

# Partnering for Occupational Therapy Telehealth Services (POTTS)



## POTTS STRATEGIC PLAN 2022 - 2025

## Foreword

POTTS is an exciting partnership that is welcomed and supported by the Board of Dyspraxia/DCD Ireland. As an organisation we are committed to improving access to much needed services for our members and the wider dyspraxia community. Our collaboration with the University of Limerick Department of Occupational Therapy, to develop innovative solutions to the challenges of providing services during the Covid-19 pandemic, has developed into a successful partnership which has the full commitment and support of Dyspraxia/DCD Ireland. As an organisation and as a Board of Directors we are grateful for the funding and support provided by Rethink Ireland, and we look forward to the development and expansion of POTTS to reach a higher number of people over time.

**Ann Marie Galvin,  
Chairperson  
Dyspraxia/DCD Ireland**

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## Abbreviations

**DCD**    **Developmental Co-ordination Disorder**

**POTTS**   **Partnering for Occupational Therapy Telehealth Services**

**OT**    **Occupational Therapy**

**HSE**    **Health Service Executive**

**HSCP**   **Health and Social Care Professions**

**MOU**   **Memorandum of Understanding**

**SOP**    **Standard operating procedure**

**SoP**    **Standards of proficiency**

**CORU**   **Board of regulation for health and Social Care professionals**

**AOTI**   **Association of Occupational Therapists of Ireland**

## 1. About Partnering for Occupational Therapy Telehealth Services (POTTS)

Established in March 2020, POTTS is a free online student led Occupational Therapy service. It uses a partnership approach to provide a goal directed, person centred, community-based model of care to children, individuals, and families. The therapeutic support is tailored to each person's needs and focuses on empowerment and enablement.

POTTS is a collaboration between Dyspraxia/DCD (DDCD) Ireland and the Occupational Therapy (OT) team in the School of Allied Health, University of Limerick (UL). It evolved during the Covid-19 pandemic in response to disruptions in OT student clinical placements and simultaneous disruptions in access to vital services for children, individuals, and families.

The service has delivered over four hundred individual sessions to fifty-nine children, youths, and adults with Developmental Co-ordination Disorder (DCD). It has provided twenty group sessions and developed fifteen webinars. Our current focus is on children and youth with a view to expanding our work with adults in the future.

Concurrently, twenty-six Occupational Therapy (OT) students have completed their clinical placement experience in POTTS. Under the guidance of experienced OT's, these students have had the opportunity to design and deliver a service to children and individuals who would not otherwise have access to OT supports.

This strategic plan marks an exciting and ambitious time in the development of POTTS. We have used the opportunities presented by COVID-19 to critically assess our previous models of service delivery and to develop new ways of building progressive and innovative solutions with the input of our students, families, and other key stakeholders.

The four strategic goals contained in this plan represent a positive step forward in moving to a broader focus. POTTS seeks to use the underutilized resource of Health and Social Care Professions (HSCP) students to extend the reach of our services to a higher number of people in the coming years. The goals also aim to illuminate and cement the monetary and social value that is available within this model of service delivery. Through partnership, emphasis is placed on having a rights-based service that is innovative, accessible, and sustainable. This partnership between individuals, families, communities, and students has the potential to support the transformation in the delivery of and access to healthcare.

## 2. Context for our Strategic Plan

This is a key time for reform as recognised through the implementation of Sláintecare. Sláintecare is the vision of the all-party Committee on the Future of Healthcare to achieve a universal single tier health and social care system where everyone has equitable access to services based on need, and not ability to pay.

The last two years has seen a major disruption in the ability of people to access quality health care in a timely and equitable way. Our health and social care services, as currently designed, continue to buckle under the growing demands being placed on them. Children requiring Occupational Assessment and intervention continue to face extensive waiting times. Innovative, creative, and pioneering use of resources is needed to optimise the opportunity to actualise this vision.

Partnering for Occupational Therapy Telehealth Services (POTTS) aligns with Sláintecare's principles of community based integrated care. It provides an innovative opportunity to deliver person centred care to people at the lower levels of complexity that is safe, timely and efficient. POTTS advocates for the provision of goal directed and family centred care, tailored to each person's individual need. There is significant opportunity to extend this service to adult waiting lists and to mainstream the model within other services and agencies nationally.

POTTS recognises the potential of quality telehealth systems as effective drivers of change and continuous improvement. The POTTS model of community-based care allows people to access support within their homes and communities, negating the need for travel and minimising personal disruption, unnecessary cost and loss of personal time. Using the untapped potential of OT, and in time other HSCP students, provides the opportunity to design and deliver a student led service and creates momentum to shape future service delivery with a strong emphasis on prevention and public health. POTTS also creates the opportunity to upskill students in future facing therapies and embed the principles of integrated client centred care into their training.

### 3. Our Vision, Mission and Values

#### OUR VISION

Our vision is of a dynamic service where access to high quality, evidence-based, person-centred therapeutic interventions is available wherever and whenever it is needed by children, families, and communities.

#### OUR MISSION

We will deliver a high quality online therapeutic model of care that supports individuals with Developmental Coordination Disorder through engaging health and social care students in an innovative clinical placement model and helping shape the healthcare leaders of the future.

#### OUR VALUES

**Inclusive** - we ensure a non-judgemental, inclusive, and diverse model of care that is open and welcoming to people of all backgrounds, identities, and experiences.

**Person-centred/Responsive** - we use a strengths-based and responsive approach tailored to each person's need.

**Excellence** - we are committed to excellence in the development and delivery of our services and model of clinical placement.

**Integrity and transparency** - we commit to the highest levels of professionalism in all aspects of our work.

**Innovative** - we creatively plan and develop innovative, diverse, and effective services and learning experiences.

**Empowering** - we strive to empower all participants to thrive, lead and advocate for themselves and others.

## 4. Key Strategic Goals

The POTTS strategic plan features four key goals which we aim to achieve over the next three years. These goals are to:

- Goal 1:** Expand and enhance our online occupational therapy model of care utilizing a partnership approach to deliver person and family centered support to children, individuals, families, and communities.
- Goal 2:** Continuously improve our innovative student led telehealth model of care which provides essential practice education hours for occupational therapy students.
- Goal 3:** Continue to sustainably grow our model of service provision and scale POTTS across a range of health and social service settings.
- Goal 4:** Establish a robust governance model to support best practice service delivery and educational development.



## GOAL 1

**Expand and enhance our online occupational therapy model of care utilizing a partnership approach to deliver person and family centered support to children, individuals, families, and communities.**

### Description:

This model of care will continue to empower children, individuals, families, and communities by working in partnership to create an evidence-based and research led online occupational therapy service. We will continue to improve our services through the provision of individual and group therapeutic input and webinars while building a vibrant online community of support and enablement. We will maintain our culture of equitable and responsive healthcare based on need, and support and empower people to live well and thrive.

### Objectives:

1. Expand the age range of online therapeutic services offered.
2. Deliver a high-quality evidence-based assessment service for children, youth, and adults.
3. Strengthen our capacity to involve individuals, families, and communities in shaping the support our service provides.
4. Create an (online) community of support.
5. Develop an initiative to tackle therapeutic waiting lists with a partner organization.

### Measures of success:

- Expansion of online therapeutic services with measurable growth in the number of individual and group assessments and sessions provided to children, youth, and adults.
- Delivery of high-quality evidence-based assessment service for children, youth, and adults.
- Our capacity to involve individuals, families, and communities in shaping the support our service provides will have been strengthened.
- A community of support will have been developed.
- Development of initiative with a partner organization to tackle therapeutic waiting lists.

## GOAL 2

**Continuously improve our innovative student led telehealth service which provides essential practice education hours for occupational therapy students.**

### Description:

We will maintain our culture of educational innovation and excellence through further development and enhancement of our telehealth placement experience. This innovative placement model will continue to provide students with an opportunity to develop the unique set of skills required to engage in telehealth delivery. Emphasis will be placed on providing high quality care and anchoring interventions in evidence-based research. Student-led clinical placement will enable students to develop as independent, creative, and critical thinkers, which in turn will help them to become engaged citizens, professionals, and potential future leaders.

### Objectives:

1. Ensure that the student telehealth experience continues to meet all CORU and associated professional regulations and requirements ensuring fitness to practice and promoting high standards of professional conduct, training, and competence.
2. Develop a thriving telehealth hub within the School of Allied Health in the University of Limerick.
3. Monitor, evaluate and implement continuous service and learning improvement through robust data management.
4. Become a national centre of excellence for OT, and eventually other HSCP student training in telehealth.

### Measures of success:

- The student telehealth experience will meet all CORU and associated professional regulations and requirements ensuring fitness to practice and promoting high standards of professional conduct, training, and competence.
- A thriving telehealth hub will have been developed within the School of Allied Health in the University of Limerick.
- Continuous service and learning improvement will have been monitored, evaluated and implemented through robust data management.
- POTTS will be recognised as a national centre of excellence for OT student training in telehealth.

## GOAL 3

**Continue to sustainably grow our model of service provision and to enable the scalability of POTTs across a range of health and social service settings.**

### Description:

Financial sustainability is key to ensuring the overall sustainability and scalability of POTTs. We are committed to enabling and promoting the innovative use of HSCP students to enhance healthcare delivery and drive broader innovation initiatives with the potential to mainstream nationally. We will further develop a sustainable model of practice where HSCP students work with partner communities and organisations to provide therapeutic services and supports. This model will serve as a replicable blueprint that can be used nationally.

### Objectives:

1. Continue to scale the model for therapeutic services with individuals, families, and communities.
2. Create partnerships, both clinical and community, at local and strategic levels through collaboration across traditional service boundaries.
3. Establish a robust business model to ensure financial sustainability.
4. Implement a clear research strategy.

### Measures of Success:

- The therapeutic service model will have been extended across age ranges.
- Clinical and community partnerships will have been created across traditional service boundaries.
- A robust business model with detailed funding portfolio will have been established to ensure financial sustainability.
- A clear research strategy will have been implemented.

## GOAL 4

**Ensure that a robust governance model is in place to support best practice service and educational development.**

### Description:

Systems of good governance provide clarity, confidence, and improved service provision. We will work to ensure that an effective infrastructure is in place, that the highest standards of governance, quality and ethics are met, and that innovative practices are developed and taken up here in Ireland. By embedding a culture of quality, our governance structures will support informed and accountable decision-making underpinned by responsive leadership, risk management processes and compliance. Key agreed elements are education; continuous professional development; clinical audit; clinical guidelines; clinical effectiveness; risk management; openness and patient engagement and research and development.

### Objectives:

1. Ensure all POTTS service delivery partners are clear on their roles and responsibilities.
2. Embed stakeholder engagement as a critical part of our governance.
3. Implement clear governance policies and clinical guidelines to support POTTS.
4. Develop a shared electronic file storage system in line with GDPR and file security requirement.

### Measures of success:

- All POTTS service delivery partners are clear on their roles and responsibilities.
- Stakeholder engagement is embedded as a critical part of our governance structure.
- Clear governance policies and clinical guidelines to support POTTS are in place.
- A shared electronic file storage system in line with GDPR and file security requirement is in place.
- Relevant governing documentation is in place.

## 5. Implementation Plan

Goal	Objective	2022	2023	2024	Measures of success
<b><u>Goal 1</u></b>  Expand and enhance our online occupational therapy model of care utilizing a partnership approach to deliver person and family centered support to children, individuals, families, and communities.	1. Expand the online therapeutic services offered	Provide 150 individual sessions to 25 children and youth  Incorporate parental coaching as a model of service delivery  Provide 16 Group sessions for 24 children and youth  Identify other HSCP students to engage with the service Identify other areas for therapeutic expansion.  Develop and deliver 8 webinars	Develop a service for adults  Provide individual input for 20 adults  Pilot a school-based service with one site  Provide 6 -8 individual sessions to 50 individual clients (300 – 400 sessions approx.) (>100%)  Create a joint group intervention with one to two other HCSP student groups.  Develop and deliver 12 webinars	Expand services into 3 schools.  Expand the adult service to include work-based assessment.  Increase individual and group sessions offered to children and adults.  Trial a multidisciplinary telehealth programme  Develop and deliver 16 webinars	Measurable growth in the number of individual and group sessions offered.  Expansion of the age range for therapeutic services has been implemented.  Individual client sessions have increased by 100%  A multidisciplinary telehealth care programme has been trialed.  A 50% increase in webinars developed and delivered has been achieved.

	2. Deliver a high-quality evidence-based assessment service for children, youth, and adults.	<p>Create a clear referral pathway for children and youths seeking assessment</p> <p>Create a clear, evidence led assessment protocol for children and youth</p> <p>Complete 20 assessments for children and youth</p>	<p>Create and share a clear referral pathway for adults seeking support</p> <p>Create a clear, evidence led assessment options for adults seeking assessment</p> <p>Complete 20 adult assessments</p> <p>Increase assessment capacity for children and youth by 50% (40 assessments)</p>	<p>Increase assessment capacity for children and youth by 50% (80 assessments)</p> <p>Increase assessment capacity for adults by 50% (40 assessments)</p>	<p>Clear referral pathway and assessment protocol for children and youth in place</p> <p>Clear referral pathway and assessment protocol for adults in place</p> <p>20 Adult assessments have been completed</p> <p>Children and youth assessments have increased by 50%</p>
	3. Strengthen our capacity to involve individuals, families, and communities in shaping the care our service provides	<p>Develop and communicate a clear referral pathway to the POTTs service</p> <p>Develop a clear feedback process for those accessing the service</p>	<p>Extend referral pathways to new partners</p> <p>Create a service user working group to shape service design</p>	<p>Continue to refine and expand referral pathways</p> <p>Refine service design based on service user input</p>	<p>Development of a clear referral pathway to POTTs is in place</p> <p>A clear service user feedback system is in place</p> <p>A service user working group is in place</p>
	4. Create an (online) community of support	Identify an appropriate platform and design	Create an online hub of resources for adults		Resources have been developed.

		OT students to create content regarding three key areas for populating the hub (diagnosis, transitions, confidence)	Expand resources for children, families and youths using OT students and DCD community		An online community of support has been established
	5. Develop an initiative to tackle therapeutic waiting lists with a partner organization	Identify potential partners for piloting initiative to tackle waiting list.  Complete a scoping literature review regarding similar initiatives	Develop a model of implementation and review with partnership organization. Initiate development of resources to support the model	Pilot initiative to tackle waiting list with partner organization.  Evaluate the pilot and explore options for expansion.	An initiative to tackle therapeutic waiting lists is in place
<b><u>Goal 2</u></b>  Continuously improve our innovative student led telehealth model of care which provides essential practice education hours for occupational therapy students.	1. Ensure that the student telehealth experience continues to meet all CORU and associated professional regulations and requirements ensuring fitness to practice and promoting high standards of professional conduct, training, and competence.	Create clear documentation of alignment with the Sop's  Align placement experiences with the CORU standards of proficiency (SoP's)  7 students' complete placement	Assessment by CORU and the association of Occupational Therapists of Ireland (AOTI) during course accreditation  16 student's complete placement (>50%)	Review of SoP's for other HSCP professions involved.  24 student's complete placement (>33%)	Clear documentation of alignment with the Sop's  Accreditation with CORU and AOTI has been achieved  Student placements increased from 7 to 24 over two years.

	2. Develop a thriving telehealth hub within the School of Allied Health in the University of Limerick.	<p>Identification and organization of necessary physical and IT infrastructure</p> <p>Purchase 4 laptops and headsets</p> <p>Identify and purchase data management software</p>	<p>Expansion of space (if required)</p> <p>Expansion of range of IT and therapeutic equipment (if required)</p>	<p>Expansion of space (if required)</p> <p>Expansion of range of IT and therapeutic equipment (if required)</p>	A telehealth hub has been established within the School of Allied Health at UL
	3. Monitor, evaluate and implement continuous service and learning improvement through robust data management. <b>*Linked to Goal 3.4</b>	<p>Implement a clear feedback system for service users and students.</p> <p>Complete quarterly review of the information</p>	Publish an annual report and development plan		<p>Clear feedback system</p> <p>Clear data management system and process</p> <p>Quarterly review</p> <p>Annual report</p>
	4. Become a national centre of excellence in telehealth training for OT students and therapists	<p>Identify the key learning objectives and gaps associated with telehealth service delivery.</p> <p>Trial a training package with a pilot group</p> <p>Complete a literature review and engage with service users on experiential learnings.</p> <p>Provide regular supervision and performance reviews to students and staff</p>	<p>Adapt and expand training package</p> <p>Implement changes and publish training package.</p> <p>Develop a series of evidence-based webinars and resources</p> <p>Develop talent and leadership development opportunities for students and staff</p>	<p>Continuously improve training package in line with emerging need and best practice.</p> <p>Continue to build online and other resources</p> <p>Implement person centred development and leadership programme</p>	<p>A best practice telehealth training package for OT students and practitioners is in place</p> <p>Co-produced and best practice resources have been developed</p> <p>Staff and student satisfaction rates are above 70%</p>



<p><b><u>Goal 3</u></b></p> <p>Continue to sustainably grow our model of service provision and scale POTS across a range of health and social service settings.</p>	<p>1. Continue to develop a scalable model for therapeutic engagement with individuals, families, and communities</p>	<p>Establish a model of care that interlinks both placement and clinical factors</p> <p>Develop clear costing of services</p> <p>Employ a .5 administrator to support service delivery</p> <p>Establish a community-based hub for provision of assessment services</p>	<p>Increase number of students and families participating</p> <p>Establish supports to assist in providing low-cost services</p> <p>Increase administration role to 0.7 FTE</p> <p>Employ a 1.0FTE senior OT to oversee the development of the programme</p> <p>Establish a second hub for provision of community-based assessment services</p>	<p>Expand hub to increase capacity</p> <p>Increase administration role to 1.0 FTE</p> <p>Employ a second 1.0 FTE basic grade OT to expand service provision.</p>	<p>A clear model of care integrating therapeutic and training elements is in place</p> <p>Fee scales are in place</p> <p>Programme staffing levels have been increased</p> <p>Expansion of community base hubs for service provision</p>
	<p>2. Create partnerships at a local and strategic level through collaboration across traditional service boundaries</p>	<p>Engage with community organisations and HSE to identify expansion opportunities</p> <p>Identify potential links with educational providers and Universities</p>	<p>Develop POTS programme with one other community partner.</p> <p>Develop links with 3 other Universities nationally</p>	<p>Pilot POTS to one other community partner</p> <p>Pilot POTS with one other University</p>	<p>Clear established links with communities in which UL and Dyspraxia Ireland</p> <p>Engagement with other Universities on developing programme</p>

		Evaluate potential for multi-disciplinary team development	Engage with other professionals in UL to develop diversity of service provision	Develop a pilot for multi-disciplinary approach to service provision	Multi-professional engagement in programme
	3. Establish a sound business model to ensure financial sustainability	<p>Develop a business plan</p> <p>Develop a clear funding model and engage with potential funding partners</p> <p>Ensure data collection system is in place.</p>	<p>Test business plan</p> <p>Secure funding from partners and grow internal revenue</p> <p>Source funding or partner to conduct a cost benefit and SROI analysis</p>	<p>Review and evaluate business plan</p> <p>Continue revenue growth and funding partner engagement</p> <p>Complete CB/SROI analysis</p>	<p>Evaluation, review and development of a business plan and funding model</p> <p>Clear consistent income stream to match capacity</p> <p>Cost benefit and social return on investment report produced</p>
	4. Implement a clear research strategy	<p>Complete a research proposal and obtain ethical approval</p> <p>Complete literature review</p>	Complete research on service and learning experience	Publish and share research	Completion and dissemination of quality research regarding POTTS

<p><b><u>Goal 4</u></b></p> <p>Establish a robust governance model to support best practice service delivery and educational development</p>	<p>1. Ensure all POTS service delivery partners are clear on their roles and responsibilities.</p>	<p>Develop an MOU between partner organisations</p> <p>Develop an SOP between partner organisations</p> <p>Review current and future communication needs</p>	<p>Develop further MOU(s) as required</p> <p>Sign off on SOP and develop further SOP's as required</p> <p>Develop and implement a communications strategy</p>	<p>Review and update MOU(s) as required</p> <p>Annually review SOP(s) and update as required</p> <p>Implement CQI process to the communications strategy</p>	<p>An MOU is signed between all current and future partners</p> <p>An up-to-date SOP is in place between all partners</p> <p>A communications structure/plan is in place</p>
	<p>2. Embed stakeholder engagement as a critical part of our governance structure</p>	<p>Develop and implement a stakeholder engagement and input plan</p> <p>Develop clear communication processes for stakeholders</p>	<p>Develop and expand systems to capture and embed the service user/stakeholder experience in the POTS programme</p>	<p>Continuous review of stakeholder engagement and communication systems</p>	<p>Stakeholders' engagement and input system in place</p>
	<p>3. Implement clear governance policies and clinical guidelines to support POTS</p>	<p>Develop and implement clinical guidelines regarding the provision of telehealth services</p> <p>Develop and implement all necessary policies for the POTS programme including child safety, confidentiality, home working, complaints, risk management, data protection and advocacy</p>	<p>Continue policy development and review on an ongoing basis</p>	<p>Review clinical guidelines on a biennial basis</p> <p>Continue policy development and review on an ongoing basis</p>	<p>Clinical guidelines are in place</p> <p>All relevant policies are in place and are reviewed on a regular basis</p>

		Develop a risk matrix and undertake a risk management assessment	Continuously review and update risk matrix. Implement risk management process	Continuously review and update risk matrix and risk management process	A risk matrix and risk management process are in place.
	4. Develop a shared electronic data management system in line with GDPR and file security requirements	<p>Assess appropriate data management software systems and purchase system for the POTTS programme</p> <p>Implement staff data training programme for all new staff</p>	<p>Data reports are produced on a quarterly basis. Annual data report is produced</p> <p>Staff data training programme in place and annual staff refresher course provided</p>	<p>Data reports are produced on a quarterly basis. Annual data report is produced</p> <p>Staff data training programme in place and annual staff refresher course provided</p>	<p>A shared data management and data reporting system is in place between partner organisations</p> <p>Quarterly and annual data reports are produced</p> <p>All staff are competent in the use of data management system</p> <p>An annual report on the POTTS programme is produced.</p>

## Detailed Implementation Timeframe:

GOAL AND ACTIONS		ADDITIONAL FUNDING NEEDED								2022												2023												2024												2025																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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## 6. Measuring Impact

Measuring impact helps us to see what is working, what is not working and where we need to change and adapt our service model. POTTS was designed from the outset to enable a range of key stakeholders, in particular the children, parents, families and students who are central to the model to have an active and empowered voice in co-producing the model from a person centred and strengths-based perspective. We are confident in our collective ability to demonstrate the positive social impact of POTTS on behalf of everyone who has been involved in the co-production of this strategic plan.

Our impact model is grounded in our collective and shared attitudes and values and informed by the development of meaningful processes for stakeholder engagement and feedback. In addition, time and effort were put into value mapping and, in consultation with key stakeholders, the development of our Theory of Change.

Our strategic plan clearly articulates how we intend to use this knowledge and the associated range of skills that are required to successfully scale the social service innovations contained within the POTTS programme.

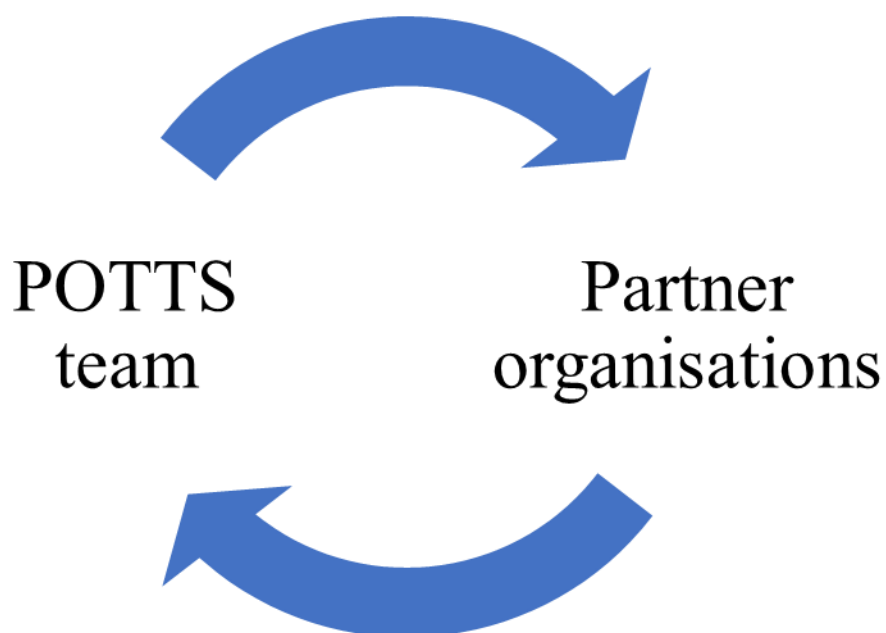
## 7. Key Enablers

- Strong partnership between UL and DDCD with staff who are committed to the development of the POTTS programme.
- Continuous improvement cycles
- Stakeholder engagement
- Monitoring and evaluation
- Robust and sustainable financing
- Access to OT students (potentially other professions)
- Leadership, clear governance structures and organisation structures & roles
- Leadership
- Principles, Policies and Frameworks
- Culture, Ethics and Behaviour
- Services, Infrastructure and Applications (IT support, telehealth hub, equipment, Computer infrastructure, laptops, Broadband etc., Access to data management systems – client files and other information, Access to assessment space, therapeutic equipment
- People, Skills and Competencies (Admin and Clerical support, Experienced UL staff in facilitating innovative and tradition placement models/clinical practice, Motivated and skilled staff in DDCD Irl)

## 8. Governance and Organisation

Both partner organisations have their own internal organisational structures which provide a level of oversight to the POTTS programme. For the purposes of expansion of POTTS, it is proposed that a clear governance structure be put in place and agreed as part of the MOU by both partner organisations.

The reporting structure will have a two-way flow from the POTTS team to partner organisations and back. It is envisaged that as POTTS expands that this model will be capable of extending to other programmes and partners.



## Appendices

### a) Strategic Plan Development and Timeline

This section outlines the five steps used to consult with our current and previous POTTS participants and students and other key stakeholders to develop our strategic plan. Our strategic planning process was supported and facilitated by Jack Nagle on behalf of Rethink Ireland, the funders of the POTTS programme

#### Reviewing our Vision, Mission and Values

An important step in reviewing where we are and where we need to grow was to develop our vision, mission, and values. Our vision statement describes what we believe an ideal world would look like for people with dyspraxia/DCD and their families if they had access to high quality tele-health services. Our mission describes our work and what we do to help make this vision a reality. Lastly, our values explain how we undertake this work and our commitment in all aspects of our work.

#### Consultation with Stakeholders

Dyspraxia/DCD Ireland sought the views of participants in current and previous POTTS programmes participants in relation to their individual experiences and what could be further done to ensure continuous improvement of the programme. Through engaging in two focus groups and online survey 24 participant families were reached.

Findings from consultations were analysed and helped to shape the selection of priority goals for our strategic plan. Further activities including developing a Theory of Change and undertaking a Value Mapping exercise further consolidated the development of the strategic plan and enabled us to reflect on the prioritisation of ambitious activities for the future of the programme.





## b) Stakeholder Engagement and Feedback

### Parental and Participant engagement

Stakeholder engagement with parents and children took place via Surveys and Focus Groups.

Two participant focus groups were held to engage with participants and parents in a semi-structured format. 3 parents attended these focus groups representing three children who participated in POTTS.

The survey contained a series of questions and there were 21 responses received to date (25/2/2022) with a response rate of nearly 40%.

Responses	Satisfied %	Initial Goals achieved	Long term outcomes achieved	Areas for improvement
Focus group (3 participants)	100%	Yes	Improved: <ul style="list-style-type: none"><li>• Capacity to concentrate</li><li>• Strength</li><li>• Self-confidence</li><li>• Self-esteem.</li></ul>	<ul style="list-style-type: none"><li>• More variety in appointment times</li><li>• Increased access to clinicians</li><li>• Increased length of the programme.</li></ul>
Survey (21 Responses with 40% response rate)	>90%	Yes	Improved: <ul style="list-style-type: none"><li>• Fine and gross motor skills</li><li>• Confidence</li><li>• organisational skills</li><li>• Independence</li><li>• Understanding of dyspraxia</li></ul>	<ul style="list-style-type: none"><li>• Times of session</li><li>• Computer literacy requirements</li></ul>

### MSc Student Engagement

We ensure Student engagement with all the students who engaged in the POTTS model of clinical immersion through the following:

Prior Clinical Immersion	During Clinical Immersion	Following Clinical Immersion
<ul style="list-style-type: none"><li>- Informed choice to engage in this placement option</li></ul>	<ul style="list-style-type: none"><li>- Students completed a student engagement form (at the beginning)</li><li>- Students create their own learning objectives in each of the seven competency areas to work towards during the clinical placement</li><li>- Weekly personal supervision and team meetings</li><li>- Student complete regular Reflections</li><li>- Students engage in weekly Peer supervision</li></ul>	<ul style="list-style-type: none"><li>- Students complete a direct feedback form and CEQA (clinical education and quality audit tool)</li><li>- Students engage in compulsory group and optional individual debrief sessions as needed</li><li>- Information feed forward into service design for the next placement</li></ul>

## Focus Group

A Focus Group was held with Year 2 (final year) MSc OT students to get their input on areas for development.

31 students participated and it was facilitated by 2 members of the University of Limerick practice education team who were not engaged in the programme.

### Summary of Student Feedback:

Benefits	Challenges	Future Directions
<ul style="list-style-type: none"> <li>- Practical experience of working with families with DCD</li> <li>- Telehealth experience</li> <li>- Student led sessions</li> <li>- Accessibility as a result of using telehealth</li> <li>- Impact on waiting lists</li> </ul>	<ul style="list-style-type: none"> <li>- Working from home including broadband, noise, and confidentiality</li> <li>- Work/life balance</li> <li>- Reliance on technology</li> <li>- Learning telehealth skills</li> <li>- Less physical contact with team and families</li> <li>- Developing rapport and managing sessions</li> </ul>	<ul style="list-style-type: none"> <li>- More physical contact with team and families</li> <li>- More diversity in professionals involved</li> <li>- Developing family supports</li> <li>- Fundraising opportunities</li> <li>- Resource development for families and schools</li> <li>- Parental coaching sessions</li> <li>- Greater exposure of service</li> </ul>

## c) SWOT and PESTLE Analysis

INTERNAL (ORGANISATION)	
STRENGTHS	WEAKNESSES
<p>Strong partnership between UL and DDCC established.</p> <p>Best practice programme developed, and continuous improvement process applied.</p> <p>4 POTS placements completed over 38 weeks.</p> <p>Increasing engagement in research and dissemination of info on POTS service</p> <p>Links between DDCC and other professions in UL established.</p> <p>Peer supports are in place providing networks, supports and information.</p> <p>Depth of backgrounds and experience of staff involved</p> <p>Contacts/links with professions internationally in relation to developing the service</p> <p>Supported by rethink Ireland</p>	<p>Reliance on only one short term funding stream impacting on sustainability.</p> <p>Low level of awareness of POTS and Dyspraxia and DCD in the broader community.</p> <p>Working capacity/Commitments of partners</p> <p>Staffing</p> <p>Diversity of needs</p> <p>Accessibility to students</p> <p>Research and evidence base related to the Irish population is limited.</p>

<p>Working with children's psychosocial needs</p> <p>Enthusiasm from participants and members to engage with online services Membership of Dyspraxia Ireland has increased in recent times</p> <p>An active and committed Board of Management.</p> <p>An online presence through the DDCD's website, social media accounts, webinars, and YouTube Chanel.</p> <p>Members of DDCD Ireland receiving OT that would not otherwise be available to them.</p> <p>Future OT workforce experienced in working with people with DDCD.</p>	<p>Relationships with Government Departments and other funding sources are not strong.</p> <p>Links with education and employment stakeholders are not strong.</p> <p>The impact of the programme has not yet been fully evaluated.</p> <p>Limited interaction with other professionals to date</p>
<b>EXTERNAL</b>	
<b>OPPORTUNITIES</b>	<b>THREATS</b>
<p>Expansion of alternative funding sources</p> <p>Established engagement of service with webinars and online services</p> <p>Opportunity to expand on current reach Increasing social media presence</p> <p>Use of technology to build and develop a clearer message and marketing brand.</p> <p>Focus on partnership approach</p> <p>Empowerment of members to be part of process</p> <p>Develop links with other professionals in similar fields</p> <p>Strengthen ties with local community</p> <p>Explore other sources of funding including social enterprise</p> <p>Increase team of therapists</p> <p>Link with other universities to expand POTTs further</p> <p>Develop strong networks and partnerships with education systems in Ireland and abroad.</p> <p>Ability to move with change towards online service provision</p> <p>Develop strong networks and partnerships with relevant Government Departments – Health (and HSE); Education; Rural and Community Development; Employment Affairs and Social Protection; Business Enterprise and Innovation.</p>	<p>Loss of grant funding</p> <p>Loss of key partner</p> <p>Change in attitude towards online services</p> <p>Access to good broadband connection for participants</p> <p>Changing healthcare landscape</p> <p>Lack of communication</p> <p>UL partners reverting to "traditional" student placement models.</p> <p>Preference for face-to-face services</p> <p>Unsuitability of online services for some participants</p> <p>Parental support unavailable</p>

## PESTLE ANALYSIS POTTS

PESTLE AREA	FACTORS	POTENTIAL IMPACT/ SIGNIFICANCE
Political	<p>Children's waiting lists for allied health interventions are always a hot political topic</p> <p>Sláintecare</p> <p>Progressing Disability services</p> <p>Children and Youth Mental health in the spotlight in terms of poor availability of services and other factors</p> <p>COVID 19/ Pandemics impact on health service</p> <p>CAMHS (Child and Adolescent Mental Health Services) services under the spotlight</p> <p>Green agenda – the need to be more environmentally aware</p> <p>Increased discussion of neurodiversity in political platforms</p>	<p>Need for innovative way to address children's needs</p> <p>Health care services in crisis – need for creative use of resources</p> <p>Accelerated pace of change due to pandemic – digital health care has evolved quickly</p> <p>Our service can potentially provide the right care at the right time to the right person due to its current digital nature.</p>
Economic	<p>Unlikely to be added funding put into allied health supports in the coming years therefore there is a need to be smarter with resources (Students = underutilized resource)</p> <p>Green agenda</p> <p>Increased cost of fuel and cost of living adds to the expense of families and clients travelling to appointments.</p>	<p>Opportunity to highlight the value of use HCPD students to supply high quality care during later stages of their clinical placement experience under the supervision of experienced clinicians</p>
Social	<p>As a society we are habituated to engaging online. Online therapy is no longer a novel concept.</p> <p>Online allows for a greater social reach</p> <p>Free Intervention crosses the socio-economic divide</p> <p>Greater societal awareness of neurodiversity</p>	<p>Opportunity to promote and innovate digital therapeutic input</p>
Technological	<p>Increased interaction with online therapy will lead to enhanced digital therapy tools.</p> <p>Children/ Adolescents are digital natives and familiar with online life and interactions</p> <p>Increased exposure of young people and general population to video conferencing</p>	<p>Telehealth has proven to be a successful and accessible option for many people</p>

	because of distance learning in schools and working from home  National broadband scheme in progress	
Legal	Sláintecare  A vision for Change  Progressing Children's Disability services	
Environmental	Digital Access reduces the need for travel to clinical centres.  Telehealth allows engagement with the home environment thus reduces the pressure on service users and families to attend appointments  Use of home environment allows for implementation of practical strategies in the home.  Allows for care in the right place at the right time	

## d) Theory of Change

A theory of change was developed as part of the strategic planning process, and this is shown below.

Theory of Change		POTTS Project											
What problem are you trying to solve?	What is our proposed solution to the problem?	Who might experience changes as a result of what we do?	What are some of the characteristics of these groups of people	Activities	Outputs	What changes are these people likely to experience?		Well-defined Outcomes	Impact				
Waiting times for Occupational Therapy services for children and adolescents with DDCD have been excessively long for some time. These have been exasperated by COVID-19 with some families advised of waiting times up to 4 years.	Development of a subsidized Assessment Service available to children & families engaging members of DDCD Ireland	Children aged under 17 years & Families engaging with DDCD Ireland*	Children	2 Blocks of student led interventions over 17 weeks	Completion of 52 low cost DCD assessments	Enhanced Self Care Skills	Increased Anxiety management techniques	Improved executive functioning/ organizational skills for school/self-care tasks	Children & Families engaging with DDCD Ireland have access to appropriate therapeutic Services				
	Development of a subsidized online clinical service available to children & families engaging with DDCD Ireland		Teenagers		Individual Therapeutic input for 28 families/ individuals	Enhanced Confidence		Increased confidence in trying new things					
	Development of programmes, workshops etc. that are led by children, families & youth engaging with DDCD Ireland		Adults		Design & Delivery of Group Intervention	Decreased likelihood of additional health/emotional problems		Reduced anxiety					
										Development of 6 webinars	Reduced stress for the child/youth & family		
Occupational Therapy students require 1000+ hours of clinical placement experience & these hours are difficult to source. There are limited opportunity nationally for quality telehealth clinical placements (future of healthcare).	OT students provide a free telehealth service to children & families engaging with DDCD Ireland under clinical supervision	OT students & other students e.g. PT, SLT, psychology, teaching	Occupational Therapy Students - MSc, BSc	Delivery of income generating services e.g. assessments, educational workshops	Completion of 7 student placements	Enhanced Organizational Skills	communication skills	Increased Creativity in online therapeutic interventions,	Occupational Therapy Students have access to quality innovative clinical placements				
	Students develop & make available resources & webinars to members of DDCD Ireland & the wider population						Responsibility & Autonomy			Improved communication skills via telehealth			
							Development of a innovative & structure clinical immersion & training programme for students utilizing telehealth				DCD Knowledge,	Increased responsibility & proactivity in performance management, case load management & intervention design	
								creative interventions			Increased understanding of self regulation & ability to implement self regulation strategies.		Increased understanding of Dyspraxia/ Developmental Co-ordination Disorder, 8. Psychosocial intervention
								Development of core competencies in OT					
						Organizational skills,							
		* Only beneficiary stakeholders included			Children & adults with DDCD	Students seeking quality placements							

### e) Value Mapping

A value mapping exercise was completed for the students as part of the development of the strategic plan, and this is shown below. A similar exercise is planned, as a key objective of the plan, for the children, youth and adults receiving the services, which will build on the stakeholder engagement undertaking as part of the strategic planning process.

#### STUDENTS

Key Outcomes	Quantity	Weighted Value	Total Value
Increased Creativity in Intervention Design	3	7.0	21
Knowledge of D/DCD	2	7.0	14
Autonomy in Performance management	3	6.7	20
Improved Communication skills via Telehealth	3	6.3	19

### Acknowledgements

The POTTS project, Dyspraxia/DCD Ireland and The University of Limerick, School of Allied Health, would like to sincerely thank Rethink Ireland for believing in the POTTS programme and, through funding and support, enabling us to develop this strategic plan to drive the future development of this exciting initiative.

We would also like to particularly thank Jack Nagle, Alpha Healthcare, for his patience and support in the development of this strategic plan. Jack never let us settle for 'just good enough' and pushed us to critically analyse and develop a strategic plan that will undoubtedly stand us in good stead as we continue to develop and scale the POTTS programme over the next three years.