Appendix: Home Program Survey Questionnaire

Dear Occupational Therapy Colleague,

I am leading a study to determine current practices of Occupational Therapists working with

children and young people with cerebral palsy. Specifically, I am interested in understanding

the nature of home programmes. This survey is designed to gather information on current

occupational therapy practices in prescribing, carrying out, and managing a home programme

for a child or young person with cerebral palsy. To determine the overall response rate and

frequency of home programme practice, even if you do not use home programmes for

children and young people with cerebral palsy, I would be grateful if you could indicate this

by clicking 'No' to question 1 below; you will then be directed to a part of the survey where

you are asked to complete one further quick question about this. However, if you do treat

children and young people with cerebral palsy using home programmes, please consider

filling out this survey which takes 8 minutes to complete. This survey is completely

anonymous and no identifying information will be collected. To complete the survey, simply

click on 'Yes' to the question 1 below which will take you to the consent form.

Thank you for your consideration. I look forward to receiving your response.

Sincerely,

1. Do you prescribe home programmes for children and young people with cerebral

palsy?

O Yes – Continue to consent page.

O No- Go to final page (link to page)

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Consent Form for the Online Survey

Project title: Home Programmes for Children and Young People with Cerebral Palsy study
Researcher's name –
I confirm that I have read the information sheet attached to the email inviting me to take part in the study and understand the purpose of the research project and my involvement in it. I understand and agree to take part.
I understand that whilst information gained during the study may be published, I will not be identified and my personal results will remain confidential.
I understand that data will be stored in the strictest of confidence and will only be reported in an anonymised form. Electronic copies of the data will be stored on the secure server in a location that is password protected and only accessible to the researcher.
I understand that I may contact the researcher if I require further information about the research, and that I may contact the Research Ethics Co-ordinator, if I wish to make a complaint relating to my involvement in the research.
Yes I agree to carry out the survey (link to survey:

No I don't agree (link to "Thank you for taking the time to consider this study").

BACKGROUND: These next few questions are about you as an Occupational Therapist

2.	How many years have you been practised as an Occupational Therapist?
0	0-5 years
0	6-10 years
0	11-15 years
0	15-20 years
0	Over 20 years
3.	Who is your employer? (Demographic data)
	□ Self employed
	□ NHS
	□ Charity
	☐ Community based
	□ Education
	□ Voluntary agency
	☐ Social services
	□ Other
ном	PROGRAMMES: The next questions are specifically about home programmes
for chi	dren with cerebral palsy
4.	Which classifications of cerebral palsy do you use home programmes for? (select all that apply)
	O Children with quadriplegia
	O Children with diplegia
	O Children with hemiplegia
	O Other: If you selected other please specify:

5. Choose the option for each statement that best fits your opinion. There are no right or wrong answers.

Home Programme Statements	Strongly	Agree	Neutral	Disagree	Strongly
	Agree				Disagree
I prescribe home programmes for all	0	0	0	0	0
the children I see with cerebral palsy,					
regardless of classification					
I prescribe home programmes because	0	0	0	0	0
consistency of therapeutic approach is					
important					
I usually prescribe a home programme	0	0	0	0	0
because it helps children meet goals					
that cannot be met with the limited					
amount of one-to-one therapy allotted.					
Home programmes reinforce carryover	0	0	0	0	0
of therapy activities into the child's					
environment					
Home programmes allow for greater	0	0	0	0	0
participation in the child's natural					
environment					

6. Do the following interventions/theory/methods influence your home programmes for children and/or young people with cerebral palsy?

Intervention/Theory Method/ Assessment	Never	Rarely (about	Sometimes (less than	Often (more than half	Usually (about 80%
		20% of the	half the	of the time)	of the time)
		time)	time)		
An occupational therapy					
model of practice					
Action observation therapy					
Active range of motion					
Bimanual performance					
outcome measure/s					
Bimanual training					
Bobath therapy					
Coaching					
Cognitive orientation to					

daily occupational			
performance (CO-OP)			
Constraint induced			
movement therapy			
Electronic games/apps			
Environmental adaptation			
Environmental			
assessments			
Fine motor activities (such			
as handwriting)			
Gross motor classification			
system			
Log books (to measure			
how much home			
programme practice			
parents do at home)			
Manual Assessment			
classification system			
Modified constraint			
induced movement therapy			
Motor function outcome			
measures or assessments			
Participation measures or			
assessments			

Splinting			
Uni-manual outcome			
measure/s			
Whole or partial activities			
of daily living tasks			

If you use anything else, or have any comments to make regarding the interventions, theory
and methods shown in the table above, or the type (s) of classification of children with
cerebral palsy you use them with, or the type of splint you use, please do so
here:

7. What do you think about your home programmes? Please rate how strongly you agree or disagree with the following statements.

Home Programme Design &	Strongly	Agree	Neither	Disagree	Strongly
Support Provided	agree		agree or		disagree
			disagree		
They are effective					
I am confident designing and					
using them					
They need to be designed in the					
home environment					
They can be designed in the					
home or school environment					
I am satisfied with the amount					
of support I am able to provide					

to parents carrying out a home			
programme			
I am satisfied with how often I			
use home programmes			
They need to be written with			
photographs of the child doing			
the activities.			
Parents need to be involved in			
the design of the programme			
The chosen activities should be			
functional and where possible			
embedded into the child's			
routine			
Activities should be			
demonstrated to the parent with			
an explanation of how to do			
them			
I am satisfied with how I model			
ways to grade the activities so			
that they are at the just right			
challenge			
I am satisfied with the amount			
of parents training I am able to			
provide to parents carrying out			
	 	 _	

a home programme					
If you would like to 1	make any other	comments, p	lease do so		
here:					

8. What is your experience of goal setting when using home programmes?

Method of Goal	Usually	Often	Sometimes	Rarely	Never
Measurement	(about	(more than	(less than	(about	
	80% of	half of the	half the	20% of	
	the	time)	time)	the time)	
	time)				
The Canadian Occupational					
Performance Measure is used					
Goals are set collaboratively					
with the parents					
Goals are set collaboratively					
with the child					
Goal Attainment Scaling					

(GAS) is used			
The Perceived Efficacy of			
Goal Setting Measure is used			
Goals are written separately			
from the family			
Goals are measured			
objectively prior to starting			
the programme			
Goals are measured at a			
specified time after carrying			
out the programme			
Goals are occupationally			
focused			
The outcomes are evaluated			
together with the family			
The goals are reviewed			

regularly						
If you have any comments to m	ake about	your e	xperienc	ce of using goa	lls with home	3
programmes, or use any other g	oal setting	measu	ire (s), p	lease describe		
here:						
Barriers and enablers						
9. How much time, on average,	do vou rec	comme	end that	a home progra	mme is carri	ed out?
,	ao youro			a nome progra		
10 W/ 1 1 1 .		,		0		
10. When you do you advise pa	rents to ca	rry out	a nome	programme?_		
11. Are there any barriers that ha	ave an imp	act on	your us	e of home prog	grammes?	
Yes No]					
11 a. If you answered 'yes' plea	ise select t	he rele	vant bar	riers:		
		Yes	No			
Т:						
Time						
Skills						
Knowledge of	specific					
methods						
Training						
Support						
Other						
If you selected 'other' please co	omment he	re:				
12) Are there any factors that en	nable you 1	to use l	nome pr	ogrammes? If	so please co	mment
here:	·		•	-	-	

13)	Please make any suggestion for the type and content of professional
deve	elopment/educational solutions you think would improve the design and use of your home
prog	grammes for children and young people with cerebral palsy
here	<u>, </u>
14.	What do you feel is beneficial about prescribing home programmes for children with
cere	bral palsy?
15.	What guides you professional/clinical reasoning when deciding the content for a home
prog	gramme for children with cerebral palsy?
ON	LY ANSWER QUESTION 16 IF YOU SELECTED 'NO' TO QUESTION 1:
16.	Please indicate any reason (s) below for why you may not be using home programmes for
chile	dren with cerebral palsy. Your input would be greatly appreciated. (Please describe)
	I work in an academic setting
	I do not work regularly with children with cerebral palsy to use home programmes
	Clients are unable to participate in a home programme because of the treatment setting
	Home programmes are not the main focus of intervention
	There are issues with client or caregiver compliance and follow through
	I'm retired
	Time constraints
	Support
	Knowledge of specific methods
	knowledge of specific inclineds

Other
If you selected 'other' please specify, your input is greatly
appreciated.