Maximising the potential of children and young people through occupational therapy

Key facts

Occupational therapy is a person-centred profession concerned with promoting a balanced range of occupations to enhance health and wellbeing. Occupations refer to everything people do in the course of their daily life. Occupational therapists believe that everyone has the right to the opportunity to fulfil their potential.

Children and young people may experience disruption to their occupations due to injury, illness or disability, family circumstances, or at times of transition. Occupations for children and young people may include areas of self-care (for example getting ready to go out, eating a meal, using the toilet), work or being productive (for example playing, attending school or university, volunteering, caring for others), and leisure (for example playing with friends, socialising with friends, doing hobbies or sports).

Occupational therapists will spend time finding out about the child’s and family’s typical daily life and what they want, need or are expected to do. They will then work together with the child, family and other key people to evaluate what helps or hinders their involvement in daily life roles. Together, possible solutions will be developed, such as exploring alternative ways of doing things or making changes to the environment to support participation.

Key benefits

Occupational therapists can work at three major levels within health, social care, education, voluntary or public health arenas (Arbesman et al 2013):

Level 1: Whole – population or universal programmes designed for all children and young people. For example:

- Whole school programmes promoting mental health (rather than preventing mental illness) have been successful (Wells et al 2003), including participating in leisure occupations (Daykin et al 2008).
- Working with teachers in the classroom has improved the legibility, speed and fluency of children’s handwriting (Case-Smith et al 2012).
- Occupational therapists are uniquely qualified to promote lifestyle change to address issues such as obesity (Reingold and Jordan 2013). This could include applying play activities in a nutritional education programme (Munguba et al 2008).
- Implementing a ‘whole school’ approach to occupational therapy services in mainstream schools enabled close relationships with school staff to be developed which influenced the participation of all children in school occupations (Hutton 2012).
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**Level 2: Targeted, or selective services** designed to support children and young people who are at risk of poorer health or wellbeing outcomes. For example:

- Occupational therapy-led life skills programmes for children with learning delays and disabilities improved self-management skills and decreased aggressive and antisocial behaviours (Carter and Hughes 2005; Drysdale et al 2008).
- Social behaviours of adolescents on the autism spectrum were improved through an occupational therapy programme based on role play (Gutman et al 2012).
- Lifestyle management programmes for children with cystic fibrosis can improve peer relationships and decrease loneliness (Christian and D’Auria 2006).

**Level 3: Intensive, or specialist occupational therapy services** provided for children and young people with identified mental, physical, emotional, learning or behavioural needs which impact on their participation in life roles. For example:

- Working with children with acquired brain injury using an individualised intervention approach - Cognitive Orientation to Daily Occupational Performance (CO-OP) that teaches cognitive strategies necessary to support successful performance (Missiuna et al 2010).
- Using parent coaching approaches to improve the participation of children on the Autistic Spectrum in their chosen occupations (Dunn et al 2012).

Focusing on enabling participation in chosen occupations is the most effective intervention approach for children and young people with Developmental Coordination Disorder (Morgan and Long 2012)

**Cost benefit**

- Public health interventions are considered by the National Institute for Clinical Excellence as generally highly cost-effective and represent good value for money (Owen et al 2011).
- An innovative model for providing school-based occupational therapy services to children with developmental coordination disorder demonstrated a cost-effective service (Missiuna et al 2012; [http://canchild.ca/en/ourresearch/partneringforchange.asp](http://canchild.ca/en/ourresearch/partneringforchange.asp) 2014). Working from universal and targeted perspectives over one year (295 working days), occupational therapists benefited over 2600 children, 185 teachers and 24 assistants. In addition, parent workshops at schools and nurseries built capacity in over 500 parents. This equates to an occupational therapist benefiting over 8 children per day.

*Occupational therapy enables people to participate in daily life to improve health and wellbeing*
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References


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