Pre-appointment materials in children's therapy services

Start of Block: Participating organisations

**What type of organisation employs the therapists in your team?**

* NHS
* Council
* Independent/Private
* Voluntary
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If What type of organisation employs the therapists in your team?   = NHS

What is the name of the NHS Trust/Health Board that employs therapists in your team?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If What type of organisation employs the therapists in your team?   = NHS

**What type of NHS care do your team provide? (tick all that apply)**

* Universal services, no professional referral needed
* Hospital based, referral needed
* Community based, referral needed
* Specialist centre

End of Block: Participating organisations

Start of Block: Pre-appointment written materials

Do your team post any of the following written materials to a referred child’s address before their first (assessment) appointment? (tick all that apply)

* Letter(s)
* Leaflet(s)
* Goal setting aid
* Questionnaire(s)
* Clinical assessment form(s)
* Clinical screening checklists
* Agenda setting aid
* Location map
* Priority setting aid
* Skills training aids
* Decision making aids
* Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* We do not send anything to the children’s address before their first appointment

Skip To: Q8 If  Do your team post any of the following written materials to a referred child’s address before th... = We do not send anything to the children’s address before their first appointment

Have you used any of the following to create and produce the materials that you post? (tick all that apply)

* Trust policy
* Research evidence
* Staff experience
* Children’s feedback
* Parent feedback
* Referral pathway
* Clinical guidelines
* Patient information guidelines
* Patient advocates in your organisation e.g. PALS/communications team
* Design expertise
* Microsoft software e.g. word, publisher
* Recommended templates
* Specialist mail management software e.g. Syntec, Xerox
* Clinical Governance team
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who do you address written materials to? (tick all that apply)

* The child
* The parent(s)
* Other family members
* Teacher
* Other education staff
* Other (who?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What advantages do you hope that sending written materials has (tick all that apply)?

* It helps our service to comply with laws and policies e.g. data protection
* It helps us to be efficient and make good use of resources
* It saves clinical time
* It improves child and/or parent satisfaction
* It makes our service more accessible to children and/or parents
* It improves child and parent health
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do your team contact children and families prior to their initial assessment appointment in any of the following ways?

* Telephone call
* Text message
* Email
* Face-to-face
* Mobile phone app
* Website
* Other (how?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Written materials are our only contact

End of Block: Pre-appointment written materials

Do you use any of the following to help you decide what written materials to send and when to send them to the referred child’s address?

* Referral pathways
* Reason for referral
* Clinical care pathway
* Waiting list management tool
* Assessment pathway
* Child’s health condition
* Child’s age
* Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above

How many times will written materials be posted to the referred child’s address before their initial appointment?

* 1
* 2
* 3
* 4 or more
* Varies
* Don’t know

Do any of the following factors affect how many times you send written materials to children and families before their initial appointment (tick all that apply)

* Appointment changes/re-scheduling
* Child’s health condition
* Care pathway
* Assessment process
* Waiting times
* Reason for referral
* Child/parent responses
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can children interact with the materials in any of the following ways?

* Read them
* Write things down
* Colour pictures
* Answer questions
* Draw
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No interactive elements for children

Do you ask parents to respond to the written materials in any of the following ways?

* Book an appointment
* Complete and return questionnaire(s)
* Bring to the appointment
* Speak to a therapist
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No parent response requested

Do you personalise written materials in any of the following ways?

* Child’s/parent’s name(s)
* Child/parent address
* Information specific to the child's referral
* Information about the assessing therapist
* Questions asked
* Health condition information
* Messages
* Statements
* Pictures/cartoons/photographs
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you review the written materials that you post?

* Yes
* No

What factors lead you to review the written materials you post?

* Time in use
* Child/parent feedback
* New/updated guidelines
* Changes to referral or clinical pathways
* Changes to Trust policy
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start of Block: Your therapy team

Where in the UK is your team based? 

* **Scotland**
* Highlands and Islands
* Central
* Lowlands
* **England**
* North East
* North West
* Midlands
* South East, including London
* South West
* **Wales**
* North
* Mid
* South
* **Northern Ireland**

What is your role in the team? (tick all that apply)

* Service manager
* Clinical lead
* Therapist
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many therapists in total work in your team(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many full time equivalent (FTE) staff do you have in your therapy team(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who works in your therapy team(s) (tick all that apply)?

* Occupational therapist(s)
* Physiotherapist(s)
* Speech and language therapist(s)
* Other professionals (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the size of the population your team provides services to? (tick one)

* Less than 150,000
* 151,000-250,000
* 251,000-350,000
* 351,000-450,000
* 451,000-550,000
* 551,000-650,000
* 651,000-750,000
* More than 750,000
* Don't know

How many children in total are registered with your therapy team, including children on caseloads and waiting lists?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What age, in years, are the children seen by therapists in your team? (tick all that apply)

* 0-5
* 6-11
* 12-16
* 17-25

How many children were referred to your team(s) in the last calendar month?  (tick one)

* Less than 10
* 11-15
* 16-20
* 21-25
* 26-30
* 31 or more

If you received a new referral today for your team(s), how many weeks would you expect the referred child to wait for the first (assessment) appointment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What percentage of children referred to your team(s) do not attend their first appointment appointment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_