



## Provision and Commissioning of Occupational Therapy Services for Children and Young People

### What should occupational therapy services offer?

Occupational therapy improves the health and wellbeing of children, young people and their families through enabling participation in daily life.

Daily life is made up of many occupations (or activities). Occupations can include:

- self-care (e.g. getting dressed, eating a meal, washing and toileting);
- being productive (e.g. participating in nursery, school, doing chores); and
- leisure (e.g. playing and socialising with friends, belonging to a group, participating in hobbies).

Disruption to occupation is experienced by many children, young people and families due to illness, disability or circumstance. This will have an impact on health and wellbeing. Outcomes of occupational therapy services should relate directly to what children, young people and their families want to be able to do in order to have a meaningful life.

### How can occupational therapy services be structured?

Occupational therapists work across health, education, social care and in diverse practice areas such as health promotion and illness prevention. The earlier someone who is experiencing challenges to their occupations receives occupational therapy intervention, the more likely they are to have a better outcome and potentially any reduce secondary complications (which could relate to mental / physical health and / or social circumstances and life opportunities).

Services need to be able to respond to the broad needs of children, young people, and families in various locations, such as schools, home, community, in-patient, clinic and residential settings.

Occupational therapy services should be offered through a graduated approach, which includes:

- services for all (universal changes and supports within a setting);
- targeted services (for those groups of children identified at risk); and
- specialist services for individuals.

## How to determine the value and quality of an occupational therapy service?

- **Talk to those who access the occupational therapy service**, to hear their experiences in relation to:
  - a. Ease of referral procedures and access arrangements to occupational therapy services.
  - b. A referral / access criterion which relates to challenges the child / young person has doing their occupations.
  - c. How staff are working together with the child / young person, family and relevant others to identify priority occupations and enhance participation in these occupations.
  - d. The opportunities for choice and availability of a variety of occupations.
- **Talk to staff, examine care records and observe care** to hear their experiences in relation to:
  - a. The extent to which staff assess and provide therapy focused on developing or enhancing a child / young person's engagement and participation in daily life.
  - b. If / how the service provider audits the availability and choice of occupations and interventions.
  - c. The appropriate skill mix of staff and if / how they are supported to maintain and enhance their skills through protected time for professional development, profession-specific supervision and performance review.
  - d. The success of working relationships with occupational therapists and other relevant stakeholders.

## What can be checked to determine the value of an occupational therapy service?

- Request evidence of adherence to the College of Occupational Therapists' [\*Professional Standards for Occupational Therapy Practice\*](#). This document enables all occupational therapy staff to monitor and improve their practice and demonstrate to others the quality of service that can be expected from occupational therapists.
- Review records for clear descriptions of occupational therapy assessment, reasoning and intervention plans. For example:
  - a. Occupational strengths and needs have been identified in collaboration with the child / young person and family (i.e. getting up and dressed, making a snack).
  - b. Priority occupations and person-centred goals have been determined with the child / young person and family which will be the immediate focus for occupational therapy involvement.
  - c. Assessment of the priority occupation(s) has been undertaken with main strengths and challenges identified.
  - d. Goal(s) relating to the difference the occupational therapy will make to the child / young person's engagement and performance in priority occupation(s) are stated.
  - e. Potential reasons for the occupational challenges are identified, with consideration of the person, the occupation and the context.
  - f. Plan(s) are clear about how occupational therapy will address the potential reasons for the occupational challenges. The methods chosen to do this should be evidence informed and time bound.
  - g. Outcomes are recorded which are meaningful to the person and family / carer and relate to the child / young person's engagement and performance in occupation(s).

- Check if specialist equipment or adaptations to support and enhance occupational engagement and performance are available, safe to use and well-maintained, and / or that suitable procedures are in place for this to happen.
- Request evidence that the service monitor and report at least after each period of agreed intervention on the attainment of specific goals which are meaningful and relevant to the child / young person, family or relevant others.
- Request and review audit information of supervisory frequency and example case studies which discuss occupational therapy reasoning and professionalism.
- Consider the commitment to quality improvement and innovation and how the provider supports staff to try new ways to deliver universal, targeted and specialist provision to support participation of children / young people and their families in daily life activities.

### What needs to be in place to ensure safety and quality?

1. All occupational therapists must be registered with the [Health and Care Professions Council](#) and meet it's [Standards of Proficiency for Occupational Therapists](#).
2. 'Occupational therapy' and 'occupational therapist' are protected titles; therefore anyone using them must be fully qualified and registered with the HCPC.
3. Occupational therapists must have access to continuing professional development opportunities and appropriate professional supervision.
4. Occupational therapy assistants are not regulated by the HCPC and must be appropriately supervised and supported by a suitably experienced occupational therapist.
5. Occupational therapists must have [Disclosure and Barring Service \(DBS\)](#) checks.
6. Sufficient indemnity and liability insurance must be in place.
7. All occupational therapists should adhere to the College of Occupational Therapists' [Code of Ethics and Professional Conduct](#).