

1. Everyone in the Network needs to decide what they can do to drive the Network forward. It is an artefact of history that Katrina, Carolyn and Niina kicked off the process and now it's time for more collective involvement to achieve our shared ambitions.
2. We need a new, unique Twitter hashtag.
Action: Make your suggestions for the Twitter account/ hashtag in the box provided in the conference evaluation.
3. To launch the hashtag we could pledge what we will personally do to support CountMeIn!, yes?
Action: Think about what commitment you will pledge to support the development of the Network when the new Twitter account/ hashtag is launched.
4. We need more channels of open communication to facilitate communication across the Network between scientific meetings.
Action: The people who volunteered to lead on technology to lead on this, e.g. explore how to set up an email list serv on JISC (Niina has emailed to these people directly to ask them to lead).
5. Face to face communication is important and meeting together builds momentum for the Network. Meetings should happen every 1-2 years. There is a need for a working meeting in 2017 to focus on writing (large) bids for (large) projects (see below). This means the next full Scientific Meeting will be in 2018.
Action: Carolyn Dunford will explore possible venues for a working meeting in London in 2017.
Action: Suggest for the 2018 meeting to be made by the Network after the EACD 2016 when we know what the 2018 plans for the International Academies meeting are (to avoid clash with them).
6. The Network needs a series of “nodes” (i.e. points of communication clustered around topics and/or geographically) to drive the Action Plan, developed in 2015, forward. Nodes so far proposed and/or ongoing - and the people who have so far come forward to work on them – are:
 - A. ‘Big bid’: Carolyn Dunford, Niina Kolehmainen, Lorna Wales, Iona Novak
 - B. Participation outcome measurement: Carolyn Dunford, Niina Kolehmainen, Lorna Wales, Kristina Vroland-Nordstrad, Melanie Burrough
 - C. Participation interventions: Niina Kolehmainen, Jen McAnuff, Rob Brooks, Cat Duff, Maria Quinn
 - D. Knowledge Transfer/Implementation: Karina Dancza, Jenny Featherstone, Jen McAnuff
 - E. Technology: Tim Adlam, Helena Poulton, Rina VanderWalt, Nea Vänskä
 - F. Inclusive methods for participation: Barbara Piskur, Nea Vänskä
Action: People in the nodes to link up and decide how to move forward.
Action: Everyone to consider the nodes and decide which ones they want to connect with, and pledge their support (see above).
7. Everyone to take continuous action to widen the Network. Tim Adlam, Jenny, and Laura Finney have especially expressed ability to advance this – but this is EVERYONE’S BUSINESS.
8. A number of Network members have agreed to do dissemination following the 2016 Scientific Meeting. These include:
 - Lorna Wales and Hazel Killeen are going to write an article for OT News
 - Christie Robinson will do the same for Frontline
 - Hazel Killeen and Patrick Hynes will write an article for the Irish Occupational Therapy Journal
 - Susan Bush Jenny Featherstone will both write articles for physiotherapy journals.**Action:** All members to seek to disseminate and promote the Network and the Participation agenda further through international/national/local avenues where possible.

Appendix

Full notes as recorded during the discussion session, and full record of the post-it notes returned.

Notes from the ‘CountMeIn’ Action Plan discussion session

1. Notes from discussion (a lot of this features in the post-its comments as well)

- a. Please can we have space for parents to talk to everybody?
- b. Where are all the men?
- c. Designing together more inclusive research methods; involve service users (Use resources around the Network about methods that have been published).
- d. Planning & participation – designers & architects; Cardiff – Human geography department
- e. Open dissemination
- f. Technology – make direct approaches. This is the bit we are missing. As well as spreading the word.
- g. If you would like to take on leadership of streams
- h. Leisure/ recreational sector
- i. Stronger collaboration with Ireland/ Northern Ireland and UK to link into the core group.
- j. Increasing participation in this event. Children with communication disorders may find this format/ forum scary, is there room for sessions, videos to be uploaded? And then they can give feedback post-event when they have had thinking time/ space to think – to start to cascade information/ knowledge. How do we use technology to facilitate these meetings?
- k. Privilege of like-mindedness ‘could change the world’
RCTs to the new England Journal of Medicine
Don’t think too small, doesn’t need to be funded if we all work with five children each.
The value of participation work in the research construct.
Get a great idea – all agree one thing that will have an impact on people’s lives.
- l. Think big we are sitting on material that could change 100s of people’s lives.
- m. Create projects across Europe, EU, Network from other countries; spread it out. It is not unrealistic so many countries at the meeting – we have a strong Network.
- n. There were three potential Principal Investigators in the audience
- o. In line with the intervention stream we have a commitment to submit bids.
- p. Universities electronic link up; great for students- wasn’t interested in research when I came to University but this is amazing – it is all about young people.
- q. 1/3 tweeting -> not on twitter get on it, start tweeting; easy step onto technology before start thinking about wider technology use.
- r. Label & identity beyond this meeting.
- s. Publicity/ advertising it. We have to advertise though Royal College/ BACD/ CDC but it does not necessarily translate that people will come from those organisations.
We need to use our own Networks and our own organisations as well.
- t. Action plan: engaging clinician in participation whether we need to raise our game -> clinical interventions.
Build our clinical leaders(implementers of research) [NB England has a remote commissioning structure]
Take the team with you and negotiating new way of providing service. Build on success stories, e.g. Sheffield, we can learn how they got to that point.
- u. Keep conversation happening

2. Post-it note comments.

Content / topics we should focus on
1. <u>Really</u> important to get some substantially funded projects in the next 1-2 years
2. Create bigger project working –partners all over Europe & seek for EU funding
3. Creating big studies with research groups in different countries to get possibilities to get big fundings
4. Make into 5 year plan to help decide what topics are achievable – save others for next 5 years
5. Seems too ambitious/ broad –certainly for 2015/16. 5 year plan specific and measurable
6. Equipment development / research
7. <u>I have 1 big idea</u> Develop an international multicentre study focussed on increasing the evidence-base for

<p>participation – because this plan would lower and share the cost reduce the respondent and recruitment burden lead to a publication in a higher impact journal which would accelerate knowledge translation and funding allocation at a policy level</p>
<p>8. Different countries and different disciplines → highlight importance of collaboration → within countries and disciplines lots of similar topics → benefit of the research of each other</p>
<p>9. Move away from participation in therapy etc to a more holistic view of participation in life, and impact on wellbeing.</p>
<p>10. Important to continue with design and assessment tools for participation studies</p>
<p>11. A recurring question seems to be: How to get clinicians to focus on participation and align practice with participation goals? KT research</p>
<p>12. ? research into validity of participation outcomes to support researchers & clinicians in choosing appropriate outcomes to measure participation</p>
<p>13. Central 'bank' of participation outcomes</p>
<p>14. Coordination b/c client groups/ sharing ideas across similar settings ie could have 'streams'</p>
<p>15. Priority= collaboration to do bigger studies together, particularly nationally and internationally</p>
<p>16. A priority needs to be supporting health professionals to shift their practice to focus on participation. This could be done through identifying resources and critiquing the impact of these resources on practice</p>
<p>17. ? THEME ON KNOWLEDGE TRANSLATION / IMPROVEMENT SCIENCE - need more focus on how to get exciting evidence around participation into practice</p>

<p>18. Evidencing participation outcomes through conomic analysis –providing evidence base to commissioners around ++ evidence for participation outcomes <i>Melanie Burrough</i> melanie.burrough@nhs.net ? Help with this</p>
<p>19. More research about <u>adults</u> with disabilities and about their self esteem. How is their limitations in their self-esteem? Which are their real needs?</p>
<p>20. Is there scope to give more consideration to participation in the early years setting? –better defining it? -How we can target it as therapists</p>
<p>21. We need to look at theories that underpin participation interventions to identify the key aspects that are generic to all</p>
<p>22. Want guidelines on recommended outcome measures</p>
<p>23. Act as a pressure group for policy / doc development on participation</p>
<p>24. Act as a pressure group to advocate for participation in schools</p>
<p>25. Future meeting on tech. for participation</p>
<p>26. Research methods practical introduction 1 day course for clinicians</p>
<p>27. Non-verbal measurement methods? (Direct, not proxy)</p>
<p>28. Focus on service user involvement Joint research Inclusive research methods versus traditional</p>
<p>29. Team approach to grants, projects with multiple strands of evaluation</p>
<p>30. I really like practical examples of how people or services have moved participation forward</p>
<p>31. I would like more info on how to help severely disable and cognitively impaired children to participate. How to measure outcomes in this group of children.</p>

<p>Technology</p>
<p>32. Twitter handle for the group</p>
<p>33. Pool resources Email group –not just core group ? today's attendees to share updates /plans more regularly –get wider involvement</p>

34. Can we use social Network type site to blog what we are doing or to ask Q's about what others are doing to try to bring work together ?
35. Pt feedback through Apps. v. exciting to collate service user info
36. Webinars Video - Youtube
37. Consider a web portal with these presentations recorded/ filmed so that knowledge translation could occur amongst those that can't afford / don't have time for travel to attend
38. It would be useful to have a social group online to maintain contact + swap ideas + support between meetings
39. Online resource sharing
40. Is there an online forum / message board to continue discussion of points raised to help in between meetings
41. Forum for posting ideas / EOI's between meetings
42. Sessions should be videoed + speakers asked if they want their talks to go online
43. I'm a high user of technology in videoconferencing / teaching but I don't use Twitter or Facebook so usage can vary for different reasons
44. Format: TEDx style with local hub meetings intermittently videoconference option in future or a least for parts

Capacity Building
45. How do we mentor for higher impact conf. presentations & papers beyond the Network? Get this stuff on bigger map
46. Brand projects with Count Me In brand so the collective action can be mapped
47. Happy to share recent experience of using roadmapping exercise to develop research project with a group of 40 researchers (<i>Lorna</i>) <i>know someone who might facilitate at next meeting</i>
48. Who is doing what? Need to further Network & pool ideas & resources so we are not reinventing the wheel! What id the most effective way to do this?
49. Can we support each other to roll-out successes into different services? E.g how could we translate the Sheffield work into our service?
50. Lots of opportunities to collect data but need the research and academic ability. A co-ordinated effort required more to help clinicians who want to do the research?
51. Good examples. EU funding for joint research
52. Contact details for all people presenting readily available
53. How do we disseminate into wider practice Publication ? Link with other organisations
54. Events should be open to students to foster interest in research – advertise in universities
55. Further opportunities for undergraduates to gain insight into making participation an integral part of practice as a newly qualified professional→ not to underestimate our capacity to learn the skills needed. ie occ performance coaching, as learning these approaches@ undergrad level can shape our overall approach to OT in any setting
56. Upskilling clinicians in research
57. Priority = building leadership capacity – in research and clinical. We need our services who are <u>doing</u> participation support to step up + lead everyone else
58. RESEARCH CAPACITY /COMPETENCY establish process for people interested in research to be signposted / supported towards relevant opportunities or have local champions in regions who can signpost.
59. Involving + engaging clinicians in research – more promotion + awareness of opportunities
60. Re engaging clinicians Where to start? How to read and understand research? How to do research? Research needs to be practical in clinical practice
61. Expert patients as researchers
62. Session on technical methods and tools for measurement (not reporting)
63. Develop a resource pack for researchers –methods, information
64. Coordinate student / intern RA placements – a register?
65. Very motivated towards multidisc / international collaboration.

Coaching caregivers (Fi) in range of settings, populations, formats, dose etc.
Format for taking things forward (including future meetings)
66. Need to keep in mind feasibility of future meetings – especially the issue of ppl getting time to attend
67. The Network and mtgs feel very safe and positive. Important to maintain and cultivate this culture. Risk if combine with e.g. EACD?
68. 2017 should be an explicit “working meeting” → Barbara’s idea about “open + invited meetings”
69. Local ‘splinter groups’ – link in with ? regional ? link in with CYPFSS
70. Possibility to have discussions around defining Participation within conference not just prior to conference (pre-sign up)
71. There is a definite need for this meeting to grow. I suggest collaboration with the European team and considering broader locations within Europe.
72. Annual meetings to continue for a while as developing process. Encourage (actively) greater SLT engagement → communication IS participation even at lowest levels (as a SLT) We shouldn’t lose sight of importance of working on building blocks towards activity- participation i.e. this may require breaking down tasks into small chunks incl BS +F
73. Future meetings each second year
74. Future meetings Every 2 years Not Uk 2 days Similar format to 2016
75. Future meetings – every 2 years. Next one not in the UK
76. Future meetings – good to continue. Valuable meeting / sharing. Uk based preferable –central UK
77. Future meetings –location could be more entral ie The Midlands to enable more people to have the opportunity to attend due to travel time, time off work + financial cost
78. Future meetings Annual meetings are good to keep the momentum going I liked the format of this meeting – lots of time to discuss projects with others + lots of presentations of recent projects Location –keep it international – great to get updates from work in other countries
79. Future meetings given wider publicity –posters published in APCP, COT, newsletters to encourage wider attendance – also encourage SLTs to attend? Encourage participants to write up research + publish it Linking in with other paediatric Networks i.e. APCP Keep up the momentum – annual meetings Think about how to ↑ links /awareness with more clinicians
80. Excellent conference –needs to be yearly or will lose momentum
81. Yearly otherwise lose momentum as ↑ no. More podium. ? central.
82. Research overseen centrally funding
83. A lot of research capacity is already there. Leadership competency ↑ Future meetings: Yes definitely – I think time /year is very good, because research is developing fastly→ same topic & good to benefit of each others ideas / results
84. Future meetings – timing: every 2 nd year preferably not in the middle of the week
85. Establish smaller representative groups in other countries (core groups) such as Ireland – for ease of regular meetings etc and capacity build within that country /region re participation
86. Promote Count Me In further – ? Facebook page etc ? position papers etc on participation from Count Me In to journals for publication
87. Great to get together with a diversity of professionals to exchange about participation→ should continue meetings
88. Meetings - -yes –maybe not every year (every 2 nd year?)
89. Meetings – don’t need to be annual but need them to keep momentum going?
90. I like the presentation / speed ‘chat’ format

91. CMI Annually a conference would be good but I am not sure how I would get funding to travel far! Need to advertise more beyond OT world.
92. International project to gain insight into cultural influences on child participation with views to provide a culturally neutral way to improve child participation worldwide or something culturally flexible.
93. Future meetings ; yearly to build /continue momentum 2 days seems like a good length but ? longer time slots for presenters
94. I would vote not have a meeting in 2017 but instead to have a year or two of focusing on writing up and getting projects funded – but I think we need some kind of mechanism for feeding that back – accountability.
95. Next steps – Actions 1 – ways of keeping the wider group ‘in the loop’ throughout the year to support collaborative discussion. 2 – Network of early career researchers?
96. 3 – Conference format this year has been brilliant – slightly missed group discussion (as last year) but would be great to continue to see both. Important to ‘take stock’ so helpful to see / discuss updates around action plan –What do we know? How far have we come? Where are the gaps? What else can we do? etc..... (AT the end of the day its obviously been a brilliant conference, Thank You!)
97. Future meetings: Partnership EACD great idea – like the variation around different regions, UK also. Meetings important to Network and link others shared ideas.
98. Small local Count Me In groups ?6 monthly to continue to work on action plan
99. Yearly is good –varying location to make it more accessible. If not in UK will be funding issues for UK based therapists.
100. How can we better spread the Count Me In ethos? Targetting more professionals / the wider MDT for the next conference. How do you communicate across the Count Me In Network? ? email updates etc.
101. Smaller group discussions within the Count Me In programme may better facilitate sharing of ideas etc (less intimidating to speak up!)
102. Could we have a Count Me In in Sheffield with a <u>clinical</u> and research focus??
103. Larger conference like this, but have every 2 years
104. I wondered why there were 2 sessions running parallel throughout the day, when most of the topic would have welcomed a broad audience. I felt like I missed out!
105. The lunch break was relatively long, given that there was then a subsequent 2 hours of Networking
106. Make the ‘Networking’ a more facilitated session with more direction... maybe divide people into smaller groups + rotate?
107. Thank you. The overall ethos of the day is great – keep this at the heart, with practical application being key; (i.e. not just research for academics)!
108. Can there be a mapping exercise of the projects going on?
109. Annual meeting to collaborate + share ideas is valuable but unlikely to get funding to attend annually so need way to share virtually, e.g. live video link
110. Yes –future meetings perhaps alternate free then pay event.
111. Action plan needs refining /refocus as currently fairly long
112. Always good to coordinate research. Perhaps identify research leads & how clinicians could be involved.
113. Future meetings –regular for support & in diff countries preferably Europe.
114. Less presentations followed by breakout sessions for service users / carers
115. Have meetings with other organisations meetings eg The Communication Trust
116. Service user /care involvement
117. Use of technology to aid participation Video sessions to allow feedback afterwards –this would enable people with disability
118. Future meetings –Timing –early but with more possibilities to attend for example through web – videotaped lectures
119. Next meeting nearer airport. Format good. 2-3 days good
120. Future meetings –close to national airport → enables more people to join –saves time Not every year Maybe via Blue Jeans
121. Continue to build capacity together is a good idea → to develop new ways to do research including service users

122.	Future meeting collaborate with EACD? Link to another popular conference but still keep this Network distinct
123.	Future meetings Once a year Better to keep separate from EACD due to the cost of EACD

Who else to involve?	
124.	Developing ways to interface or demonstrate the interface with Annual meeting?
125.	Sponsorship from participatory bodies/ 3 rd parties?
126.	Spread the word re: the group and its constitution wider to generate interest – I am not sure enough people know about it?!?!?
127.	Maybe worth investigating linking with the Great Expectations conference Need more work on definition Spread the word a little wider to increase attendance at next event. Maybe present about group or promote it at next EACD Have links with young users who would be pleased to join in the meeting Would be able to facilitate this if it is helpful jennyc@bobathwales.org
128.	I think all domains are relevant, to maximise impact of the focus groups help on the 5 th it might be worth extending the number and variety of subjects these groups cover, maximising the expertise by engaging them actively in the discussions taking place this was excellent. Also there is scope to attract other professionals such as ????? and this is needed. More focus on <u>EQUALITY & DIVERSITY</u> please
129.	Facilitate and empower children and families to find and access local opportunities for participation (in leisure activities especially) -> database?
130.	Actively look for engineers to influence the topic (E) ?someone from communication matters/ rehab technology guy in Glasgow I have names Lorna
131.	Leisure/ recreation sector representation ?barriers to inclusion/ participation from their perspective Examples of good practice – what has worked/ how have groups become accessible?
132.	UK + Ireland link? Activate an Irish company to link to the UK
133.	Parental/child input or perspective
134.	Models from leisure/recreation sectors
135.	Team up with Cardiff University Dawn Pickering for 2017 scientific meeting. Theme 'voices'?
136.	Human geography at University (Kevin Morgan) Architecture? Design & product? Design
137.	Laura Finney Clinical manager Leckey Ballinderry Road Lisburn Northern Ireland Laura.finney@leckey.com
138.	Links ACPC DACD/EACD Web forum Outcomes shared
139.	Collaboration Sin to SPARCLE
140.	Core group

141.	Rep from Professions
142.	Countries
143.	Service users
144.	Get service users to participate in steering group – enable service user-led development of “Count Me in”, not driven only by professionals
145.	Increase multidisciplinary input, e.g. Psychology Social Care Housing etc
146.	More service <u>user involvement!</u> (parents, children and young people)
147.	Don't forget supporting people with commissioning
148.	Closer bonds with parents via schools – could increase participation numbers
149.	Parallel student conference running alongside Perspective from carers; etc to gain their opinions Interactive elements demonstrating current research and development in child ???? Maybe more stalls at conference and invite people from outside to gain awareness.
150.	MDT work with professionals beyond traditional healthcare -> maybe partnership work with teachers/ forest school practitioners/ community care forums to gain perspective from less clinically grounded professionals that share the same ethos/ aims
151.	Somehow inviting/ reaching more parents & educators to come to the meetings
152.	LEADERSHIP common theme – should this be a specific domain. Also would be good if the core group included different professions and international reps.
153.	MDT/ Multi-agency Involve other profs Health economists would be very useful
154.	Linking with NHS leadership academy and innovation agendas to upskill leaders
155.	Involve more clinicians to effect change in practice.
156.	Need to attract more clinicians to a count me in! conference to target the people who DON'T do participation.
157.	Disseminate CountMeIn knowledge to more clinicians OT News CYPF newsletters ?Special school teachers Social work APCP ?????/News?
158.	Need to continue reaching out to the broader MDT, education and community groups, to join in Count Me In as well as families.
159.	Parents Panel session Presentations Parent panel – not just at conference Designers Architects Will email people to you Tim A Invite parents to contribute. Make space. We have engaged parents with things to say. Where are all the men? Tech role would like to discuss this role. Tim A
160.	More service user and parent perspectives on planning and participation
161.	Involvement of <u>policy</u> person/ people Their needs in presentation of info, engagement in research