

# Children's access to occupational therapy

## 2022



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### Summary

In 2021, we carried out a survey to understand the impact of COVID-19 on children's access to occupational therapy. Our new survey, carried out in July 2022, describes the situation 12 months on. We received valid responses from 339 occupational therapists working with children and young people across the UK in NHS community teams, social care, independent practice, child and adolescent mental health services (CAMHS), acute services, schools and in the third sector.

### Our key findings

- 85% said the demand for occupational therapy has increased since July 2021.
- 65% said children and young people were presenting with more complex physical, mental health and learning needs.
- 69% of occupational therapists said their teams were not fully staffed.
- 47% felt they were not able to provide the level or type of occupational therapy input that children and young people need.

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### Our key recommendations

- Children's occupational therapy services must be resourced to meet the needs of their local community and to support children and young people with increasingly complex needs.
- Every school should have access to a children's occupational therapist to address children's needs early.
- Equipment and adaptation services require investment and should be streamlined to minimise delays in provision.
- Occupational therapists should be included in school mental health teams to prevent difficulties escalating and employed in roles enabling them to support children's physical and mental health.
- Strong occupational therapy leadership is required to ensure our skills and workforce are used effectively.

# Survey findings

## Increased demand for occupational therapy

**85% of occupational therapists said that the demand for occupational therapy had increased since July 2021 (compared to 80% the previous year). 65% said children and young people are presenting with more complex physical, mental health and learning needs.** The following continue to place additional pressure on stretched services:

- **More referrals for school-aged children whose occupational performance have been affected by school disruption** (58% of respondents).
- **Increase in mental health needs** (53%).
- **More referrals for pre-school children** who missed early developmental opportunities (52%).
- **Increase in requests for statutory assessment** of children's special or additional learning support needs (44%).

The increase in demand has not been matched by an increase in resources. **47% of occupational therapists say they are not able to provide the level and type of support that children and young people need.** Staff feel under pressure to fill gaps in service provision. This increases the risk of staff burning out, meaning fewer therapists available to support children, young people and families.

Only 11% of respondents have had access to COVID-19 recovery funding to enable them to meet the change in demand for occupational therapy.

“Our establishment/funding hasn't changed for years despite the increasing demand on the service, so although we are officially fully established this isn't what is required to run the service.”

“The demand is much higher which means children are not getting the level of therapy they require.”

“Staff are burnt out and stressed. The demand for services has significantly increased and it's a struggle to manage basic care.”



## Workforce issues

**69% of respondents said their teams were not fully staffed.** Of those, **39% reported ongoing issues with recruitment.** Other workforce pressures include:

- new or temporary vacancies (37% respondents)
- staff leaving due to burnout or for other reasons related to the pandemic (22%)
- staff sickness (including Long Covid) (25%)
- inability to fill new posts (20%).

“Recruitment is the biggest factor in our inability to provide a good service at present. We are re-advertising interesting and unique roles 2–3 times and not getting any suitable applicants.”

“In our small OT team (with 9 posts) we have lost 4 OTs in the past 7 months who have left due to burnout. Two of these OTs (who were very experienced but far from retirement) are no longer working as OTs.”



## Changes in methods of service delivery

Occupational therapists have adapted their methods of service delivery in response to changes in demand. **84% are now providing the same number or more appointments** than they were pre-pandemic. Many services are offering a wider range of universal, targeted and specialist support.

- 21% of occupational therapists said limited access to technology has made it difficult for some families to access their services. However, most services now offer a combination of face-to-face and virtual support.
- 62% said families have reported that digital or telehealth approaches have made it easier for them to access occupational therapy.

Offering digital and face-to-face interventions and support means occupational therapists can tailor services to meet the needs of children, young people and families. There has been a shift from **‘digital first’ to ‘digital choice’**.

“Parents often use telehealth to combine caregiving responsibilities with appointments. We are in a rural setting so remote provision for indirect work really helps.”

“Very few appointments are now online. It is typically only when a family requests it. We offer face to face as standard practice. It has however been a useful way to continue meetings and keep in touch with school.”

“We now offer a hybrid approach to our workshops – one month virtual and one month face to face, this allows accommodation of different family preferences and access.”

## Family circumstances and factors affecting therapy access

**28% of occupational therapists reported that providing occupational therapy can be more difficult if a family is concerned about COVID-19.** This is down from 50% in 2021. Other factors affecting children and families accessing occupational therapy include:

- cost of transport and fuel to attend appointments
- reluctance to take time off work and/or school to attend appointments
- increased mental health needs of parents or carers making it difficult for them to prioritise occupational therapy for their child
- limits on the number of people who can attend appointments meaning childcare for siblings is required.

“Some families are still reluctant to allow multiple people into the home, such as a rep and OT due to potential COVID risk which can make assessments for new equipment challenging.”

“Worries about money making it difficult for families to prioritise their child's OT or spend time doing programmes with them.”

“Some families have difficulty attending appointments in work hours as they can't afford to take time off. We try and offer suitable appointments but it's not always possible.”

## Occupational therapists' access to schools

**19% of occupational therapists encountered schools that were reluctant to allow therapists to visit** during the 2022 summer term. This has improved from 62% in 2021. However, some barriers to providing occupational therapy in schools remain.

- Children and young people not at school for reasons related to COVID-19.
- Limited access to therapy space.
- Different infection control guidelines for schools and health care providers.
- School staff shortages meaning therapy programmes can't be followed.

“Children are much more anxious and cannot always attend schools or have mental health needs which makes therapeutic interventions difficult to access.”

“Using PPE and agreed guidelines in the LA area schools have been happy for us to visit. However staff shortages especially in special schools has meant that goals are not being worked on and staff are not there to follow the programmes OT has set up. OT input has therefore not been consistent/ integrated into the child's day and is not as effective.”

“All schools have been welcoming – the difficulty has been around our PPE regulations and having to see children in separate areas which are difficult to find.”

## Equipment provision and adaptations

22% of occupational therapists involved in providing equipment and adaptations said they were **unable to provide the equipment and adaptations children and young people needed, when they needed it**. They gave these reasons:

- equipment manufacturing and delivery delays (49% of respondents; increased from 36% in 2021)
- limited availability of equipment reps (31%)
- therapists, school staff, families being unwell (29%)
- limited availability of contractors (14%)
- concerns about access to funding, delays in funding approval and disagreements about who should pay for school equipment and adaptations.

“Contractors in general are few and far between and inundated with work and we are told by housing that they can basically charge what they like due to demand outstripping availability. It's having a huge impact on our families. Children's needs are unmet, families are struggling more and seeking additional support to manage, and we hold these cases open until adaptations are completed and so it has a huge impact on our ability to see new clients from the waiting list.”

“Disruptions due to people testing positive for Covid have occurred, however the main concern has been how busy the reps are thus delaying appointments and the massive delay in manufacturing and delivery of equipment.”



## Our recommendations

What is needed to ensure children and young people with special educational needs and/or disabilities can access the right occupational therapy at the right time as demand, needs and workforce pressures increase?

### Children's occupational therapy services must be resourced to match increased population needs. This will:

- ensure children and young people with physical, learning and/or mental health needs can access the occupational therapy they need and deserve
- enable us to intervene early, helping children and young people to develop the fundamental skills required to carry out essential activities of daily living
- ensure timely occupational therapy assessment so that appropriate educational provision and reasonable adjustments can be put in place, reducing the number of educational tribunals
- prevent physical and mental health difficulties from escalating and becoming more complex
- develop and scale up innovative approaches to extend occupational therapy to more children and families.

## Expand the occupational therapy workforce to ensure staff are available to fill current and future vacancies by:

- promoting occupational therapy as a career for those wanting to work with children and young people
- increasing placement capacity within children's services for occupational therapy students and apprentices
- developing support to enable occupational therapists (including those currently working in other areas of practice) to work with children and young people
- developing occupational therapy team roles including apprentices, support workers, administrators, enhanced and advanced practitioners
- focusing on staff development and wellbeing to reduce the risk of occupational therapists burning out and leaving the profession.

## Every school should have access to an occupational therapist to:

- embed opportunities to promote physical and mental health into every child's daily routine and activities
- enable school staff to identify and provide early support to those who need it
- ensure referrals for specialist occupational therapy input are appropriate and timely.

## Occupational therapists should be involved in training the children's workforce

so the workforce can better identify, support and seek specialist input for children and young people whose development, health and wellbeing are at risk.

## Greater investment in and streamlining of services to ensure children and young people receive equipment and adaptations quickly.

This includes at home, at school or college and in the community and will require:

- issues of equipment demand, supply and funding to be addressed
- greater coordination of social care, health, education and other services to minimise adaptation delays and ensure occupational therapists' skills are used appropriately
- a consistent approach to top-up funding for major adaptations.

## Investment in children's mental health services.

- Occupational therapists employed as members of school-based mental health teams to prevent young people's needs from escalating and requiring specialist mental health support
- Occupational therapists employed in roles that enable them to streamline support for children and young people's physical and mental health.

## Strong local occupational therapy leadership to:

- advocate for the occupational therapy needs of children, young people and families
- ensure occupational therapy resources are used wisely and benefit the children and young people who need it most
- engage with commissioners and promote better integration of services for children, young people and families across health, social care, education, the third and independent sectors.



## Further information

For further information about the survey design, analysis and recommendations please contact [\*\*Sally.Payne@rcot.co.uk\*\*](mailto:Sally.Payne@rcot.co.uk)

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