The [Royal College of Occupational Therapists](https://www.rcot.co.uk/) (RCOT) is the professional body for occupational therapy representing over 33,500 occupational therapists across the UK. Occupational therapists in Scotland work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists work with people of all ages, who are experiencing difficulties through injury, illness or disability or a major life change. 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, we help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

Thank you for the opportunity to comment on the inquiry into the health and wellbeing of children and young people in Scotland. Please find below comments from RCOT.

From an occupational therapy perspective, what are the **key issues** around health and wellbeing for children and young people in Scotland?

* Recent experience has shown that events outside a young person’s control affect how they feel about themselves and cope with life.
* Children’s roles, routines and activities have been disrupted and young people have missed opportunities and experiences that are critical for their health, development and well-being. These are key areas of interest for occupational therapists.
* Education, leisure activities and social communications have shifted from the physical to the virtual world. The impact of screen time and social media on children’s mental and physical health requires monitoring. Occupational therapists are particularly concerned about lack of access to play spaces, sports groups and other activities on children’s health and wellbeing.
* Health inequalities and educational attainment gaps have increased leaving children with the greatest needs (including disabled children) at the greatest disadvantage. These are the children most likely to benefit from occupational therapy support.
* Increased demand and increased complexity of need due to delayed/disrupted care means health and care services cannot always respond to requests for assistance in a timely manner.
* Lack of investment in early intervention and prevention services means children are presenting with more complex needs and circumstances, and require more intense, specialist intervention.
* Unequal access to health care and increased waiting times means care is often fragmented. Being unable to deliver services in a coordinated way affects outcomes and places extra demand on specialist services by increasing the amount of support/therapy required.
* Children and young people must be given a voice to ensure that services make a difference in the areas that matter to them.

What are the **current challenges** with improving the health and wellbeing of children and young people over the next 5 years?

* Health inequalities. The impact of factors such as deprivation, care experience & disability on the daily lives of children and families have been exacerbated by the pandemic.
* Education. The link between educational attainment, employment and quality of life is well known, but the focus should not just be on exam grades. Children and young people, especially those with additional learning needs require support to develop important life skills such as time management, sleep hygiene, social skills and budgeting alongside their educational skills. These are areas in which occupational therapist can assist.
* Service design. There needs to be a shift in focus and investment towards early intervention and prevention, rather than waiting for children/young people to reach crisis before intervention/support can be provided. A full range of provision across universal, targeted and specialist services is required.
* Managing expectations. Families need help to understand that services are working differently, working with families to promote self-management and independence rather than providing answers and ‘solving’ children’s problems. Messaging around this shift in expectation will help reduce reliance and dependence on specialist health and care services. This will have a critical influence on the way that people and families access health and care services in the future.
* Cross sector collaboration for children and family’s needs to be considered with the structures of the new NCS

What offers the **best opportunity** for improving the health and wellbeing of children and young people over the next 5 years?

* Talking and creative therapies are only part of the solution for improving mental health and well-being. Occupational therapists offer practical support, enabling children and families to develop routines and carry out everyday activities that they value, that provide structure to their lives and which promote resilience.
* Care must be cohesive and coordinated across sectors to ensure maximum benefit and best use of resources. Working across health, education, social care and in other areas positions occupational therapists well to take a ‘whole person’ approach to meeting children’s needs in context.
* Improved joint working between health, education and social care should be a priority. There needs to be a coordinated, 5-year plan rather than reactive responses that address some needs, but which may ignore the needs of others.
* Interventions and support must focus on the family as well as the young person. Carrying out effective conversations and signposting to trusted sources of information enables occupational therapists to support caregivers to find their own solutions, rather than promoting a culture of dependence on health and care services.
* A focus on the early years of life offers the best opportunity for preventing future health inequalities. This includes coordinated, resourced input into perinatal mental health services and in neonatal care. Occupational therapists provide input into both areas, providing specialist input that promotes the health, development and well-being of infants and families at a critical time in their lives.
* Early identification and support for children with emerging developmental concerns is crucial. This should be accompanied by targeted support for children and young people as they transition to early learning and school for those who need it most.
* Locating occupational therapists in primary care settings has enabled adults to access early physical and mental health support. The same approach could be applied to children. Occupational therapists can provide support to young people and families regarding for example, sleep, daily routines, exam and social anxiety. This may prevent ‘normal’ emotions and experiences becoming medicalised, providing young people with strategies and support to self-manage.
* Improved access to the right services at the right time in the right place at the right level (i.e. applying the principles of Ready to Act) will help ‘level-up’ and improve life chances for those that are more disadvantaged, be that due to deprivation, adversity, care experience or disability.
* Investment and commitment to early intervention and prevention, and taking a multifaceted, collaborative approach to support communities will help interrupt “the intergenerational cycle” of deprivation. This includes funding for Third Sector organisations who are often able to reach communities who find it difficult to access statutory services.
* Investing in outdoor play and leisure spaces is important for children’s physical and mental health. Play areas should be accessible for all children, irrespective of need – occupational therapists have skills and expertise to help develop inclusive play areas and to identify adjustments to enable children and young people to take part in groups/clubs/activities.
* Good housing as a health and well-being indicator must be considered across all ages - housing must not only consider the built environment but also the green spaces and social access associated with this.

How does **addressing poverty** lead to improved health and social care outcomes?

* Evidence demonstrates that child poverty impacts on health and wellbeing, educational attainment and future life chances. Early years lay the foundations for physical, social, intellectual, and emotional development, linked to later life outcomes such as educational attainment, income, and where we live and work - all of which are drivers of health and wellbeing. Tackling poverty and the poverty-related attainment gap is crucial to supporting children’s future health, wellbeing, and life chances.
* Employment – working with children and young people to consider and develop skills for future employment and role modelling to support this
* Housing – as a social determinant of health good housing is key to improving health and care outcomes. As professionals working in the housing sector, occupational therapists have a key role to influence discussion around why good housing is so important in addressing poverty
* Communities – social opportunities, community support

**References:**

[Roots of recovery: Occupational therapy at the heart of health equity - RCOT](https://www.rcot.co.uk/roots-of-recovery-occupational-therapy-health-equity)

[Latest RCOT report shows the value of occupational therapists in helping children and young people - RCOT](https://www.rcot.co.uk/news/latest-rcot-report-shows-value-occupational-therapists-helping-children-and-young-people)

[Occupational therapy and perinatal mental health | Maternal Mental Health Alliance](https://maternalmentalhealthalliance.org/news/occupational-therapy-and-perinatal-mental-health/)

[Neonatal Services & Occupational Therapy Guidelines - RCOT](https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/neonatal-services)

For further information on this submission, please contact:

Alison Keir, Professional Practice Lead - Scotland

Royal College of Occupational Therapists, alison.keir@rcot.co.uk