Making a case for universal and targeted children's occupational therapy in the United Kingdom.

Abstract

This article makes the case for increasing the reach and the impact of children's occupational therapy in the United Kingdom, through inclusion of universal and targeted services alongside specialist provision. It is proposed that achieving a greater balance between these different levels or tiers of provision can promote the health, well-being and participation of *all* children, including those with additional needs. During a time of austerity, we argue that a broader offer also distributes finite public resources more effectively - potentially reducing pressure on scarce specialist resources. Sustainable options for meeting greater population need are proposed and occupational therapists are encouraged to evaluate the effect of changing the balance of provision to inform future commissioning.

Word count 115

## Introduction

Children's occupational therapy in the United Kingdom has historically been considered a specialist service, and children with complex or high level needs have traditionally formed the largest proportion of occupational therapy caseloads (Kolehmainen et al., 2010). Occupational therapists in Child and Adolescent Mental Health Services often work solely at a specialist level. Until recently there has been less focus on the provision of universal or targeted services within occupational therapy. Universal services are those that address the needs of all children, for example, services designed to support a 'whole school' or whole population, and targeted services are those that address the needs of children and young people at risk of poor health, participation or well-being outcomes. We argue that limited availability of universal and targeted provision means many children with functional difficulties (self-care, play and school work) are unable to benefit from publicly funded occupational therapy. Additionally, we know that many children with mild or moderate needs are at higher risk of secondary issues if their needs are left unaddressed or are not met in a timely manner (Dunford & Richards 2003). These children also suffer disproportionately from the effects of poverty and are the hardest to reach, further disadvantaging them and contributing to long-term health and social care problems (Marmot 2010).

The College of Occupational Therapist's recently published a Fact Sheet on maximising the potential of children and young people through provision of universal, targeted and specialist occupational therapy (College of Occupational Therapists, 2015). In our experience however, very few localities currently provide this range of services. We believe that service models and access criteria based on historical arrangements are now outdated and possibly unethical (Carrier et al., 2010). It is also our opinion that many services are slow to respond to new evidence and apply prioritisation tools that are rarely based on a child's potential to change or to develop participatory skills (Kingsley and Mailloux, 2013). We argue that a change in the model of provision of children's occupational therapy is required and is particularly relevant at this time of austerity, to ensure that limited resources are utilised in the most efficient and effective way.

Policy context

Recent legislative changes in England concerning children with special educational needs and disabilities (Children and Families Act 2014) (The National Archives, 2014) have created a 'window of opportunity' for occupational therapists to extend their sphere of influence. In Northern Ireland, Multi Agency Support Teams for Schools (MASTS) have offered universal and targeted services for some years (Northern Health and Social Care Trust 2014).

In England the Special Educational Need and Disability Code of Practice (SEND) recognises the potential of specialists who can train the wider workforce enabling them to '*better identify need and offer earlier support*' (Department of Health and Department of Education 2015). This creates an opportunity for occupational therapists to widen their focus from the traditional model of provision at a 'specialist' tier to develop universal and targeted provision that can focus on, for example, building capacity through delivering 'whole school' training or offering targeted group work in schools (College of Occupational Therapists, 2015). The requirement for health to be treated as a 'special educational provision' where health staff 'educate or train a child' (Department of Health and Department of Education 2015) provides an opportunity for dialogue with local authorities and schools, but to achieve this we believe that occupational therapists must adopt models which use the language of education and demonstrate outcomes on a whole school/setting basis.

We believe that there is also a moral imperative to widen access to occupational therapy services for the greater public good. The public health agenda is challenging how occupational therapists approach health and well-being within communities, highlighting that childhood is the critical window for intervention (Marmot 2010). We believe that we cannot

deliver against a public health, early intervention agenda with current models of service delivery in place and that fundamental change in our openness to developing new ways of working is required in order to meet these challenges. Given the legislative landscape and emerging evidence that supports the effectiveness of universal and targeted occupational therapy we think that the time is right to propose a review of existing service provision and engage commissioners and those who fund services in critical dialogue.

What does change look like?

In Table 1 we define the different types of service provision and provide examples of universal, targeted and specialist working. The table illustrates the potential of shifting from individual deficit focused interventions to models which create opportunities for the development for *all* children and young people *including* those with additional needs. This involves collaborative working with the wider workforce and parents and through making changes to the environments in which children and young people play and learn. Specialist group and individual interventions remain important for some children with complex needs but these children may also benefit from services delivered at a universal and targeted level. Commonly occurring difficulties in the childhood population, such as difficulties with handwriting, ball skills, changing for physical education classes and lunchtime skills that can be addressed through standard responses are tackled earlier and through a range of approaches, not always requiring direct intervention. We have increasing evidence to demonstrate the effectiveness of interventions that work within this model (College of Occupational Therapists, 2015).

Speech and Language therapy have led the way in developing a balanced approach to service provision. Gascoigne (2015) has recently elaborated on the concept of *The Balanced System*® by defining different tiers of provision and the relationship to the children's workforce (Figure 1). The diagram highlights the fluidity and flexibility of the model described – providing combinations of provision that can meet differing needs within the child population. The model addresses the relative scarcity of children's occupational therapy; if we continue to use our skills only to influence the participation of individual children through direct contact, offering only specialist services; our reach and impact will be limited. Through working with environments in which children carry out every day activities, with the wider workforce and with parents we believe we can improve outcomes for many more children and young people.

We acknowledge that there can be tension at a time of diminishing resources between the instinct to narrow service criteria and broadening provision to include universal and targeted services. However, we would argue that improving the capacity of the wider workforce, could have impact across existing caseloads, as well as potentially addressing areas of unmet need we have articulated above. This approach constitutes new and unfamiliar ways of working and demands different skills than those required within more traditional individualised services. We need to ensure that therapists have access to support and training to work effectively in challenging and unfamiliar settings (Hutton, 2008).

## Basing decisions on the right information

We need to be mindful of incorporating robust means of evaluating the impact of these services in terms of measuring improvements in outcomes and cost efficiencies for populations of children and young people. We also need to have a better understanding of the relationship between universal and targeted services that work 'downstream' and their potential impact on specialist services 'upstream' (Department of Health, 2013). Finally, in considering changes in service provision we have a duty to disseminate and share our knowledge in order to advance understanding of what makes an effective model of working (Dunford and Bannigan 2011).

## Conclusion

In conclusion we suggest that occupational therapists should be working closely with commissioners to consider the allocation of resources to facilitate the promotion of the health, well-being and participation for *all* children. Careful consideration of the current state of our knowledge should help in the allocation of what is effective in terms of demonstrable outcomes (Morris et al., 2014). Developing a greater range of universal and targeted services would, in our opinion, help services respond to pressures and extend the reach of services to children who do not meet specialist services thresholds (Department of Health, 2013). This model, which we believe delivers effective support to children in their natural environment in a cost effective way, is particularly pertinent at times of austerity. It is also relevant for disadvantaged children who experience difficulty accessing services (Marmot 2010). Occupational therapists have a well-recognised role in promoting participation, but we are a scarce resource. We need to encourage schools and commissioners to directly fund occupational therapy as we demonstrate our impact on educational and participatory outcomes. We welcome the start of a debate about how we take this agenda forward and

generate robust evidence to support the future commissioning of children's occupational therapy services in the UK.

References

Carrier A, Levasseur M, Mullins G (2010) Accessibility of Occupational Therapy Community Services: A Legal, Ethical and Clinical Analysis. *Occupational Therapy in Health Care*, 24(4), 360-376. Available at: doi: 10.3109/07380577.2010.510170. Accessed 06.09.2015.

College of Occupational Therapists (2015) Occupational Therapy Evidence: Fact Sheet. *Occupational therapy with Children and Young People*. Available at: https://www.cot.co.uk/sites/default/files/commissioning_ot/public/OT-with-children-and-young-people-updated-April2015.pdf Accessed 06.09.2015

Department of Health (2013) Prevention pays - our children deserve better. Available at: https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays
Accessed 06.09.2015

Department of Health & Department of Education (2015) Special educational needs and disability code of practice: 0-25. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf Accessed 06.09.2015.

Dunford C & Bannigan K (2011) Children and young people's occupations, health and well-being: a research manifesto for developing the evidence base. WFOT Bulletin 64, 46-52.

Dunford C & Richards S (2003) *'Doubly Disadvantaged': report of a survey on waiting lists and waiting times for occupational therapy services for children with developmental coordination disorder.* London: College of Occupational Therapists.

Gasgoinge MT (2006) Supporting children with SLCN within integrated children's services RCSLT, London. http://wwww.rcslt.org/docs/free-pub/Supporting_children-website.pdf.Gascoigne MT (2015) "Commissioning for speech, language and communication needs: using the evidence from the Better Communication Research Programme" CIC supported by the Communication Trust. Available at:

http://www.bettercommunication.org.uk/index.php?page=commissioning-guide Accessed 06.09.2015.

Hutton E (2008) 'Back to school' - piloting an occupational therapy service in mainstream schools in the UK. *Reflective Practice,* 9(4) 461-472.

Kingsley K, Mailloux Z (2013) Evidence for the effectiveness of different service delivery models in early intervention services. *American Journal of Occupational Therapy.* 67, July/August 431–436. Available at: doi.org/10.5014/ajot.2013.006171 Accessed 06.09.2015.

Kolehmainen N, MacLennan G, Francis J, Duncan E (2010) Clinicians' caseload management behaviours as explanatory factors in patients' length of time on caseloads: a predictive multilevel study in paediatric community occupational therapy. *Health Services Research* 10: 249. Available at: http://www.biomedcentral.com/1472-6963/10/249 Accessed 06.09.2015.

Marmot M (2010) Fair Society, Health Lives: Strategic review of health inequalities in England post 2010. The Marmot Review: Available at: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review Accessed 06.09.2015

Morris, C., Janssens, A., Allard, A., Thompson Coon, J., Shilling, V., Tomlinson, R., Williams, J., Fellowes, A., Rogers, M., Allen, K., Beresford, B., Green, C., Jenkinson, C., Tennant, A. and Logan, S. (2014) *Informing the NHS Outcomes Framework: evaluating meaningful health outcomes for children with neurodisability using multiple methods including systematic review, qualitative research, Delphi survey and consensus meeting*, *Health Services and Delivery Research*, 2,15, National Institute for Health Research. Available at: DOI: http://dx.doi.org/10.3310/hsdr02150 Accessed 06.09.2015

The National Archives (2014) Children and Families Act 2014, c.6 Available at: http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf Accessed 06.09.2015.

Northern Health and Social Care Trust (2014) Multiagency support teams for schools (MASTS). Available at: http://www.northerntrust.hscni.net/services/377.htm . Accessed 11.09.2015.