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:

- A 'whole school' approach to delivering occupational therapy, where therapists share professional knowledge and skills with school staff, to improve the engagement and participation of children in a range of school occupations (Hutton 2009).
- Delivery of handwriting intervention in a classroom setting, where there is a collaborative approach between therapists and teachers. A co-taught handwriting programme has been shown to improve the legibility, speed and fluency of children's handwriting (Case-Smith et al 2012).
- Occupational therapists, through promoting healthy lifestyle choices and engagement in fulfilling and meaningful occupation, can make a significant contribution towards addressing issues such as obesity (Reingold and Jordan 2013, Orban et al 2014, Moll et al 2015). This could include applying play activities in a nutritional education programme (Munguba et al 2008).

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:

- An occupational therapy programme to develop social skills. Occupational therapy intervention based on role play was found to improve the social skills of adolescents on the autism spectrum (Gutman et al 2012).
- Occupational therapy input to support teachers in adapting classroom tasks. For example, occupational therapists have supported teachers to adapt the motor challenges of classroom tasks which enabled the enhanced participation of children and young people with developmental coordination disorder in school life (Missiuna et al 2012).



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:

- Use of an individualized intervention approach to teach cognitive strategies to support successful performance. For example the Cognitive Orientation to Daily Occupational Performance (CO-OP) intervention has been used with children with acquired brain injury (Missiuna et al 2010).
- Use of parent coaching approaches, for example to improve the participation of children on the autism spectrum in their chosen occupations (Dunn et al 2012).
- Individualised motor skills programmes. There is evidence that forms of constraint-induced movement therapy (CIMT) and intensive bimanual therapy can improve upper limb function in children with hemiplegia (Sakzewski et al 2014, Gelkop et al 2015) and can help them to achieve individualised goals (Sakzewski et al 2014).
- Therapy programmes that are tailored to the child's interests and strengths can improve functional outcomes. Task-persistence (of children with congenital hemiplegia) has been seen to have a positive effect on occupational performance outcomes following upper limb intervention (Miller et al 2014).
- Home-based programmes, where there is a collaborative partnership between the parent and
 therapist, can be used to increase the intensity of therapy. It has been found that such
 programmes can be effective in improving motor outcomes in children with cerebral palsy if they
 are based on proven effective interventions and appropriate support and coaching is provided
 (Novak and Berry 2014).
- It has been identified that it is important to incorporate the priorities of parents and children
 when setting goals and delivering interventions in order to optimise outcomes. Interventions for
 children with developmental coordination disorder that address social factors and participation
 in everyday occupations have been found to be highly valued by families. (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 (CanChild Centre for
 Disability Research 2012, Missiuna et al 2012). 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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