**Can you tell me about yourself, your profession and your role?**

My name is S, and I am the AHP lead at a Scottish NHS Board. I am an by background and I work alongside other AHPs (occupational therapy, physiotherapists, orthoptists, speech and language therapists, and dietetics) coordinating services for children. This also includes those working in the prison services, learning disabilities, mental health, and so on. There is a much wider context within which Children and Young People Services (CYPS) interface with public health.

In 2021, and in line with the framework that was being developed across Scotland, I put together a reference group of practitioners from across my health board that were interested in public health to develop a template where AHPs could contribute what they were doing within their profession in terms of public health. It felt nice to do something different away from COVID.

**Do you have a caseload of children?**

I don’t have a caseload of children, but a much wider role around child health and how all the different AHPs fit into improving children's wellbeing. I work within the specialist end of the acute sector, to children living at home although not directly involved in work within the community.

**Are there any challenges within your role for AHPs in achieving the public health agenda?**

There are set rules that people identify as being public health within each AHPs right, and then there's what the rest of us are doing. Often what we do has a wider population impact and is not a medical model.

For example, if a parent has concerns about their child’s diet or that the child is not eating well or being fussy with food or have some sensory issues going on with their fine motor skills or the child is not developing as they should, I believe that there should be a central port where parents are able to access some information with ideas of what to try out without the child needing a formal assessment. The OTs for example use their Facebook page as an educational platform for parents. They have a themed discussion for each month and post helpful information’s and ideas to help parents. The theme for February 2022 is ‘fine motor February’ and posts have focussed on how parents can help their children progress their fine motor skills so that they are developing appropriately. So, when children get into school, they can hold the pens, pencils and scissors, tie their shoelaces and wipe their noses, zip up their jackets and do their buttons. This fits into the public health lens of getting it right for every child (GIRFEC).

Another challenge is the difficulty for AHPs to link their daily work to the public health agenda. The physiotherapist and occupational therapist alike give advice directly to health visitors. So, for example if the health visitors has concerns about a child’s walking, time of walking or walking in a funny way and any other motor skills that aren't coming up to the milestone, in this instance, the physiotherapist would support the health visitors to support the child and their family. The orthoptists based in the Children's Hospital do universal screening for all children when they first start school or sometimes in their last year at nursery - this is a national program. The dieticians are involved in the healthy weight programme, but for groups of children at a time. The healthy weight programme child healthy weight is a tiered program. There's a whole national government program. The lower-level tier is delivered in the community, by community centres or at children's activities. The higher tier is for children above the 95th percentile for their weight. The dietetics is influencing the whole wider picture about healthy weight, and they have dedicated posts for that.

**Are you aware of any health improvement programme in your region?**

There is also the health improvement programme called the Northern Alliance and the work they do is aimed at schools and school aged children. They put together some fundamentals for all primary ones coming in so that they ready to read, ready to write, and ready to learn. The occupational therapists and speech and language therapist put together activities for parents to use with their children around rhyming and looking at picture books before they start to recognise the letters. There is a leaflet designed by a speech and language therapist in Elgin for babies, toddlers and pre-schoolers which identifies the type of things parents should be reading to their children and the CYPS influence the leaflets which are now been given out by health visitors.

There was an initiative in our health board which placed occupational health students within the fire service department. The students did work around fire safety in the homes for the elderly and vulnerable people (including those with dementia and alcohol related problems) in the community. They provided fire safety checks and advice to vulnerable people who are at risk of house fires. The outcome of this was a reduction in the incidence of house fires and deaths from house fires within the targeted areas

The therapists are also proactive in helping patients to improve their general health for example help and advice given to stop smoking or other unhealthy behaviours using the ‘making every contact count’ model. Our physiotherapy team did an audit on the number of overweight children using their services and the impact for children in terms of MSK problems as these children often have knee problems as a direct result of being overweight and would raise that with parents to varying degrees of success.

**What are the barriers for AHPs in engaging with public health and what is the way out (or forward)?**

I believe that there are lot of opportunities for AHPs, but the AHPs need to understand what it means for their role. Understanding the different dimensions of public health other than the pandemic scenario we have now. It is difficult at times for AHPs to understand the links between that (public health during the pandemic scenario) and then the work that they are doing and often the work they are doing is very much upstream. There could be a more local level or support and discussion for AHPs around the different dimensions of public health role and what this means.

**What challenges did the pandemic pose to the CYPS?**

The pandemic was quite challenging for our health board as with other health boards across the country and the services we were able to provide for the children who use our services. The fact that children weren’t at school meant that they were not seen, and they were at greater risk of harm especially for the very vulnerable ones. It was difficult trying to persuade our education colleagues during the pandemic to let AHPs access into schools to see children who needed our services the most. There was also a challenge with the healthy weight school programs for the primary ones with the physiotherapist unable to gain access to collect data and implement interventions. We all know that as a child gets heavier, that is going to have a long-term impact on their health. The physiotherapists are the ones that are flagging up the impact on the children, but this was not possible during the pandemic.

**What was the impact of the pandemic on the services?**

During the first few months of the pandemic, professionals didn’t have any face to face with patients unless it was urgent or critical and then we had to restart services. So, there was a backlog. The people that we' are seeing generally are broken, having to manage a difficult situation and even more difficult circumstances. The pandemic has also affected staff; the workload is huge and the number of case of children with eating disorders have gone up, children with diabetes seem to have doubled but it's not uniformly across Scotland which is kind of odd. Weirdly the number of dog bites has gone up, and so has the number needing seen by plastic surgeon and the occupational therapists because of the hand injury and treating scars.

We tried to mitigate against the effects of the pandemic by offering virtual therapies and sending some physical packs to children at home. We had online sessions so the children could join in from their house and the activities were put on our Facebook page so that anybody could join in. You can only do that for so long and it is not a substitute from seeing them.

**Do you have any word of advice?**

We need to do and share some form of case studies or virtual posters to showcase what each AHP is doing in terms of public health, so all AHPs can learn from one another and use this to improve the services that they offer.

The interviewee prefers to remain anonymous and would appreciate if not quoted directly