



Occupational therapy:

Unlocking the potential of
children and young people



Royal College of
Occupational
Therapists



Occupational Therapy
*Improving Lives
Saving Money*

#ValueofOT

Occupational therapy:

Unlocking the potential of children and young people

As a society we want our children to:

- **Lead full and happy lives**, participating in the activities (occupations) they need and want to do at home, at school and at play.
- **Realise their potential** by developing the skills and resilience they need to access education and perform activities of daily living as children and adults.
- **Participate as valued members of their community** regardless of physical, learning and mental health needs.

Yet in the UK **more children are starting school without the foundation skills and resilience they need** to succeed in education and life.¹ Childhood is changing, with children spending more time using technology than engaging in free play and physical activity. This adoption of technology is exposing children to unprecedented societal and consumer pressures.²

Many argue we are now **facing a child mental health epidemic**, with three-quarters of mental health problems established by the age of 24.³ One in eight children⁴ aged 5-19 years has a diagnosable mental health disorder, affecting their wellbeing, health and success in childhood and later life.

The number of children and young people with special educational needs and disabilities in the UK is rising and the expectation that they should have access to the same opportunities and experiences as their peers is embedded in UK Policy^{5, 6, 7, 8}. Yet many young people with additional learning and support needs are denied equality of opportunity and the support they need to realise their potential.

For services to meet growing societal demands there needs to be more collaboration between, health, social care, education and the voluntary sector. In addition, a better balance of provision at a:

- **universal level** (services provided to all children, young people and their families),
- **targeted level** (services for children who are at risk of, or already experiencing difficulties) and at a,
- **specialist level** (children with complex needs requiring an individual approach)

Capitalising on the occupational therapy workforce

Occupation is important for children's development, health and wellbeing.

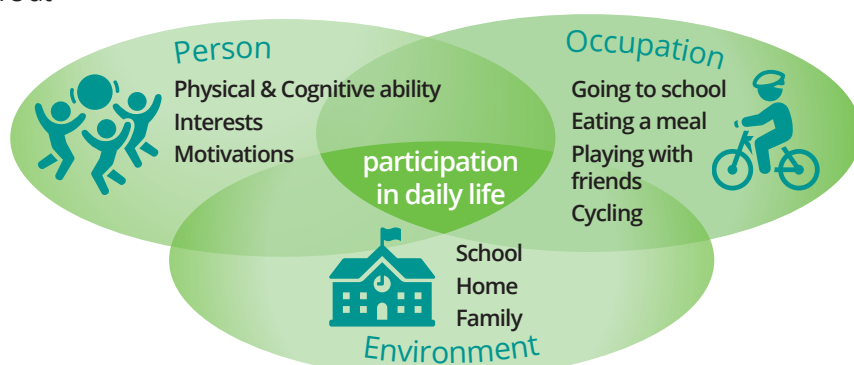
Occupational therapists enable children and young people with physical, learning and mental health needs to participate in and successfully manage the activities that they want or need to do at home, at school or work and during their free time. They have the skills and expertise to identify the personal, task and environmental factors that support or inhibit children's development, participation and achievement.

The Royal College of Occupational Therapists (RCOT) is calling for services to be designed so that children and young people with additional learning and support needs (including mental health) can access occupational therapy skills and expertise when they need it. This will require a shift in resources from specialist interventions towards prevention, early intervention and partnership approaches.

This can be achieved by adopting a framework of **universal, targeted and specialist interventions** which:⁹

- Ensures occupational therapy **resources are used wisely**;
- **Extends the profession's reach** and ensures the maximum number of children benefit from occupational therapy;
- **Builds capacity** among others to identify and support children and young people with mental health needs/SEND and to know when to refer on for further specialist help; and
- **Prevents problems from escalating**, meaning that fewer children and young people require more costly, specialist services and those with the most complex needs can access occupational therapy when they need it.

PEO model diagram¹⁰



OUTCOME

To equip children and young people to live full and happy lives

HOW

1 Embed opportunities to promote physical and mental health into children's daily routines and activities

Almost one in three children start school without the foundation knowledge and skills they need for learning.¹¹ If these gaps in skills are not addressed, inequalities can persist and grow throughout a child's life.

Investing in children's physical, cognitive and emotional development by embedding developmental opportunities into everyday routines ensures children are ready for school and maximises their prospects for a happy and healthy life.

Occupational therapists have the knowledge and skills to promote environments, relationships and activities that foster the development and wellbeing of all children and young people. **Universal interventions** offered by occupational therapists include the provision of training, mentoring, information and literature to ensure parents, carers and the children's workforce can support children and young people to develop the skills and resilience they need to realise their potential.

Shifting occupational therapy resources to focus on health promotion and prevention ensures that opportunities to promote physical and mental health are embedded into every aspect of a child or young person's life, optimising their development, health and wellbeing.

“Absolutely loved the session. So helpful to understand the logic behind learning to write and great ideas to practice fine motor skills.”
Parent

“The occupational therapy team were good at listening to where we were as a school and understood what we needed. We are on the same wave length and have had some exciting discussions regarding supporting every child's writing skills.”
Nursery Teacher

Service Example: NHS Tayside

Pre-school workshops

Changes in the nature of play mean that some children lack the fundamental motor skills they need to handle tools and equipment, such as a pencil, when they start school.

Occupational therapists in NHS Tayside launched an initiative to address this concern and minimise the number of referrals to occupational therapy once children reached school.

'Little Scribblers' workshops in nursery settings is a way of involving staff, parents and carers in children's learning. During fun and interactive workshops, occupational therapists explain the development of pre-writing skills and demonstrate a range of activities that parents, carers and nursery staff can use to help children develop the motor skills necessary for writing by the time they start school.

IMPACT

Adopting a universal approach has been a cost effective use of occupational therapy expertise. Workshops have been delivered in nine nursery settings, with a staff cost of £149 per workshop.

To date parents/carers of **79** children have attended Little Scribblers workshops and a further **70** children have benefited indirectly from the increased knowledge of prewriting skills among nursery staff.

Service Example: West Belfast

School wellbeing hubs

Occupational therapists at St Louise's Comprehensive College in West Belfast are taking a new approach to supporting students' mental health. Their whole-school preventative programme includes supporting teachers to deliver relaxation and mindfulness sessions and provides information and advice to help students manage their own wellbeing.

Students who require more support for their mental health can access occupational therapy group or individual interventions such as anxiety management and building self-esteem.

IMPACT

Intervening early prevents mental health problems from escalating so students are better able to engage in the curriculum and achieve their personal and educational potential.

Targeted approach

OUTCOME

To equip children and young people to realise their potential

HOW

2 Develop partnerships to build community capacity and address needs early

The number of children with SEND and mental health needs is rising and too many children have to wait too long to access the support they need to realise their potential.

Children and young people require timely and appropriate support based on need rather than diagnosis^{5, 7, 12}. Intervening early with children and young people whose mental health, physical or cognitive development is at risk has benefits for children and young people, their families and society as a whole¹³.

Occupational therapists use **targeted interventions**, often delivered in partnership with others, to optimise the development, health and wellbeing of children and young people whose outcomes are at risk. **Targeted interventions include** groups or workshops for young people, families and professionals and the adaptation of activities, materials and environments to enable young people to participate and achieve. Targeted interventions prevent difficulties from escalating and may reduce the need for more intense, specialist support in the future.

Taking a partnership approach extends the reach of occupational therapy to more children, young people and families by building the capacity of others to identify and provide support to those who need it. **Ensuring that partners have access to an occupational therapist** when a child or young person's needs go beyond their level of competence and training is essential.

Service Example: Royal Free NHS Foundation Trust

Mainstream School Service

Since 2013 occupational therapists in Camden have adopted a Partnering for Change¹⁴ model of service delivery, building the capacity of teachers in mainstream classrooms to recognise and support children who are struggling to reach their personal and educational potential. Intervention approaches include the provision of in-service training, co-teaching, modelling of strategies for children with physical, organisational and sensory

needs, and setting up intervention groups to develop children's movement and independence skills.

Adopting a school-based service model enables occupational therapists to deliver interventions that are timely, accessible and responsive to the needs and priorities of each school.

IMPACT

10% of children in Camden now have access to occupational therapy in their schools. The number of referrals to the occupational therapy service has reduced, suggesting that through early intervention more children are able to access the curriculum and participate with their peers. As a result, children who need specialist, individualised occupational therapy input can access it more quickly.

The impact is wider than 1:1 work and is sustained. It supports whole-school working.
Teacher

Josh's story

Josh's teacher noticed that he was avoiding table-top activities such as writing, craft and constructional activities in his reception class. She asked the occupational therapist for advice.

Following an assessment of Josh's fine motor skills the occupational therapist advised the classroom assistant on adapting activities, for example by providing different writing tools and scissors.

The occupational therapist helped the teacher set up an intervention group for Josh and some of his classmates focusing on pre-writing and fine motor skills. She advised on how to grade activities so that Josh developed his fine motor skills and confidence.

IMPACT

Embedding fine motor activities into Josh's daily routine means he has multiple opportunities to practice and master the motor skills he needs for learning and for self-care activities such as dressing and eating.

Josh's teacher understands how she can adapt and grade activities to improve his performance and participation in learning and self-care activities.

Other children benefit from the teacher's ability to:

- identify and assess fine motor difficulties and
- implement strategies quickly to prevent gaps in skills from growing.

OUTCOME

To equip children and young people to realise their potential

HOW

3 Work across traditional service boundaries to address physical and mental health

Too many children and young people are waiting too long for services and support. Despite a clear link between physical and mental health,¹⁵ services are often organised and provided separately and high referral thresholds mean that children and young people are often unable to access mental health services until they reach crisis point. Delays in accessing support can cause problems to escalate meaning that more intensive and costly interventions are required and increasing the risk of poor health and wellbeing outcomes.

Children and young people with SEND and physical health conditions are at particular risk¹⁶ of mental health problems. These risks are highest when young people move from one school or setting¹⁷ to another and during the transition¹⁶ to adulthood.

Unexplained physical symptoms can have a basis in poor mental health,¹⁸ and some mental health problems may be the result of an undiagnosed physical or neurodevelopmental disorder. Interventions may not be effective unless a child or young person's underlying physical and emotional needs are recognised and addressed.

To effectively support children's mental and physical health, occupational therapists need to sit within service structures that enable them to work holistically, preparing children with the skills and resilience to grow and prepare for adulthood.

Occupational therapists can work in a more effective and streamlined way because they work across health, education and social care and have the knowledge and skills to address physical and mental health. Occupational therapists also promote health and wellbeing¹⁹ by raising awareness and promoting the adoption of healthy occupations across the lifespan.

Service Example: Devon County Council

Education Inclusion Service

Devon County Council employ an occupational therapist as an Educational Wellbeing Advisor²⁰ alongside a social

worker and a teacher, supporting children at risk of exclusion and those who have difficulty accessing full time education for medical or mental health reasons such as chronic fatigue or anxiety.

The occupational therapist works with local authority inclusion officers and health services, carrying out home visits, gathering information and attending Team Around the Family meetings to understand the barriers and supports that prevent or enable a child's school attendance.

Ben's Story

Ben is a year nine pupil with post-concussion syndrome affecting his memory, mood and energy levels. Symptoms typically resolve after a few months, but Ben had been off school for almost a year before he was referred to the occupational therapist who works as an Educational Wellbeing Advisor.

Ben's parents were very anxious. They thought he was not 'well' enough for school and had applied for him to be placed in an alternative education provision.

The goal was for Ben to return to mainstream education where he could reconnect with his peers and where he was more likely to achieve his academic potential. The occupational therapist worked with Ben, his parents, teachers and others to identify strategies to enable his transition back into mainstream education. Strategies included a modified timetable and visual reminders to help with organisation. The occupational therapist also helped build parents' confidence by supporting them to develop Ben's stamina and introducing more structure to Ben's daily routines. A graded reintegration plan was developed and agreed with Ben, his parents and teachers.

IMPACT

Ben has now resumed his role as a student. He is less isolated and is achieving academic milestones.

Ben's parents can now consider returning to work as a plan is in place to support his return to full time education.

Cost of funding an alternative educational placement	£18,000 per year
Average annual cost of mainstream secondary education	£5,000
Occupational therapy input	19 hours at £43 per hour = £817
An investment of £817 has meant potential cost savings of £13,000 per year	

Specialist approach

OUTCOME

To equip children to participate as valued members of their community regardless of physical, learning and mental health need

HOW

4 Adopt a strengths-based approach that fosters self-management and independence

Increased demand for specialist health services means it is no longer possible to provide direct, specialist input for every child and young person. Further, traditional models of delivery may promote dependence on services which will affect the way people use health and social services in the future.

Some children with complex needs or circumstances will benefit from a period of direct, specialist intervention to address a particular need. Others will require specialist input to monitor and adjust interventions as the child or young person's complex needs change. The aim however, is to promote independence and self-management rather than dependence on specialist services.

Occupational therapists adopt an asset-based approach²¹, working with individuals and their families to develop their skills in managing their own occupational needs. Collaboration between the occupational therapist, families and others involved in the child or young person's care is essential.

Occupational therapists offer specialist interventions with the aim of developing independence and self-management rather than dependence on specialist services. These factors have a critical influence on the way that people and families access health and social services across the lifespan.

Service example: Swansea Bay University Health Board

Neonatal Intensive Care Unit

Swansea neonatal intensive care unit (NICU) is one of five services in the UK offering Family Integrated Care.

The occupational therapist works with parents to enable them to position and handle their baby to facilitate their physical, emotional and cognitive development. The

occupational therapist also helps parents develop secure attachments to their baby by enabling them to engage in parenting occupations whilst on NICU.

Parents of babies on a NICU are at increased risk of a stress disorder. Occupational therapy reduces the risk of perinatal mental health problems among mums and partners by building their skills and self-efficacy as parents.

IMPACT

By adopting the Family Integrated Care model and working with parents to enable them to take the lead in caring for their premature or sick baby, occupational therapy has helped reduce the average length of stay on NICU by **9** days.

Parents who have had access to occupational therapy feel more confident in their ability to care for their baby whilst on NICU and afterwards at home.

Immogyn and Klowis' story

Immogyn was born by caesarean section after a long labour and had a cardiac arrest soon after birth. She spent five days in intensive care, but then had some significant seizures. Parents were told there was a risk to Immogyn's development and long-term outcomes as result of brain damage.

Immogyn was referred to the occupational therapist who explained about brain development and the importance of positioning and stimulating Immogyn to maximise her health and progress. The occupational therapist supported parents to encourage tummy time and suggested ways they could encourage her development through positioning and play.

IMPACT

Mum Klowis said that "Without seeing the occupational therapist we wouldn't have known what to do. She reassured us that what we were doing was right which was really important after everything we'd been through. She was realistic and honest about Immogyn's progress and referred us to other services when she saw the need. The timing of input was crucial. It was hard because we had so much going on in the early days, but the occupational therapist helped us to understand what we could and should do. We don't need so much direct input now, but we know we can contact the therapist if we need to. We can't thank her enough."

OUTCOME

To equip children to participate as valued members of their community regardless of physical, learning and mental health need

HOW

5 Anticipate the changing needs of children, young people and their carers to facilitate positive transitions

Children and young people with SEND and mental health needs experience more transitions between services and settings than their peers and find these critical times more challenging²².

Making a successful transition to adulthood has implications²³ for a young person's experiences, life chances and use of health and social care resources in adulthood. While legislation has extended frameworks for young people with SEND up to age 25^{6,7}, health services are typically commissioned for young people up to age 18. Young people may therefore have difficulty accessing occupational therapy to support a successful transition to adulthood.

Occupational therapists have the skills and expertise to enable people to participate in the occupations that matter to them across the lifespan. Collaboration between health, education, social care and other agencies and the involvement of children, young people^{24,25,26} and families in making decisions is essential to ensure transitions are timely and coordinated.

Occupational therapists enable effective transitions by working across agencies and taking an anticipatory, person-centred approach. This ensures that the specific needs and circumstances of children, young people and families are identified, and appropriate plans, interventions and adaptations are implemented to meet both their immediate and longer-term needs.

Laura's story – Warrington Borough Council

Laura aged three who has CHARGE syndrome (a complex genetic condition) has spent nearly all her life in hospital. Daily visits were financially and emotionally costly for her mum and made it impossible for her to maintain family life for Laura's older sister. The risk of family breakdown was high.

The main barrier preventing Laura's hospital discharge was a lack of suitable housing. A referral was made to

occupational therapists at Warrington Borough Council who worked closely with the medical and therapy team at Alder Hey Hospital to support Laura's discharge.

Occupational therapists identified a property close to mum's support networks that could be adapted to meet Laura's current and future needs. They made the case for major adaptations to be funded and ensured that equipment was provided to meet Laura's occupational and nursing needs.

Occupational therapists worked closely with Laura's mum, sister and grandparents to ensure the house would work for them as a family. They also signposted mum to agencies that could help with finances and benefits and have referred Laura's sister for support as a Young Carer.

IMPACT

Now that the family's housing needs have been addressed, a graded plan for Laura's hospital discharge is in place. The cost of keeping Laura in hospital is around £1000 per day. **The human benefit of facilitating her discharge is immeasurable.**

Tobin's story

Birmingham and Solihull Mental Health NHS Trust

Tobin, aged 15 has autism and had been out of school for over six months when referred to the occupational therapist at SOLAR, the child and adolescent mental health service in Solihull. Tobin's sleep patterns and routines were poor, he wasn't using his time productively and had become socially isolated.

After discussing sleep hygiene and daily routines with the occupational therapist Tobin's sleep patterns improved and his days were more structured. The occupational therapist encouraged Tobin to think about what he could do next. He was interested in mechanics but didn't have the functional maths or English qualifications he needed to access a training course or apprenticeship.

The occupational therapist worked with the local authority's Employability and Education Officer who identified a transition course, and the Local Authority Travel Trainer to build Tobin's confidence in using public transport so he could access the course.

IMPACT

Tobin is getting sufficient sleep, is taking care of his personal hygiene and is more independent in managing his daily routines. He is accessing the transition course and is working towards functional maths and English qualifications.

Tobin and his parents now have hope and a plan for his future as an adult.

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OUTCOME

Occupational therapy equips children and young people to:

Participate as valued members of their community regardless of physical, learning and mental health needs.

Realise their potential by developing the skills and resilience they need to access education and perform activities of daily living as children and adults.

Lead full and happy lives- participating in the activities (occupations) they need and want to do at home, at school and at play.

HOW

In order to achieve this, services should deploy occupational therapy expertise to:

Anticipate the changing needs of children, young people and their carers to facilitate positive transitions.

Adopt a strengths-based approach that fosters self-management and independence.

Work across traditional service boundaries to address physical and mental health

Develop partnerships to build community capacity and address needs early

Embed opportunities to promote physical and mental health into children's daily routines and activities.

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SPECIALIST

TARGETED

UNIVERSAL

The full list of references for this report is available at www.rcot.co.uk/ilsn

Find out more: www.rcot.co.uk/ilsn



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