



Impact data – Service example

How to DEMONstrate the Impact of Occupational Therapy

Name of service and location (please include country)

Sport for Confidence

Originally a partnership between the Occupational Therapy Learning Disability Service (South Essex Partnership University NHS Trust) and Everyone Active (Leisure provider) at Basildon Sporting Village.

Sport for Confidence is now a social enterprise. It is jointly founded and led by a skilled Learning Disability occupational therapist and a Learning and Development professional.

Describe the service: e.g. profile of users, setting, integrated/multidisciplinary, 7 day etc.

Sport and recreation play a huge part in the physical and mental well-being with people with Learning Disabilities and Asperger's syndrome. However, research consistently shows that people with a Learning Disability remain one of the most excluded groups in sports and not only are participation rates low, but they are falling. This is supported by McConkey et al, who concluded that "Although the promotion of social inclusion through sports has received increased attention with other disadvantaged groups, this is not the case for adults with Learning Disabilities who experience marked social isolation" (Promoting social inclusion through Unified Sports for youth with intellectual disabilities: a five-nation study; R. McConkey, S. Dowling, D. Hassan & S.Menke).

Sport for Confidence is a proven model for supporting people with learning disabilities to access positive opportunities to engage in an inclusive sport and physical activity programme. The definition, principles and values of Sport for Confidence are:

1. Supports leisure centres and other mainstream sports groups and venues to deliver the reasonable adjustments they need in order that people with learning disabilities, Asperger's syndrome, mental health difficulties and individuals with additional support needs can access them on an equal basis to their peers.
2. Develops a community within such centres that provides an appropriate activity environment in which learning disabilities professionals can assess and deliver therapeutic interventions for individuals through physical activity and sport. This is part of a graded approach and can include progressing from specialist groups to mainstream activities, whilst also realising additional health benefits.
3. Mentors, trains and supports coaches to adapt their behaviours and professional practice to become more inclusive, accessible and client focused.

The current programme comprises of a series of sport and physical activity groups. Sessions are not considered nor promoted as disability sport in that they are accessible and inclusive for all members of the local community. Sport for Confidence encourages people with and without learning disabilities to participate together. This approach is also championed by Special Olympics through their Unified Sports® programme which was inspired by the principle that 'playing together is a quick path to friendship and understanding'.

Explain all interventions e.g. assessments, contacts and measures used.

The role of Occupational Therapy (OT) in the programme is to contribute specialist knowledge and advice regarding the delivery of activity for adults with learning disabilities and utilise opportunities for assessment and intervention relevant to individuals currently open to the service.

Within this framework, OT works closely with both the leisure centre staff, coaches and community learning disabilities teams to ensure that the needs of the clients are met and that there is regular communication, reflection and mentoring support. This process includes mentoring of coaches, reflective practice, establishing a communications book for front of house staff and featuring the groups as a set agenda item for therapy team meetings.

There are now over 8 sessions delivered per week (trampolining, multi sports, cricket, boccia, New Age Kurling, athletics, parkour, netball, tennis and fencing) with over 300 unique visits per month. We are exploring the establishment of additional sports and activities such as climbing and football.

The group is comprised of both men and women aged between 16 – 55 and can be accessed by individuals who receive support from Learning Disability Services, Asperger's Service, Community Mental Health Teams, supported learners (local colleges and adult education) and others not known to NHS specialist services.

Measure change to capture outcomes: e.g. occupational outcomes, health and wellbeing outcomes - mental and physical health benefits, social engagement, ability to self manage, value to the carer- and quality of care outcomes (improvements to service delivery).

Occupational outcomes:

To provide opportunities for individuals to achieve personal objectives in accordance to care plans/ treatment goals that they were working towards with specialist services through:

- Participation in purposeful activity;
- Heightening awareness of self and health issues;
- Promoting physical and mental wellbeing.

To provide opportunities for individuals to develop their social communication and interaction skills through:

- Teamwork;
- Encouraging self-expression within a safe environment;
- Providing opportunities for group members to meet new people and form social networks;
- Enhancing decision-making and effective communication skills.

Participants have also been encouraged to take leadership courses and Level 1 coaching qualifications and play an active leadership role within many of the groups. Some members of the group who have learning disabilities and Asperger's have qualified to coach or lead sessions in Sitting Volleyball & Boccia.

Health and wellbeing outcomes:

To facilitate access to community sport and leisure facilities, increasing social and community inclusion through:

- Developing links between facility operators and adult learning disabilities services;
- Encouraging community input into group sessions;
- Providing relevant information concerning local resources;
- Supporting individuals to develop confidence in attending mainstream facilities.

To facilitate participation in fitness orientated activities through:

- Allowing and encouraging choice in accessing fitness activities;
- Informing and introducing individuals to the different activities and settings available to them;
- Providing the appropriate equipment and environment;
- Offering appropriate support and encouragement to enable group members to develop new skills.

Quality of care outcomes:

The partnership between clients, families/ carers, OT, community nursing, coaches and leisure centre staff has provided a holistic approach to increasing confidence for individuals in accessing the local community, developing independence and achieving goals set as part of the OT process.

It is also important that the coaches and leisure providers signpost and contribute to the planning of new sessions as their knowledge of sport, equipment and resources, local mainstream clubs, volunteering opportunities and training are all key to ensuring there are opportunities for progression.

Feedback information was gathered from clients and carers in the form of questionnaires, interviews and group discussions:

When asked why they wanted to attend the group, the most common responses were:

- to meet new people,
- to improve fitness
- to keep busy.
- gain sporting experience,
- lose weight
- improve confidence levels

100% of clients identified that attending Sport for Confidence had given them the opportunity to be more active and try new things and the vast majority identified that their health and wellbeing had improved as had their confidence levels and their ability to meet new people.

100% of carers reported seeing the confidence of their supported individual improve and the same percentage claimed that the Sport for Confidence group had improved their individual's opportunity to meet new people and make friends. All but one said it had given their supported individual a chance to try new things and a chance to improve their health and wellbeing.

65% of clients have gone on to join other local clubs, sports and activities since attending SFC. Other benefits identified by both client and carer were improvements in co-ordination skills, increased inclusivity and accessibility and taking part in competitive sport.

Overall return on investment. Cost savings achieved (Please indicate over what period/number of users these savings were made and how they were calculated)

Income

There is a customer charge of £2.20 to attend each session.

For each area: £2.20 x 300 (visits per month) x 12 (months) = £7,920

Costs of providing the service for one year in one setting/area -

Project director - £4,800

0.4 occupational therapist - £12,480

0.4 sports coach - £5,760

Materials and equipment - £1,960

Use of sports centre facilities is provided free as part of delivery of standard sports centre provision.

Total cost for 12 months = £25,000 per area

For (300 x 12) = 3,600 unique visits per year = £6.94 cost per visit

Less the customer charge of £2.20 = £4.74 per visit

NICE public health guidance on the management of long-term sickness and incapacity for work provides cost information on workplace physical activity intervention involving 10 sessions of physiotherapy/ physical activity and 10 sessions of cognitive behaviour therapy gives a total cost of £860 for the total 20 sessions
= £43 per session

Do you have a patient or service user story you can share? If so please provide details

(If the story is not anonymous please confirm that you have gained the service user's permission to share. Quotes from service users on impact of service also useful)

Case Study- Peter

Peter is a 54yr old gentleman with learning disabilities. At the time of the referral he was living on his own and was extremely isolated. Peter had been excluded from day services and care providers had not been willing to support him due to the extremely poor and unhygienic conditions of his property and personal hygiene. Peter was no longer in contact with his family and had been prescribed medication for low mood and anxiety; however, he would frequently forget to take this and required prompting from his community nurse: He had weekly visits from his specialist learning disabilities nurse and weekly follow-up phone calls. He was reluctant to accept help, had refused admission for help with his mental health problems. He had been visited at home by his consultant psychiatrist. He had a previous admission to hospital due to a breakdown in his mental health.

Prior to Sport for Confidence

Peter's home environment was considered as unsafe and uninhabitable due to the extremely unsanitary conditions. The council had undertaken two deep cleans of his house and had completely replaced his kitchen. He had extremely poor personal hygiene which has previously impeded his acceptance in the community and therefore opportunities to engage in social activities outside of the home. He had extensive debts and was being taken to court for non-payment. Peter was very socially isolated and this was negatively impacting on his mood.

Although Peter acknowledged that he has some difficulties with managing self-care and domestic activities of daily living, he identified his biggest difficulty as being very lonely. Despite Peter's lack of motivation to address hygiene issues both personal and environmental he was extremely willing to engage with occupational therapy and participate in community based activities. The occupational therapist therefore selected attendance at Sport for Confidence as being an appropriate opportunity for assessment and intervention.

The occupational therapist helped him reschedule his debts and he was supported by his social worker and his CPN with debt management and attendance at court. His social worker was visiting him on a weekly basis.

Sport for Confidence intervention

It was recognised that Peter needed support to achieve occupational balance through a more varied routine. Assessment of Peter's occupational performance skills during the Sports for Confidence programme assisted in providing him with appropriate strategies to manage his anxiety. The occupational therapist utilised Peter's motivation to increase social opportunities to begin to address personal hygiene issues as part of his attendance at the group. The leisure centre provided all the facilities necessary to practice self-care skills (changing rooms, showers, hairdryers, mirrors) all within a mainstream environment and relevant to the activities he was completing. He was able to associate acceptance and increased social interaction with an improvement in his personal hygiene and purchased new sports clothing increasing his sense of belonging to a group/ team.

Resulting from Sport for Confidence

As Peter began to regularly attend the group, he developed greater insight in to his own support needs and began to accept input from social care and the nursing team. He consistently began to take his medication and his weekly visits from his specialist learning disability nurse stopped after four weeks.

Assessments conducted at the session supported the decision for him to move in to a supported living environment which resulted in a significant decrease in anxiety levels and improvement in mood.

Peter is now regularly attending the boccia group independently and occasionally attends cricket. He has recently asked the occupational therapist if he can learn to swim and will be supported by the leisure centre to do this. Peter also began to attend college two times a week and was referred to a voluntary agency to provide other social and work opportunities in the local area. Visits from his social worker reduced to once a month.

In addition to the improvement in his overall physical and mental health, Peter was better able to self-manage his conditions, live in a healthier environment and gain access to education and voluntary work.

Cost savings achieved:

Prior to Sport for Confidence:

Community specialist nurse – weekly visits and phone calls = $2 \times £75 \times 52 = £7,800$ pa

Hospital admission (mental health) £223 per bed day. Two week stay = $14 \times £223 = £3,122$

Consultant psychiatrist home visit x 2 @ £139 per hour = £278

Social Worker – weekly visits = $£79 \times 52 = £4,108$

Occupational therapist (band 7) support with court, debt, and housing $10 \times £52 = £520$

Research has demonstrated a link between debt and mental health. On average, the lost employment costs of each case of poor mental health are £12,472 per year, while the annual costs of health and social service use are £1,645.

The Department for Business, Innovation and Skills suggests expenditure of £265 per client for face-to-face-debt advice.

Council deep clean of house and replacement kitchen = £2,500 (estimate)

One year's total cost of the above: = £32,710

Post Sport for Confidence:

Example cost of learning disabilities supported living: £20,079 per year

Monthly visits by social worker: $12 \times £79 = £948$

Cost of Sport for Confidence sessions: $£4.74 \times 3$ per week = $£14.22 = £739.44$ per year

Total cost: = £21,766

Saving £10,944 in one year, plus improved quality of life.

'This group has been what I can only call life changing! (Peter) had very a poor relationship with his family due to very low self-esteem and depressive symptoms. However, due to attending the group this has relieved anxieties and has strengthened the relationships with family members'.

(Peter's Health Facilitation Nurse).

Case Study: 'Sarah'

Sarah has Downs Syndrome and, having been the victim of a serious sexual assault from a stranger, she was identified as being an extremely vulnerable young lady. She has a difficulty establishing new relationships and was referred to occupational therapy to gain support around social skills and personal safety awareness. Sarah was also receiving additional support from other professionals including 40 sessions of specialist counselling services and Social Care at a day centre three days per week. She had been taking regular medication for 6 years for two conditions. She received fortnightly visits from her social worker.

Prior to Sport for Confidence

Sarah was vulnerable to exploitation (physical, sexual, financial) from others within community based social situations and struggled to learn new skills with regards to appropriate social behaviour and relationships. She indicated a desire to make some new friends and to participate in regular community based activities. Sport for Confidence was identified as an appropriate programme for further assessment and was able to provide a variety of opportunities to address the issues identified.

Sport for Confidence intervention

Sarah was accompanied by the occupational therapist to the multi sports group where it was possible to complete an assessment of her social communication and interaction skills in both group and 1:1 sporting activities. This took place in an environment relevant to the activity and based within a mainstream community venue. Observational assessments at the group provided accurate information as to the specific areas of intervention and shaped the development of teaching sessions (completed prior to each session) and the choice of sporting activities to support her learning. The group gave weekly opportunities for Sarah to practice the new skills she was learning whilst also receiving positive reinforcement from the coach and other group members.

Sarah's participation in the groups allowed the occupational therapist to present the 'social rules' for behaviour at the sporting village using appropriate visual prompts and role play. Staff at the leisure centre also supported Sarah in consolidating her new skills by participating in the role play situations relevant to her social behaviour and agreed to be photographed as part of an aid to communication. Progression through the Sport for Confidence groups encouraged Sarah to transfer her skills in to new situations and the sporting activities are selected to consist of concrete steps and repetition for learning.

Sarah was visited by her social worker at the leisure centre as part of her review and capacity assessment. The comprehensive assessment and intervention conducted through Sport for Confidence has led to a number of follow-up recommendations in relation to her ongoing support needs.

Sarah attends one full day at Sport for Confidence, participating in 4 sessions.

Resulting from Sport for Confidence

Sarah has progressed to attend several other sessions within the programme and participates in trampolining, boccia and cricket groups. She has been to college and now attends a training centre, where she is learning to cook and is working on a farm. Sarah also occasionally works as a volunteer at a local swimming pool. Both Sarah's father and counsellor are very happy with the number and variety of community based activities that she is attending and have reported that she is more confident and appropriate in her social interaction with others. She has reduced her attendance at day centre to two days per week. The counsellor has

reported that his input has significantly reduced following the Sports for Confidence interventions. Sarah's social worker now sees her every six months.

A GP health check reviewed Sarah's medication and her two regular prescriptions were stopped within 6 months of attending the SFC programme.

As a result of the programme, Sarah, initially an extremely vulnerable young person, has gained confidence, improved physical and mental health, lost weight, had an overall improvement in her level of fitness and accessed opportunities for both education and voluntary employment.

Cost savings achieved

Prior to Sport for Confidence:

Counselling (costs not available) However, similar input – CBT = £98 per session x 40 = £3,920

Social worker input - £79 per hour x 26 = £2,054

Day care £81 per day: £81 x 3 days x 52 = £12,636

Prescriptions £23.30 per prescription x 2 x 12 = £559

Total cost = £19,169

Post Sport for Confidence:

Attendance at Sport for Confidence £4.74 per session = £18.96 per day x 52 = £986

Day Care £81 x 2 x 52 = £8,424

Social worker £79 x 2 = £158

Total cost = £9,568

Total saving in one year = £9,601, plus improved quality of life

Case Study- John

John has a diagnosis of mild learning disability, recurrent depressive disorder, obsessive compulsive disorder and agoraphobia. At the time of referral to OT, John had been unable to leave the home environment for several months. His GP was visiting weekly, he was on regular medication for anxiety related symptoms and his psychiatrist was also undertaking home visits every three to six months. He was seeing a psychologist weekly and had also been through a programme of 8 weekly 'therapy for you' (an IAPT initiative) sessions.

Prior to Sport for Confidence

John experienced high levels of anxiety associated with going out (including a fear of public transport), lack of routine and participation in activities of daily living at home, low mood, poor self-esteem and he was unhappy with his weight. He identified that he would like to be able to manage his anxiety when leaving the house and independently travel to the community activities using public transport and walking. John also wanted to increase his participation in leisure activities and lose weight. He was keen to increase opportunities for social interaction and develop friendships.

Sport for Confidence intervention

John commenced a 6 month graded programme with the occupational therapist to be able to access his local leisure centre. This involved him meeting with the occupational therapist at home and then cycling to the venue to engage in a variety of sports. He became increasingly confident in leaving the house, his anxiety levels reduced when going out and he reported an improvement in mood following participation in physical activity. John's weekly attendance at the groups contributed significantly to the ongoing assessment and development of occupational performance skills. The groups provided John with opportunities to discuss with a community nurse his concerns regarding his weight and he received teaching surrounding healthy lifestyles. His Consultant Psychiatrist also attended the multi sports session to observe his participation and increased confidence levels.

Whilst attending the leisure centre, John was encouraged to participate in a climbing activity group. The main occupational goal for attending this group was for John to independently manage travel via a combination of public transport and walking. Using this activity and a graded approach supported John to develop various skills that enabled him to achieve a sense of independence and confidence in using public transport this then had a positive impact on a variety of occupations. Establishing John's confidence in using public transport to the leisure centre promoted his participation in other groups and he was able to transfer these skills to travel to other destinations.

Occupational outcomes from attending the programme also include him taking part in a Steps to Independence group (to develop his functional skills) and opportunities to practice his newly learnt skills in the leisure centre environment which included using public transport, money skills, use of a mobile phone and budgeting skills for community activities. John was also signposted to Community Supported Volunteering which then provided him with opportunities to attend cooking sessions and local social clubs, participate in a bricklaying course at college.

Resulting from Sport for Confidence

John has now joined a local Kung Fu club and meeting with other group members socially outside of group programs. John is now regularly attending a day service which provides the much needed structure to his weekly occupations. He has become involved in the promotion of 'Sport for Confidence Group', which included him jointly presenting for funding for the Boccia group and the benefits of attending. John has regularly identified that there is a

significant positive improvement in his mood when he is participating in activity and began to acknowledge that there was a link between his physical health and mental health. He was also able to identify that increasing physical activity could impact on his own health and wellbeing. John still experiences periods of low mood however establishing hobbies, interests and meaningful activities has motivated him to increase his participation and his level of enjoyment in daily activities has increased.

Cost savings achieved

Prior to SFC

GP home visits (average 11.7 minutes) £45 x 52 = £2,340

Psychiatrist home visit £139 x 4 = £556

Psychologist weekly sessions (taken as band 8a) £62 x 52 = £3,224

Therapy/IAPT sessions x 8 = £105 x 8 = £840

Prescription £23.30 x 2 x 12 = £559

Band 7 Occupational therapist £52 x 1.5 hrs x 24 = £1,872

Total = £9,391

Post Sport for Confidence:

GP visits to surgery Monthly 12 x 44 = £528

Psychology fortnightly sessions - £62 x 26 = £1,612

Prescription £23.30 x 1 x 12 = £280

SFC sessions £4.74 x 52 = £246

Day centre weekly £81 x 52 = £4,212

Total = £6,878

Total cost saving in one year = £2,513, plus improved quality of life

Case Study- David

David is a young man with a diagnosis of Asperger's Syndrome who was referred to OT having recently lost his job. He had been out of work for one year and been claiming benefits as he had not been eligible for a redundancy payment.

Prior to Sport for Confidence

David lacked a balance in his occupations and had limited structure to daily activities. He had difficulty with social communication and interaction skills and was keen to develop vocational skills to secure paid employment. He had seen a specialist employment advisor for three sessions.

He had also seen a specialist psychologist for assessment and was not willing to receive any further mental health input. He was assessed as potentially requiring weekly psychological input for approximately 6 months, or being at significant risk of requiring admission as an in-patient.

David was paying for his own HBO treatment (Hyperbaric Oxygen treatment)

Cost is indicated at \$150 per session (approx. £105) (www.hyperbaricanswers.com)

Sport for Confidence intervention

David started to attend the 'Sport for Confidence' group on a weekly basis. This group provided opportunities for David to engage in physical activity whilst socialising with others and forming new relationships.

David demonstrated that he had a wide range of skills in a variety of sports. OT recommended that he investigated local sports clubs which will allowed him to increase his skills and knowledge of the sport whilst also widening his social network. Positive feedback from the coach regarding his competence in the activities encouraged him to acknowledge his success and achievements. David then became motivated to explore leisure activities both inside and out of home environment which could be incorporated into a weekly routine

Rock Climbing was identified an appropriate leisure activity for David as it was graded to increase opportunities for success and to help increase his self-esteem and confidence. The climbing wall was situated in the same venue as the 'Sport for Confidence' programme so he was familiar with this environment and was already motivated to travel to the group. David completed a 1:1 session alongside OT and then actively sought out ways in which he could continue with this activity.

David identified that he had some difficulties with his social communication and interaction skills. He had limited involvement in activities which encourage him to socialize with other people and to develop his social skills and confidence interacting with others David attended both the Sport for Confidence groups and another Social Sports group which increased opportunities to engage in sociable activities, practice his social communication and interaction skills; increase his circle of support and form friendships. David was observed to begin to establish a rapport with others and spent time with individuals who had similar interests and sporting ability.

Resulting from Sport for Confidence

David had one further session with his employment specialist who began supporting him through the process of securing paid employment. This specialist came to observe David within the Sport for Confidence group and worked with OT to investigate voluntary work to help to re-establish routine and improve mood and motivation to continue job search. Feedback from other professionals and David's employment advisor identified that he had begun to transfer and continue to develop social skills learnt into other areas of his life. The

group setting had allowed for opportunity to help increase his self-esteem and confidence and provide regular opportunities for success.

David also completed a basic climbing skills course independently. Climbing was extremely beneficial as it required him to socialize, interact and work in collaboration with others both on a 1:1 and group basis. David has sustained his participation in this activity and now attends the evening climbing club.

David is now in paid employment.

On a wider basis, prior to the SFC programme, David's mother has also been visiting her GP weekly due to her anxiety with David's situation. She has now been able to stop her visits.

Cost savings achieved

Prior to SFC

Benefits £143 per week x 52 = £7,436

Psychological assessment (9 hours total) £62 x 9 = £558

Potential weekly psychology sessions £62 x 52 = £3,224

or

Potential in-patient mental health admission (mean value) = £4,389

Employment advice = £584

HBO treatment e.g. 10 sessions £105 x 10 = £1,050

Mother's weekly visit to GP £44 x 52 = £2,288

Total cost = £15,140 with psychology (£16,305 with in-patient admission)

However, research carried out with high functioning adults with autistic spectrum disorders estimates that the average cost, including lost employment, of an adult living in a private household would be **£38,693.**

(pssru.ac.uk)

Post Sport for Confidence:

David returned to employment and has no other ongoing support from health and social care.

Total costs = £0

'We see the SFC programme potentially, where appropriate and where individuals choose to, being a stepping stone to pursuing more mainstream activities. From a professional perspective the groups allow us to facilitate social skills, problem solve and offer some direct coaching, they also provide us with the opportunity to support people in small group activities. By encouraging the individuals, we work with to engage in sporting activities we are helping them develop other skills to manage their stress levels and to improve their levels of fitness.'

(David's Psychologist)

Your contact details

Lyndsey Barrett, Senior occupational therapist, Sport for Confidence

Please confirm that you have gained permission from your employer to share this information

Sport for Confidence is a Social enterprise run by an occupational therapist.

All names anonymised and permission gained.

Any other comments

'Sport for Confidence has been the best thing for my son. He has gained so much from this group. Money cannot put a price on how much it has changed things for him. He has confidence and freely talks to people without looking down and has more independence.'

(Parent of Client)

Sport for Confidence integrates occupational therapy theory and approach to support the delivery of sport for adults with learning disabilities. The programme provides all the necessary tools to enable occupation and help individuals to achieve their full potential.

The partnership between a coach, leisure centre and health professional ensures a practical approach to supporting individuals overcome barriers which would have previously prevented them participating in a mainstream leisure environment. As a result, the Sport for Confidence groups not only allow for skill development in sporting activities but a holistic achievement of personal well-being. This in turn can reduce the reliance for individuals on social care support and specialist services.

All figures are taken from Unit Costs of Health and Social Care 2015 Compiled by Lesley Curtis and Amanda Burns. <http://www.pssru.ac.uk>

IMPORTANT:

This case study may be used in the wider public domain to promote occupational therapy. Please ensure that you have gained permission from your employer and, where appropriate, the service user(s) if named.