

Developing a business case for service providing Sensory Integration Therapy

Some of these points are individual projects which can be shared amongst your staff group to gather the required evidence. Some of the points will require prospective data rather than existing data. A process/method for collating the data needs to be included. It is advised that if there are a number of different services/teams that each area has a named lead for SI within their service.

1. Define your population (i.e age, numbers of referrals, diagnostic groups, demographics)
2. Define your current service specification(what are you currently commissioned to provide)
3. What frames of reference, approaches, models of practice are currently used and with which population (e.g CBT with adults with anxiety/depression or medication)
4. What outcome measures are used (standardised? evidence based?)
5. What evidence, if any is there to show/demonstrate that the service users needs are being met, or not being met (complaints, poor outcomes for individuals and services, tribunals)
6. What are the gaps in service provision what is the evidence (e.g referrals to other services/agencies)
7. What is the current evidence for relevance of SI for your population/service users (prevalence studies, clinical audits, service evaluation, service user involvement/feedback, benchmarking other services, pilot study)

8. What is currently provided in terms of SI therapy (Ax, Intervention, SI strategies, Ayres SI)
9. What is the current level of clinical skills within the service for SI.
10. What are the key pieces of research/evidence for clinical population how can his evidence be used (Prevalence, Ax, Rx, Neuroscience)
11. What numbers require SI Ax, SI strategies (propose a tiered model for service provision, universal, targeted, specialist)
12. What training is required, levels of competency to meet the service and clinical need (reflect the need of the population, SI Practitioner/Advanced SI Practitioner)
13. initial and ongoing Cost (Training, Ax tools/measures, Rx, supervision, competency structure, equipment, time etc)
14. Proposed cost saving (reduction of inpatient stays, reduction in prescription medication, reduction in mental health referrals, improved engagement in work place productivity)

15. Qualitative benefits (reduction in complaints, marketable/competitive services, evidence based provision, improved reputation, improved standards of practice, improved service and patient outcome, PBR)

16. Proposed methods of measuring/evidencing success (audit, pilot study, case study's, service evaluation, stakeholder engagement, service users feedback)

17. Proposed methods of review and quality control (CPD, Networks, audit/review, focus groups)

18. Recurrent costs (succession and sustainability plan)

19. Potential for income generation (training other services, service level agreements, transference of resources, contribution to diagnostic services e.g adult ASD)

20. Plan for applying for additional funding (stop a part of the service, application for external funding, invest to save based on evidence and proposed outcomes, PBR, SEN budgets).

21. What is your services elevator/sales pitch for what is SI and why your service needs/provides it (for managers, commissioners, service users, other professionals/agencies)

22. Plan for contributing the evidence base for SI (present at conferences, publish case reports/research, publish clinical audits).