



The Royal College of Occupational Therapists submission to The Programme for Government draft Outcomes Framework Consultation 2021: 22 March 2021

The [Royal College of Occupational Therapists \(RCOT\)](#) is the professional membership organisation for occupational therapy staff across the UK with a total membership of 32,737. Of these 28,141 are professionally qualified occupational therapists across the UK (RCOT, 2018). There are 1,363 RCOT members in Northern Ireland of which 1,207 are professional members (RCOT, Feb 2021). Occupational therapists in Northern Ireland work in trusts, across health and social care services across all levels of services. They also work across other departments and sectors such as, housing,ⁱ education,ⁱⁱ prisons,ⁱⁱⁱ the voluntary and independent sectors, and vocational and employment rehabilitation services

What is Occupational Therapy?

Occupational therapy is a science based profession. Occupational therapists work with people of all ages, who are experiencing difficulties through injury, illness or disability or a major life change. Occupational therapy improves the health and wellbeing of people through enabling participation in daily life which is made up of many occupations (or activities).

Occupational therapists consider the relationship between what a **person** does every day (**occupations**), how illness or disability impacts upon the person and how a person's **environment** supports or hinders their activity (PEO Model). Using this approach, occupational therapists help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

Occupational therapists are dual trained in both physical and mental health. A biopsychosocial frame of reference is central to occupational therapy practice, so they are knowledgeable about the social determinants of health and the root causes of health inequalities. They are experienced in working across many environments, departments, agencies and sectors so are well informed about what is available in the whole system and how to access it.

Key points:

- Social Determinants should be key components of all outcomes (housing, employment, education as well as developing a trauma informed society)
- Cross departmental working is necessary to achieve all the outcomes, and Departments' remits must support this. Departments must work together with action on interdepartmental working, shared plans and budgets in order to achieve outcomes
- Occupational therapists are already a bridge across departments and agencies and their expertise and skills should be utilised in developing outcomes and plans.
- This Programme for Government Outcomes Framework layout should reflect better the description of a connected, integrated blended approach from government and services to society.
- There needs to be more emphasis on relationships and co-production.



Outcomes Framework Questions

Our children and young people have the best start in life

1. Do you feel this outcome is worth including in the Programme for Government's Framework?

We agree this is worth including and is very important but are concerned it is limited by the words 'best start'.

There also needs to be a linked, coherent approach needed beyond this and across a wide range of areas for all children and young people not just at the beginning.

There could be something to indicate that: Our children and young people are given the best start in life and supported to transition and thrive to adulthood or 'All children and young people thrive and enjoy their childhood.'

2. Do you agree with the key priority areas (listed below) that have been included under this outcome? Access to education, Capability and Resilience, Early years, Skills and Attainment

We recognise an emphasis on early years, but childhood and the transition through to adulthood should be considered as a whole. Currently, services for children and adolescents are not sufficiently integrated, resulting in patchy support experiences for many young people.

More detail is needed on how children with a disability or special educational need are to be supported in this.

We also hope that access also means 'accessibility'. The school and physical environment must be accessible for all children. Adapting and ensuring the environment is accessible allows the child with special educational needs to move around the school building so they can be included in school life with their peers.

There could be more positive focus on developing real and lasting life skills and life tools.

'Team sports, and cross community activities' in the description of Capability and Resilience is extremely limiting. We would suggest there is greater emphasis on developing opportunities for positive activities and healthy occupations to promote well being and these should be included as part of the school curriculum. Opportunities should reflect real life, focusing on meaningful skills and life tools for the world of today to foster students' independence, resilience and coping skills now and in the future. There is an intergenerational cycle of deprivation that needs to be broken and this could help do that. An example of children coming to school dishevelled and with no breakfast and parents who had no role model or security themselves.^{iv} needs to not perpetuate to the next generation.

'Care' is not listed here but is on page 13 and 'Providing stable, nurturing environments' should be for all children. There are children in so many other households that need special attention such as homes where there is 'domestic abuse' so there should be attention in this area to all children.

Develop a trauma informed approach.^v



3. Do you feel there are Key Priority Areas missing under this outcome?

These priority areas are more or less where strategies have already been developed or have started. We feel there should be a focus on the social determinants in each of the outcomes. There is no point in focusing on education for a child, if that child is coming to school hungry.

We suggest that **Employment/ support for Workless families:** is added

If *'Children growing up in workless families are almost twice as likely as children in working families to fail to reach the expected levels at all stages of their education.'* this should be included as a priority because of the significant impact.^{vi}

'Children in Northern Ireland and the North East were around twice as likely as children in the Southern and Eastern regions to live in long term workless households.'^{vii}

We suggest that: **Enjoyment or happiness in childhood:** is added.

There are so many social and environmental pressures on young people, there should be more of an emphasis on 'children being able to be children,' and be able to develop and enjoy age appropriate activities and occupations. More emphasis should be made on developing extra curricular or leisure activities as well as age appropriate social activities up to young adulthood. Extra curricular activities need to be a core and measured part of schools' provision. There needs to be more environments in which children can develop socially and emotionally. Being able to know how to spend time productively and develop positive relationships will help with developing skills and avoid boredom which can also lead to anti social behaviour.

A linked coherent approach is needed across a wide range of areas for Children and Young People showing how systems and services have a cohesive approach to support children and young people. RCOT believes there should not be specific departments responsible, but all departments should be responsible together as each of them have something to contribute to this outcome.

We live and work sustainability - protecting the environment

1. Do you feel this outcome is worth including in the Government's Framework?

We agree this should be included.

2. Do you agree with the key priority areas (listed below) that have been included under this outcome? **Natural Environment, Green economy, Housing, Active and Sustainable Transport, Water and Wastewater Management, Built Environment.**

We agree with these areas. We would request the word accessible as well as sustainable in the housing section.

3. Do you feel there are key priority areas missing under this Outcome?

We believe it would enhance the inclusiveness of the Programme if there was reference to 'accessibility' to address the needs of people with disabilities in these sections.

We will want to see specific targets for the provision of newbuild wheelchair standard housing (10%) in any future action plan.



We would like to see **Good Stewardship** included as a separate priority. We recognise there are inefficiencies within the system which could be tackled. There are a lot of resources which could possibly be recycled which are not at present. One example is equipment that is given out and certain Trusts cleanse and recycle and others do not.

Occupational therapists work with people so they can participate in their preferred occupations and activities which includes going into the built environment. It is vital the public realm is also accessible, and that pavements and spaces are built to consider all disabled people and also those with limitations due to other difficulties such as the visually impaired, frail, hearing difficulties etc. It is also important that it includes spaces for people such as playgrounds, greenery, parks and walkways, bicycle tracks etc. and all populations are considered when designing such places and spaces such as 'Changing Places' toilets.

We have an equal and inclusive society where everyone is valued and treated with respect

1. Do you feel this outcome is worth including in the Programme for Government Framework?

We agree with this outcome's inclusion.

2. Do you agree with the key priority areas (listed below) that have been included in this outcome? Inclusion and Tracking Disadvantage, Rights and Equality, Legacy, tackling sectarianism, Building respect and Identity.

Some of these headings throughout have somewhat negative overtones, would it be better to focus on what we hope to achieve.

Social determinants (this should be in every one of the outcomes)

Housing that is warm, safe and accessible. Good work, training and skills opportunities, Education that is inclusive and accessible

Equity and equality

Northern Ireland is an equal rights society and we ensure that everyone is included and respected. We ensure not just physical accessibility but also attitudinal accessibility (this should go through all parts of society).

Some examples are:

Staff in a hospital know how to support someone with a learning disability in hospital (such as through the use of healthcare passports^{viii}) People in public services have an awareness of conditions which may need more sensitivity and understanding in interactions and awareness around communicating appropriately

People with a disability or hidden disability have easy to access public spaces on an equal basis with everyone else such as easy to use toilets in public facilities access to which does not require asking for a key.

Welcoming diversity

Everyone is ensured a place in this society from all backgrounds and beliefs, disabled/non disabled, old/ young, etc. More proactive approaches given to support people who arrive here for the first time.



Culturally aware

We will do more to help with understanding each other and people from elsewhere.

Redressing the past

We will ensure those people who were injured or affected during the Troubles will have access to high quality evidenced based services.

We are a trauma informed society.

We would like to see Northern Ireland developing a more trauma Informed approach and that we all see people in the context of their lives and support 'service culture, design and delivery that help practitioners and organisations to design responsive, holistic and effective systems of care.^{ix}

Connected People /Building relationships

We can look at the opportunities to build strong communities and positive relationships '*It has been claimed that chronic loneliness can be as bad for your health as smoking 15 cigarettes a day and, along with social isolation, has also been associated with increased cognitive decline, dementia, stroke and cardiovascular disease, along with a range of other conditions and illnesses*'^x

Relationships should be at the heart of all that we do.

3. Do you feel there are key priority areas missing under this outcome?

Tackling racism has not been included. We would like to see more of an emphasis on this area as it is a significant area which needs addressed. This includes racism towards other cultures and also those with different coloured skin. There needs to be a more proactive approach and learning about other cultures should start in early year's education. There needs to be better knowledge and understanding of cultural mores in Northern Ireland.

We all enjoy long, healthy, active lives

1. Do you feel this outcome is worth including in the Government's Framework?

We agree with this outcome's inclusion

2. Do you agree with the key priority areas (listed below) that have been included under this outcome? Access to Health, Inclusion and tackling disadvantage, Mental Health and Wellbeing, Older People, Physical Health and Wellbeing.

'**Social Determinants**' should be here given the impact on health. Occupational therapists know that the social determinants of health that have the biggest impact on quality of life and life expectancy need a much greater focus in Northern Ireland. These main drivers for poor health and wellbeing such as poor access to education, housing, employment, and social support can often feel like the "add on" rather than the central focus for healthcare and this needs to change. Employment for example, is one of the most important determinants of health. It also has other impacts such as on academic achievement in children as highlighted in the section on children.



While the strength of services and teams is the “biopsychosocial” approach, often the focus is predominantly biological/medical with some psychological focus and social factors left till last. A true “biopsychosocial” approach would address these determinants equally

The health implications of not being in work for individuals and Northern Ireland society as a whole must be recognised and the link between health and work prioritised as well as ensure support for people who wish to remain in, return to or obtain work.

All the points in the last section could also be here.

Access to high quality evidenced based services: is missing

Trauma Informed Approach:

As well as enabling a more person-centred approach for anyone who uses a service, this is a change with potential to improve healthcare for people who currently face poor outcomes.^{xi}

3. Do you feel there are key priority areas missing under this outcome?

Quality of Life or Living a meaningful Life: is missing.

We spend our lives through the occupations and activities of everyday. Occupation is so intrinsic to everyone’s life. There are people, including in our own society, who have no access to occupation, choice, or agency over what they do. Occupational deprivation is destructive. It is important that people have a quality of life that is meaningful, including where there are any challenges such as disability, ageing or living with a long term condition. People at home in communities or living in care homes or other settings should all have a right to a quality of life which includes a recognition of the importance of occupations.

We all need to have a good balance of work, rest and recreation. We know that healthy occupations and doing things that give us a creative outlet or enable us to feel included or participate with others, is also vital for well being.

Occupational therapists work using a person-centred approach, addressing physical and mental health and care needs in partnership with other professions and organisations to find the right solutions for people. This unique position enables us to build partnerships across the health and care system and across other non traditional boundaries.

We believe strongly in ‘occupation’ for health and well-being and would like to see ‘**Access to occupation**’ included. The occupational therapy approach adapts to people living with conditions and managing occupations across a range of domains.

Good work:

Good work is generally good for health and should be available across a wide spectrum. This could range from those people in employment but also those who need support to gain, remain in or return to work /productive occupation whether that is because of:

- Health conditions or disability (such as people with cancer, learning disabilities, stress/mental health issues, autism, stroke, musculoskeletal etc.)
- Social circumstances (those who are homeless, resettlement after being in the criminal justice system)
- Training and skills development
- Caring responsibilities



Employment/work for someone can be across a continuum of progress from a beginning level such as getting as daily routine right through to full time paid employment. A linked coherent approach is needed across a wide range of areas such as Government Departments and Community Planning.

Increase capacity, promote healthier lifestyles and tackle health inequalities: is missing.

The Director of Performance Management, Health and Social Care Board at a Committee for Health Departmental Briefing on Waiting Lists and waiting time on the 11th March said in relation to demand increasing which resulted in waiting times being exceeded that **“This trend is expected to continue and will only be addressed if we take action to increase capacity, promote healthier lifestyles and tackle health inequalities”**.

We would like to see more emphasis in these outcomes on public health, prevention and early intervention. Public health messages which are positive and lead to healthier lifestyles are needed.

Community care: is missing.

Communities need to be enabled to support individuals. Occupational therapists take a community perspective and look at how a person will remain part of a community. They can find solutions to support a person’s quality of life through working with a person, a family and a community.

RCOT would like to see better pathways and integrated models to access occupational therapy at a community level. Occupational therapists should have a substantive and clear role in Primary Care with a focus on prevention and early intervention. One area is with older people, *‘Research shows that if you act early, you can have the greatest impact on your ageing journey’*.^{xii} This needs to be focused on what matters to the person and developing a wider role than is possible within the MDTs. It should be also a role which can provide interventions such as home visits as this is where an occupational therapist will be able to see what is happening in the home environment and do an assessment that is more accurate for the person.

Rehabilitation (and prehabilitation) is missing.

There are changing demographics in Northern Ireland and people are living with disabilities, physical, neurological and mental health conditions, frailty and others struggling with social issues such as homelessness, loneliness and worklessness. On top of all that COVID 19 has had a huge impact and there will be consequences as a result of this such as deconditioning and deskilling from occupational disruption and deprivation due to the pandemic. An example is an elderly lady who has stopped driving to go out to do her shopping and a family member thinks she will never resume this. Everyday routines and activities as well as relationships and participation and engagement have been affected. Additionally, there are populations who have not had services and whose rehabilitation needs have not been met (both Covid and non Covid)

Everyone can reach their potential

- **Do you feel this outcome is worth including in the Government’s Framework?**

We agree with this outcome being included.



- **Do you agree with the key priority areas (listed below) that have been included under this outcome? Capability and Resilience, Better Jobs, Skills and Attainment, Sports, Art and Culture.**

We agree with the key priority areas.

- **Do you feel there are key priority areas missing under this outcome?**

Productive occupation for those who may not be able to enter employment including a range of day opportunities (and this includes issues such transport and other considerations) should be included.

Potential for one person could be coming first in a sports event or being on a winning football team and for someone else it may be managing to get on the right bus or opening a bank account on the way to achieving a bigger goal such as getting a job.

We believe a whole systems approach is needed in relation to employment/ work/ vocational rehabilitation and as a social determinant should be integrated across government with joint funding, planning and commissioning. We believe there should be integration across government to comprehensively support people across a continuum. They may not currently be in education, training and employment and may never reach full time paid employment, but their potential may be in being involved in projects such as 'social farms'.

There are those who face greater barriers in accessing work and require intensive and focussed support and this should be included.

RCOT are concerned that those who fall outside the scope of key target groups will not have their needs met. Although their presentations vary greatly e.g. learning disabled, enduring mental illness, neurological conditions, visual and sensory impairment, the common theme amongst individuals with these conditions is the additional and specialist support that may be the only way they may be enabled to progress to their potential.

Condition Management Programme - This is a Programme in which health care professionals such as occupational therapists deliver interventions to address complex barriers in a work rehabilitation context. They provide a service to people along the continuum of work and health; from those whose barrier to returning to work is their complex physical and mental health conditions, to those with health conditions wishing to remain in work. We would like to see further joining up and integration across departments to ensure the benefits of this valuable Programme is available to those who need it and that evidence is gathered both of employment and health outcomes.

Our economy is globally competitive, Regionally balanced and Carbon Neutral

1. **Do you feel this outcome is worth including in the Government's Framework?**

We agree with this inclusion of this outcome.

2. **Do you agree with the key priority areas (listed below) that have been included under this outcome? Competing Globally, Green economy, Growth, Food, Farming and Fishing, Infrastructure, Innovation.**

We agree with the key priority areas.



3. Do you feel there are key priority areas missing under this outcome?

Accessible and inclusive environments: is missing. To compete globally ensuring that our environments for visitors and people who come to stay either as tourists or as part of business communities are accessible for all ages. Also having activities for people to do when they come here and there is a joined up approach across government (parking, places to stay, public realm, interesting physical and cultural and arts activities including previous comments of being a welcoming society).

Everyone feels safe – we all respect the law and each other

1. Do you feel this outcome is worth including in the Government's Framework?

We agree with inclusion of this outcome. We feel that 'Everyone feels safe' is enough.

2. Do you agree with the key priority areas (listed below) that have been included under this outcome? Access to Justice, Address harm and vulnerability, Early Intervention and Rehabilitation, Tackling sectarianism – building respect and identity.

We would again like a more positive focus on what we would like to see in this outcome. Previous points about 'relationship' trauma informed approach is relevant here as well as social determinants.

It is good to see the focus on early intervention and rehabilitation.

3. Do you feel there are key priority areas missing under this outcome?

Transformative justice: is missing.

We have a caring society that supports people throughout their lives

1. Do you feel this outcome is worth including in the Government's Framework?

We agree with this outcome and its inclusion.

2. Do you agree with the key priority areas (listed below) that have been included under this outcome? Disability, Housing, Inclusion and tackling disadvantage, Mental Health and Wellbeing, Older People.

We agree with all of these but worry that putting them here will mean that they are not properly included to the other outcomes where they need to be. We are concerned by putting them in this category will mean they are not meaningfully aligned to the other parts. These should be in every one of the other outcomes. There needs to be more thought about a more blended and integrated approach in this PfG. They are also vague.

3. Do you feel there are key priority areas missing under this outcome?

The following are missing;

Accessibility and inclusion: in housing.



Also we will want to see specific targets for the provision of newbuild wheelchair standard housing (10%).

See the point on 'Good work' made previously

'The right to rehabilitation for all who need it:', is missing

Joined up coherent approach: between services and properly evidenced based services including the community and voluntary sector and resourcing properly.

People want to live, work and visit here

1. Do you feel this outcome is worth including in the Government's Framework?

It is worth inclusion however again it should be blended and integrated through all the other parts. We would like to see Social Determinants being the measurement of this programme for government and perhaps a focus on what will make Northern Ireland a better place by achieving an improvement in those key areas would be a key outcome.

2. Do you agree with the key priority areas (listed below) that have been included under this outcome? Competing Globally, Better Jobs, Growth, Housing, Tackling sectarianism building Respect and Identity, Sports-Arts and Culture, Planning

This outcome will be as a result of achieving the other outcomes and perhaps there could be more thought on blending and integrating all of them.

3. Do you feel there are key priority areas missing under this outcome?

We would reiterate points made previously about creating a physically, attitudinally and cognitively accessible Northern Ireland.

Contact

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References:

- ⁱ More information: Northern Ireland Housing Executive Occupational Therapists <https://www.nihe.gov.uk/My-Housing-Executive/Adaptations/Occupational-Therapists> Accessed on 02.03.21
RCOT Adaptations without delay: <https://www.rcot.co.uk/adaptations-without-delay>
- ⁱⁱ Occupational therapists provide early assessment and intervention for children in special and mainstream schools, enabling children to access the curriculum and reach their full potential with treatment, advice, provision of equipment and/or adaptations. They are supported by occupational therapists working within community teams, special schools and multidisciplinary teams (MDT).
- ⁱⁱⁱ **'Prisons: The value of occupational therapy'** This short report illustrates how occupational therapists working with prison services can address two key challenges for prisons; high re-offending rates and an increasing prison population living with one or more health conditions. The report uses examples to demonstrate that occupational therapists can promote health and wellbeing for prisoners, design effective interventions to enable people to take up opportunities, advise on building design and minimise risk / improve safeguarding of vulnerable prisoners. Available at: <https://www.rcot.co.uk/files/prisons-value-occupational-therapy> accessed on 02.02.2021
- ^{iv} Informing the Development of an Emotional Health and Well being Framework for Children and Young people in Northern Ireland (May 2019) (Scoping report undertaken by NCB and commissioned by DE,PHA)
- ^v For some information on this see Scottish Government (July 2020) Publication- Factsheet Adverse Childhood Experiences. Trauma Informed workforce. Available at: <https://www.gov.scot/publications/adverse-childhood-experiences-aces/pages/trauma-informed-workforce/> accessed on 19.03.21
- ^{vi} Department for Work and pensions (2017) Improving Lives: Helping Workless families Analysis and Research pack Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696368/improving-lives-helping-workless-families-web-version.pdf Accessed on 19.03.21
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- ^x ..(Northern Irelands Assembly,(April 2020) A blog from the Northern Ireland Assembly research and Information Service by Kirstin Spence available at: <https://www.assemblyresearchmatters.org/2020/04/22/loneliness-what-is-it-and-what-can-be-done-about-it/> Accessed on 19.03.21
- ^{xi} ' King's Fund (Nov 2019) Tackling poor health outcomes: the role of trauma-informed care Available at: <https://www.kingsfund.org.uk/blog/2019/11/trauma-informed-care> accessed on 19.03.21
- ^{xii} North Lanarkshire H& SC [About the LifeCurve™ - Making Life Easier](#) Accessed on 15.03.21