Occupational Therapy intervention

It can be seen that those who have NOT yet completed Occupational Therapy intervention have had more modest improvements in performance, and satisfaction with performance of their

occupational goals. It is anticipated that these change scores will improve at the completion of therapy.

4.5.2. Qualitative Outcomes against 'Performance' Goal Themes

Feedback collated from the recorded case files of those who participated revealed direct quotes from services users, and therapist reported accounts of statements that service users made about their progress through their recovery journey. These have been linked to the goal themes identified in Appendix 9 and they reflect both changes in performance and changes satisfaction with occupational participation.

4.5.2.1. Cope with symptoms

'I had a panic attack, before college but I'm here and I'm okay' Joanne
'I don't want to die any more, I want to live and know what it's like to live free' Nigella
'My fibromyalgia is under control, due to the reduced stresses' Nigella

4.5.2.2. Hold and carry out an important role (worker, student, parent)

'Work have seen a massive change in my productivity, quality and concentration' Mair
'I am shocked and proud that I have lasted this long in work without the urge to avoid going' Mary
'I just got 100% in both my exam's' Joanne
"Thank you for your support getting me in touch with mental health services" (for her son) … Sarah

From the case record "Sarah and her daughter have started planning pamper night to spend quality time with each other".

4.5.2.3. Establish a routine

'The dog and myself have a pleasant evening routine' Jane
'I had a panic attack, before college but I'm here now and I'm okay' Joanne

From the case-record "Carol stated that due to the new skills, Goals, routine and anxiety management she is able to remove herself from negative thoughts and feelings."

4.5.2.4. Look after myself

'I have washed my hair before you arrived' Jane
'I have started eating healthier food choices that I prepare' Jane
'I am engaging in outdoor fitness activities, to help with my weight loss' Viola
'I had a bath for the first time in a long time' Viola

From case-record, "Sarah stated that since we last spoke, she has reduced her alcohol intake which had a positive impact on her mood. Sarah is eating healthier options and had lost several pounds which has increased her energy, she stated she is working out on a daily basis and this is have a massively positive impact on her wellbeing"

4.5.2.5. Find enjoyment

'Spending time with my horse is more of a joy than a hindrance' Mair
'I have started to watch music videos on the TV, and enjoy them'. Jane
'I went to my sisters and actually relaxed while sitting in her garden' Julie

4.5.2.6. Have and look after my home

'I am beginning to catch up with things I have been putting off'
'I can recognise things I love about my home' Jane
'I went upstairs and cleaned my windows, for the first time in years' Jane
From case-record, "Sarah reported that she has developed a tick list for; bills to pay, emails to send, and people to speak to".

4.5.2.7. See friends

'I completed a 40 minutes Wii workout with my friend and had fun' Jane
'I have made contact with my best friend of 20 years, as I am now free to do so' Nigella
'I have started meeting my friends during the day, to go shopping and have lunch' Carol

4.5.2.8. Have confidence to get out

'Guess what I did last week, took the dog for a 5-minute walk' Jane
'I spend 20 minutes in a neighbour's garden, talking to her' Jane
'I went for a coffee on my own in the village at the weekend, it was lovely' Nigella

4.5.3. Qualitative Outcomes re Satisfaction with performance

'I am loving my new life' Carol
'I am really grateful for all the support' Jenny
'I am beginning to feel more like my old self' Carol
'Where previously I was unable to take part in meaningful activities I am now engaging' Viola

4.6. Delivery / Flexibility of resource:

The presence of a qualified Occupational Therapist within DASU, but employed by BCUHB and managed by the Occupational Therapy service provides a "One stop shop" for a wide variety of interventions and access to supports as demonstrated in 4.3 and 4.4 above. The case study in Appendix 11 illustrates the flexibility of the resource.

5. Cost Savings:

As stated in the proposal, it is estimated the typical cost for domestic abuse is around £66 billion per year across the UK. The cost to the economy in England and Wales's is substantial, with the greatest component being physical and emotional harm costing £47 billion. An estimated £14 billion arising in reduction in productivity and taking time off work. Table below shows a breakdown of the cost of domestic abuse in England and Wales for 2016/2017 (Home office 2019).

Costs in Anticipation	Costs as a consequence				Costs in response				Total
	Physical and emotional harm	Lost output	Health services	Victim services	Police costs	Criminal legal	Civil legal	Other	
£6m	£47,287m	£14,098m	£2,333m	£724m	£1,257m	£336m	£140m	1m	£66,192m

On average, the person experiences the cycle of violence 36 times while exiting and re-establishing the relationship seven times before the relationship is finally over. This is catastrophic to employment, housing needs, health service and the legal system.

The costs to the economy for the year ending March 2017, were identified by the Home Office as being £34,015 per victim of domestic abuse (Oliver *et al.*, 2019). The report breaks costs down to into subsections and identifies that health costs to address emotional harms range from £270 to £1,270 per victim per year. The cost per victim on lost output within the workplace range from £3,340 to £307,240 per year. The report identifies that the total cost per victim per year for emotional harm ranges from £9,950 to £58,750.

Whilst it is difficult to establish or predict the actual cost savings across the economy, of providing early Occupational Therapy intervention to this project cohort, the outcomes identified through the COPM change scores indicate significant improvements in function for the six individuals that engaged fully with occupational therapy within the six months of this project, and the nine who have commenced intervention. These improvements in function are linked to a reduction in the potential 'costs as a consequence' of domestic abuse, in 'emotional harms' and 'lost output' (Oliver *et al.*, 2019) through the ability to self-manage mental health symptoms, return to work, and improve participation in and enjoyment of daily life, with potential significant savings to the economy as identified in the Home Office's report (Oliver *et al.*, 2019). Consequently, we are confident that the £10,000 expenditure from the Elizabeth Casson Trust fund to develop the Domestic Abuse Occupational Therapy role has provided a substantial return on investment and supported 'Improving lives, Saving Money' (RCOT, 2019), meeting the prudent health care agenda (Bevan Commission, 2015) within this new field of Occupational Therapy.

6. Summary of Key achievements

6.1. Occupational therapy has brought a holistic approach into domestic abuse.

Occupational Therapy has support individuals to participate in the things they want and/or need to be able to do on a daily basis. Occupational Therapy has enhanced individuals to:

6.1.1. See progress

Identifying progress however small is exciting and something that automatically happens when we grow as individuals. Monitoring and reflecting on the service users progress has empowered our service users to move forward with their lives.

6.1.2. Build lost occupational identity

As Occupational Therapists, we are aware that identity is a grouping of attributes, qualities and values that define how we view ourselves. Living with domestic abuse, a restricted identity can be formed, and maintained from labels others have placed on us and the roles we have been pushed to undertake. Losing occupational identity happens over time and can leave a gap, which increases levels of anxiety, depression, low self-esteem, isolation and lack of self-confidence, perpetuating the cycle of abuse. Working with the Occupational Therapist through a narrative dialogue exploring daily occupations, has allowed service users to explore their strengths, qualities and values, which in turn is enabling them to master new identities, and become independent of the abusive relationship (Polkinghorne,1991, Smith, 2006, Taylor, and Kay,2013,). It is envisaged that this demonstrated transformation will have a direct impact on the need to access community resources such as ED the police, courts and benefits.

6.1.3. Blend creativity with science

Being an Occupational Therapist with this field has required utilization of creative thinking skills to find novel solutions and to barriers to occupation, whilst also relying on evidenced based knowledge of science, development, and the body/brain to be effective.

6.2. Created pathway, standards and processes

The project has developed a framework and model for the provision of a skilled mental health care professional to work in close proximity and partnership with a third sector provider, influencing the and complimenting the service the individual receives. The particular process, procedures and pathways developed during the process provide a template that can be transferred across Wales and the UK if the project model was to be replicated. This model embraces integrated care and early intervention to ensure prudent health care is delivery by the right person at the right time in the right place (Bevan Commission, 2015).

7. Dissemination

This project has been successfully chosen for the Welsh Bevan Exemplar programme, which looks to support and improve health outcomes for the population by supporting innovation, developing and delivering prudent solutions and products, discover new ways of working and improve knowledge and skills. The outcomes from the project will be shared at a Bevan Exemplar Innovation Showcase Event in June 2021, and through a Bevan Exemplar web page. It is hoped that the Bevan Commission will identify this Bevan Exemplar project as a suitable candidate for their 'Adopt and Spread' programme, so that the innovative role of Occupational Therapy within domestic abuse, can enhance domestic abuse third sector providers, with the practical, occupationally focused, self-management mental health triage and support to provide early intervention, helping people who have experienced domestic abuse, get their lives back. The project has already generated considerable interest and additional funding is being sort through other routes in order to extend the new service**.**

8. Potential to improve prudence of service delivery

The project Occupational Therapist is currently delivering all planned Occupational Therapy intervention to the service users. There is potential for Occupational Therapy support staff to deliver aspects of planned intervention under supervision, and this would improve the prudence of service delivery.

Due to the Covid19 pandemic, the Occupational Therapist has worked with all clients on an individual basis. Plans to implement group work were not able to reach fruition due to the ongoing lockdown affecting clients' willingness and ability to engage with fixed group sessions. In addition, safe virtual group intervention via an NHS approved platform (Microsoft Teams) is still in its infancy with detailed risk management required to meet GDPR standards. The Occupational Therapy department within BCUHB is in the process of developing service wide processes in collaboration with TEC Cymru. Consequently, we anticipate that either face to face of virtual group work would become part of the service in the next phase of the project, further improving efficiency. Continued evidence-based research will continue throughout the remainder of the project and will be reported in end of project report

9. Thank you, Elizabeth Casson Trust

Occupational Therapy was posed to work within the field of domestic abuse and thanks to the Elizabeth Casson funding it was born. Decades on the continuing work of Elizabeth Casson has provided Occupational Therapy to develop in other areas and to change the lives of individuals whose life would have remained effected by post traumatic symptoms of domestic abuse and the lack of occupational identity. While additional research is needed, Occupational Therapy could be expanded into wider settings, such as; hospitals, emergency wards and GP surgery's. Plus, additional domestic abuse training for all Occupational Therapist would enhance our knowledge of how to recognise the signs of domestic abuse and how to act on it.

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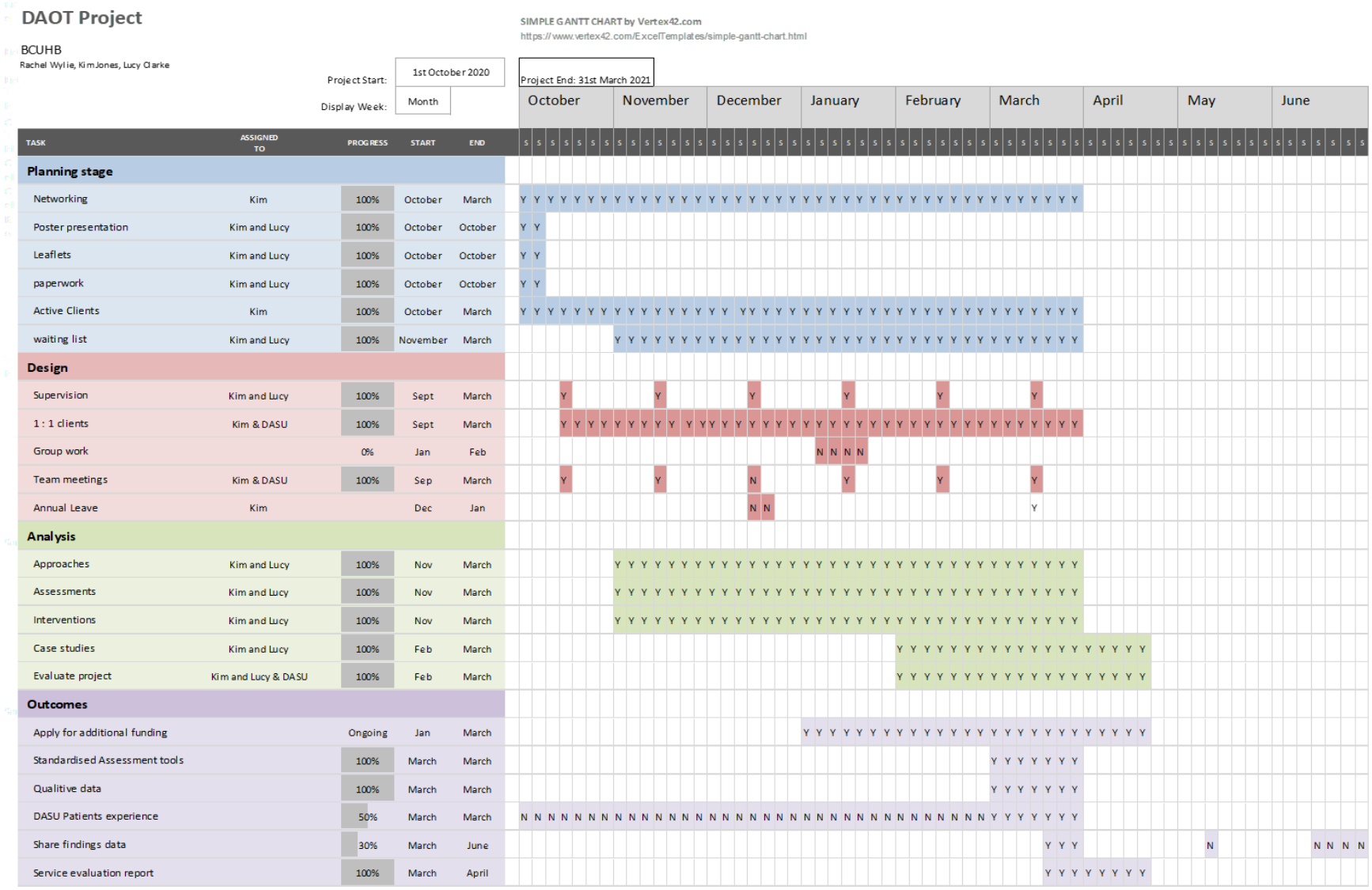
Appendix 1: GANTT chart of time line



GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

DASU
Domestic Abuse Safety Unit
Uned Diolgelwch Trais Teuluol

Occupational Therapy

An information guide on the Occupational Therapy service

Domestic Abuse Occupational Therapy

DASU North Wales

Occupational Therapy is a profession concerned with what we do in our daily lives (***occupation***), and how this both affects and is affected by our physical and mental health.

Occupational therapy is a holistic treatment and will take into consideration your **thoughts, feelings, physical needs, home environment, family and daily routines.**

The main goal of Occupational Therapy is to enable each person to achieve their maximum level of independence, enabling participation in everyday activities and improving quality of life.

What do Occupational Therapists do?
You may work with the Occupational Therapist within a group or for one-to-one therapeutic sessions.

Occupational Therapy uses Recovery through Activity to increase participation in everyday life. It will also help you to identify areas of your life which may be a barrier to your future:

- Leisure activities – passive and active
- Creative activities – risk-taking and problem solving
- Technological activities – weighing up positive and negative outcomes
- Physical activities – benefits of physical and mental health
- Outdoor activities – the power of nature and restoring wellbeing
- Faith activities – discovering spiritual and religious beliefs
- Self-care activities – taking care of ourselves and health our conditions
- Domestic activities –making a home and understanding our identity
- Caring activities – caring about others, caring for others receiving care from others
- Vocational activities – benefits of paid work, volunteering and study
- Social activities – recognising the value of social interaction
- Community activities – how to expand your community

Kim Jones Occupational Therapist, BCUHB
Lucy Clarke Clinical Lead Occupational Therapist, BCUHB
V10, amended for web page

Why Occupational Therapy?

- Occupational Therapists understand how domestic abuse can impact a person's ability to do the things that are important for them.
- Occupational Therapists understand how activity and health are interlinked, and work with people to maintain the life roles and activities that support their health and wellbeing.
- Occupational Therapists use evidence-based information in their practice to enable people to live their lives in a way that is meaningful and satisfying for them.
- Occupational Therapists take a person-centred approach which emphasises a person's strengths and personal preferences.
- Occupational Therapists recognise and promote the rights of people of all abilities to participate in the activities of everyday life.

Is Occupational Therapy relevant to me?

Occupational Therapists support people with all types of mental health issues triggered by living in an abusive relationship. Occupational Therapy is concerned with how these issues may impact your ability to do the things that are important to you. Because you are a unique person your Occupational Therapy plan will be specific to your needs and priorities.

How do I access Occupational Therapy services?
Referrals to occupational therapy are made via a DASU member of staff or multidisciplinary team. Not everyone who attends DASU is referred for occupational therapy. Referral is based on your individual needs

Where can I get more information relating to Occupational Therapy?
For more information on Occupational Therapy see the following websites:

British Association of Occupational Therapists
www.rcot.co.uk.

Kim Jones Occupational Therapist, BCUHB
Lucy Clarke Clinical Lead Occupational Therapist, BCUHB
V10, amended for web page

Appendix 3 – Referral form

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

OCCUPATIONAL THERAPY REFERRAL FORM

Date Received by OT		**Date of initial contact**
Full Name Tel DOB Address DASU No Hospital No		GP Consultant Key Worker Care coordinator Diagnosis Preferred Language
Reason For Referral		
Individual Work		***Please Specify: Domestic abuse***
Group Work		***Please Specify:***
Functional Problems/Assessment Required		**Presenting Problems/Needs identified**
Motivation Confidence Low Self-Esteem Assertiveness Lack of identity		

Routine *Self-Care* Personal Care Functional Mobility Community management *Productivity* Preparing for work Household management Parenting *Leisure* Quite Recreation Active Recreation Socialisation	
Performance Skills Interpersonal Skills Cognitive ability (planning, memory, problem solving) Physical environment (Home)	
Please identify any other services currently received	
Service User Aware and Consents to Referral: YES / NO **Referrers Name:** **Referrers signature:** **Date:**	

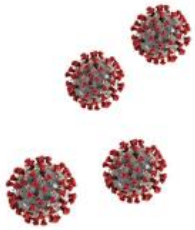
Domestic Abuse Occupational Therapist (DAOT)

DAOT Project in response to COVID-19

Kim Jones

Back Ground

OT & Glyndwr



Domestic Abuse

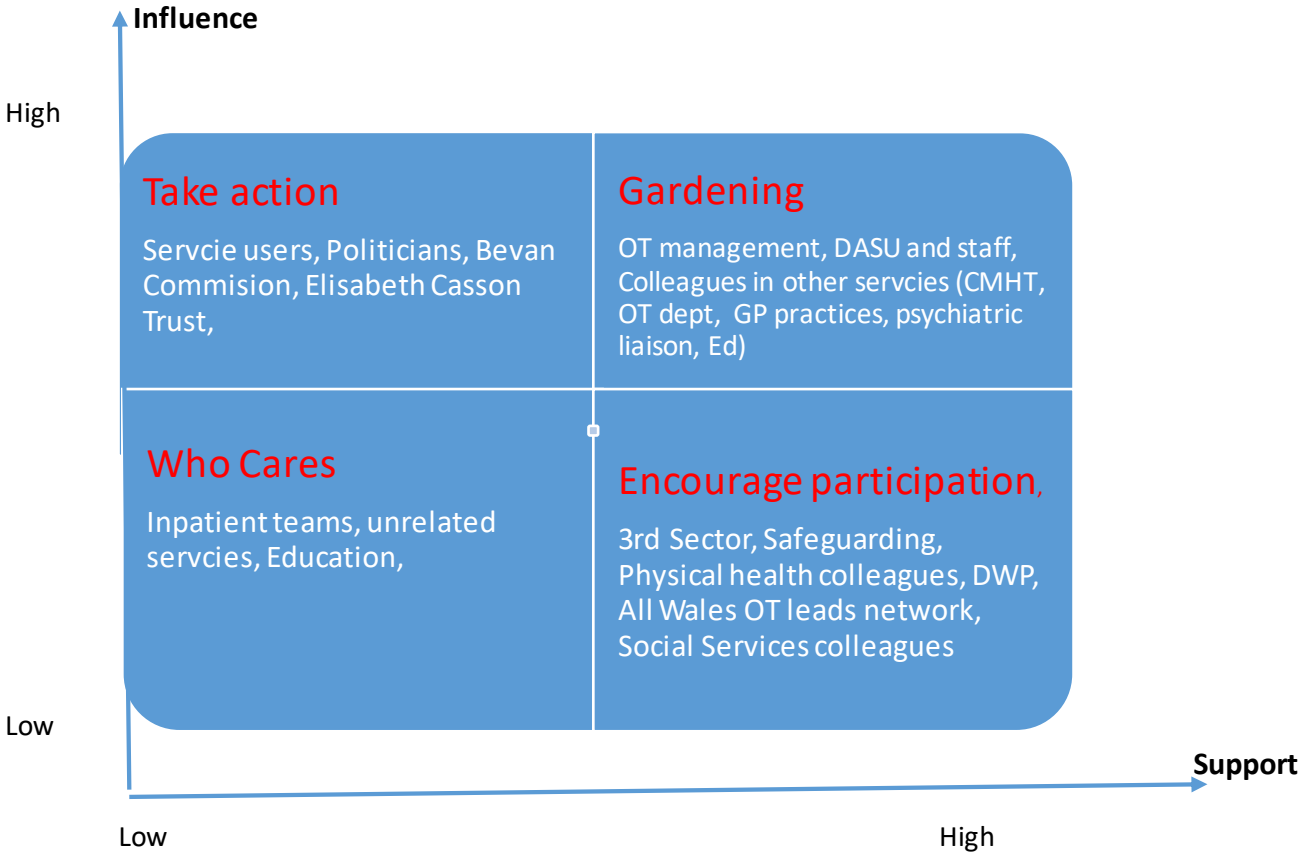
DAOT, BCU and DASU

- Beginning of October 2020 BCU and DASU began a partnership
- 1st OT post to work directly with domestic abuse full time
- Employed by BCU based with the DASU
- OT - One to one work or group work
- OT can support with mental health and physical needs in the community
- DASU -
  one stop shop
  Crisis Intervention
  Refuge accommodation
  Independent domestic abuse advisers
  Out reach
  access to counselling services
  Access to legal support
  Group Work
  Social Groups
  Signposting to other agencies

Case studies

Appendix 5 – Stake holder analysis and action plan

Stake Holder Analysis



Stake Holder Action Plan

1. **Take Action Group**. We are actively seeking a focus group with DASU service users and CANIAD, a mental health provider group for opinion on the project. Meetings with and engagement via Bevan Exemplar training and network, following guidance and recommendations. The project will seek 'Adopt and Spread' Bevan exemplar status. This and final report to be submitted to Elizabeth Casson Trust.
2. **Gardening Group**. Regular feedback to the OT service manager, ongoing communication with potential referrers. Data on these communications are included in appendix 1 report.
3. **Encourage participation Group**. Ongoing communication and networking continues. The Bevan exemplar webpage and showcase event in June 2021 will be a platform to continue to share outcomes from the project.

Appendix 6: Networking events

Network meetings Delivered to:	Number of professions educated via presentation on Domestic Abuse Occupational Therapy
Local University tutors	6
DASU – early stages of project	2
Health Board managers	3
Secondary Care – Local Community Mental Health Team	35 Quote: Excellent opportunity Discussion: on how a percentage a CMHT patients are or have experienced domestic abuse which has had a negative impact on their mental health.
Primary care – Local Primary Care Mental Health Support Service	10
Local Mental Health Occupational Therapy team	16 Quote: Excellent opportunity for occupational therapist
ICAN	2 Information to be cascaded via email throughout North wales teams *"Thanks so much for taking the time to meet with me today. It was so interesting to hear about your exciting new role and the wider work of DASU".* ICAN
Domestic Abuse Safety Unit (DASU) North Wales – for the duration of the project	70
GP based emotional Wellbeing Team	8 Information to be cascaded via email throughout Wrexham team
Swansea University	1 *'We need more domestic abuse occupational therapist across Wales'*
Health Board Heads of AHPs/ Therapies	6 Presentation to take place in June
Occupational Therapy students at University	35 tutors and students Occupational Therapy School Lead "*So pleased you have carved the role you always get so passionate about".* Occupational Therapy Tutor *"It is so lovely to hear of your success being driven by the belief you have in what Occupational Therapy can achieve in this emerging area of practice".*

Appendix 6: Networking events

	Occupational Therapy Tutor "*Your skills and passion to deliver excellent services for those who have experienced domestic abuse will have a huge positive impact in such a vital area of practice"* Student 1 "*very inspiring*" Student 2 "*Very inspiring indeed, thank you for sharing with us*"
Bevan Exemplar mentor	xxxxxxx
Bevan Exemplar participants	10
Adult SPOA	10
Band 5 Occupational Therapy – East	14
Occupational Therapy Department 14 - East	25
Department of working pensions	30 Information to be cascaded via email throughout North wales team
BCUHB East Psychiatrist liaison team	6 Attended meeting 20 Information to be cascaded via email throughout Wrexham team
North Wales Police – Domestic Abuse Officers	1 Attended meeting Information to be cascaded via email throughout Wrexham team
Children's SPOA	10 Information to be cascaded via email throughout Wrexham team
Social Media	Number of professions following and educated on new post of Easts - Domestic Abuse Occupational Therapy
Twitter	55 Followers
LinkedIn	50 Followers
Facebook	68 Followers

Appendix 7: GDPR Consent form

General Data Protection Regulation (GDPR)
Consent regarding information sharing/ confidentiality

BCUHB are currently working alongside DASU North Wales to supply an occupational therapist within the field of domestic abuse, and are committed to respecting and keeping safe any personal information you share with us or that we get from other agencies/organisations. Please read and initial each statement below, then sign and date in full at the bottom of the page.

	Initial
I understand that the information about me will be held confidentially by DASU and BCUHB and will only be shared outside of these organisations if I give my permission for it to be shared with others.	
I understand that there are exceptions to this and in the event that I, or my children are assessed to be at high risk of harm, information about me may be shared without my permission.	
I consent to enable the occupational therapist to contact and share with other agencies who may hold information about me – for example Housing, Benefits, Health, Education, Probation, Social Services, Youth Justice Service, Solicitors, Police, Drugs and Alcohol Agencies.	
I give permission for anonymised information about me to be used by other agencies, such as funders and researchers for the purpose of monitoring.	
I am aware that I can withdraw my consent at any time.	
I understand that I can request to see my file at any time. I can do this by submitting a request in writing to the head of services, at Access to Health Records Service, Llandudno General Hospital, Hospital Road, Llandudno, Conwy, LL30 1LB.	

Clients:
Name
Signed
Date

Appendix 10: Thematic analysis of personal, occupational goals across service users

Each person identified 3-5 Occupational Goals as follows

Personal Goals identified in COPMs across 18 Service Users	Number of times goal identified across cohort	Categories	Total number of goals/ theme	Themes
Manage anxiety	10	Symptom management/ anxiety	17	Cope with symptoms
Manage Low mood	4	Symptom management/ mood		
Manage Pain	2	Symptom management/ pain		
Pacing activity	1	Symptom management/ energy		
Be good Mum	1	Role, Parent	14	Hold and carry out an important role
Time with Daughter	2	Role/ Parent		
Son's Health	1	Role/ Parent		
Attend College	3	Role- Student		
Attend beauty course	2	Role- Student		
Work routine	1	Role- Worker		
Attending work	2	Role- Worker		
Maintaining work	1	Role- Worker		
Return to work	1	Role- Worker		
Shower x2 week	2	Routine/ Self Care/ shower	9	Establish a routine
Sleep pattern	4	Routine/ sleep		
Morning Routine	1	Routine/ morning		
Structure AM	2	Routine/ morning		
sit up in bed	1	Self-care /Physical function,	7	Look after myself
Open jars & bottles	1	Self-care / Physical function,		
Healthy Diet	3	Self-care/diet		
Self-care- reduce alcohol	1	Self-Care/ diet		
Exercise	1	Self-care/Exercise		
Time with horse	1	Leisure/ exercise	7	Find enjoyment
Go swimming	1	Leisure/ exercise		
Gardening	1	Leisure/ exercise		
Craft activities	1	Leisure/ creativity		
Pamper session	1	Leisure / self-Care		
Planning leisure	2	Leisure/ self-care		
Find a home	2	Role- Home maker	6	Have and look after my home
Maintaining home	2	Role- Home maker		
Hoarding	1	Role- Home maker		
Managing e-mails, tasks	1	Role- Home maker		
Maintain friend	1	Friendships/ social contact	5	See friends
Build friendships	1	Friendships/ social contact		
Maintaining Friend	1	Friendships/ social contact		
Time with Friends	1	Friendships/ social contact		
Friends	1	Friendships/ social contact		
Walk to shop	1	Accessing community	3	Have confidence to get out
Attend shop	1	Accessing community		
Attend MH appointment	1	Accessing community/ self-care		