Introduction

Occupational therapists are the only profession where activity (task, performance and/or process focused) is the main method of intervention. Occupational therapists work holistically and are outcome focused. They have multi-dimensional training that addresses the physical, psychosocial, sensory processing, developmental levels and needs of Children & Young People. Occupational therapists have specific skills in activity analysis, problem-solving, orthotics, group dynamics, sensory integration, visual perception, and the impact of disability and mental illness upon occupational functioning. (COT 2007).

Occupational therapists provide a range of interventions for different conditions to help improve children’s:-

- Functional ability which may be cognitive, physical or emotional (or a combination).
- Co-ordination
- Physical, sensory, intellectual and or psychosocial difficulties. Interventions are focused on occupational performance areas of age appropriate personal activities of daily living (washing, dressing, feeding, toileting, personal grooming, and mobility, seating), school access and engagement (e.g. handwriting, attention, copying from the blackboard, participation in PE); and developmental play,
- Social relationships and community living skills (e.g. road awareness, shopping, meal preparation, use of public transport).
- Environment through the provision of equipment and /or adaptations

Assessments take into account: gross motor, fine motor, visual perceptual, cognitive, psychosocial skills, and the environment. The needs of the carer are also considered with respect to manual moving & handling, transportation, and safe management of the child in all their environments, including their carers’ emotional well being.

Specific questions

1. How effective are early years interventions in addressing health inequalities?

Unless there is a significant functional impairment very few children are referred to an Occupational Therapist (OT) until concerns are raised by teachers within the school environment. Earlier identification and referral to
OT for preschool children would certainly improve school readiness. Young offenders often report disengaging with Education at an early stage. As listed above there are many reasons why a child may not be able to engage at school/isn't school ready. The same reasons then apply within the prison setting making this vulnerable group far less likely to take up educational opportunities in prison. Identifying and addressing key problems pre-school improves the outcomes for this vulnerable group.

2. What are your views on current early years policy in Scotland in terms of addressing health inequalities?

Getting it right for every child was welcomed by the College of Occupational Therapists but in some areas a GIRFEC panel has created an extra barrier to access OT services.

The Children and young person’s Bill currently passing through parliament is also welcome but again the proposal for every child having a named worker will rely on that named person having a clear understanding of the role of OT and understand the indications that warrant a referral. This applies to other Allied Health Professionals such and Speech and Language Therapy. If language development is a problem then early access to a Speech and Language Therapists makes good sense. If co-ordination, cognition, attention or behaviour for example, are a problem it makes good sense to see an Occupational Therapist.

3. What role can the health service play in addressing health inequalities through interventions in the early years?

Raising awareness of the OT role with Health Visitors and Nursery School staff and having clear referral pathways and access to early intervention from an OT makes both clinical and financial sense. Due to the holistic nature of OT intervention, barriers to learning and healthy living can be addressed.

The role of Child and Adolescent Mental Health Teams (CAMHS) within early identification is to help train the early year’s workforce and to ensure quick access to assessment and treatment / intervention when children are referred. COT believes that it is essential that occupational therapists are employed in this service.

4. What barriers and challenges do early years services face when working to reduce health inequalities?

Many children’s occupational therapy departments have long waiting lists due overwhelming demand for their services and settings and schools wait too long for the advice they need to meet Special Education Needs (SEN). This capacity gap needs to be address to aid early intervention.

Addressing problems before they have started to have a significant impact on health and education is essential. This is unachievable if there is a significant wait to see an OT especially when children are already experiencing
difficulties at school. One could argue that you can’t afford not to significantly increase resources in this area when the long term outcomes of not resourcing them are extremely costly both in financial and human terms.

5. **Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?**

The Evidence

- Occupational therapy interventions with children who are at risk academically, economically and socially significantly improved their handwriting skills (particularly legibility, space, line, size, form and speed) and hence improves academic outcomes for this group (Peterson et al 2003).

- In the area of mental health, occupational interventions are focused on the emotional and mental health needs of the child or young person using activity based interventions as the main mode of intervention. Interventions are individual and/or group based in nature using a range of treatment approaches, including, developmental, educational, neurodevelopment (Bobath & sensory integration) and compensatory. Intervention will also include the use of home programmes and advice to all those within the child’s network. (COT 2007)

- Occupational therapy groups for low income urban youths attending after school care can provide opportunities for promoting creativity and choice, being able to talk about feelings, learning to work in cooperation and how to respond to anger in healthy ways by increasing their cognitive understanding of anger management. The participants were able to use these anger management techniques outside the group in real life situations (Bazyk and Bazyk 2009).

- Occupational therapy nutritional education programmes for children who are obese uses play activities, such as interactive board games and video games. There is evidence to show that these effectively promote the learning of nutritional concepts (Munguba et al 2008).

- Occupational therapists support school programmes to reduce obesity. For example, they develop and use resource guides for families that include maps to local parks, ideas for low cost nutritious meals and active leisure options. Classroom groups led by occupational therapy students tell us how they helped increase children’s confidence to take part in physical activities (Cahill and Suarez-Balcazar 2009).

The College of Occupational Therapists is the professional body for occupational therapists and represents over 29,000 occupational therapists, support workers and students from across the United Kingdom. There are approximately 3,500 Occupational Therapists working in Scotland. Occupational therapists work in local authority social services, the NHS, housing, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.
Occupational therapists are regulated by the Health Professions Council, and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

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References


