



Summary

In July 2021, in response to reports from the Disabled Children's Partnership that children were unable to access the therapy they need and deserve, the Royal College of Occupational Therapists (RCOT) surveyed members to examine occupational therapists' perceptions of barriers to accessing occupational therapy.¹ Valid responses were received from 301 occupational therapists working with children and young people across the UK in NHS community teams, independent practice, CAMHS, NHS acute services, schools, charities and social care.

70% of occupational therapists reported they are not currently able to provide the level/type of occupational therapy input children and young people need locally.

Barriers to the provision of occupational therapy included:

- Restricted access to schools
- Workforce issues including understaffed teams
- Increased demand for occupational therapy
- Reduction in the number of available appointments
- Family circumstances or concerns affecting access to telehealth or face-to-face support
- Manufacturing and transport delays affecting the provision of equipment and adaptations

Survey findings

Therapy access to schools

Since April 2021 **62% of occupational therapists have encountered schools reluctant to allow therapists in to see children.** Of these 83% had encountered reluctance from mainstream schools and 48% from special schools.

The main barriers to providing occupational therapy in schools since April 2021 were:

- **school bubbles limiting the number of children that could be seen** in one visit – reported by 50% of respondents
- **limited access to space** in which to see children at school due to social distancing/bubble arrangements – reported by 72% of respondents
- **children and staff being sent home to isolate** making it difficult to schedule school appointments – reported by 64% respondents

“LEA are allowing NHS therapists to visit one school a day, which is impacting on efficiency. Within this, bubbles in school are restricting access to one or two classes”

¹ The survey ran from 24 days from 19th June– 23rd July 2021 and was promoted by email to the RCOT Children and Young People Specialist Section and via RCOT social media channels. There were 305 respondents (301 valid). The Specialist Section has 1200 professional members, so this represents about 25% of the children's occupational therapy workforce.

Workforce issues

51% of respondents said their teams were not fully staffed. Of these, **60% reported long-standing issues with recruitment** while **57% reported new/current workforce issues** including:

- Staff members on **maternity leave**
- Sickness (Covid related 9% and non-Covid related 13%)
- Staff leaving due to **work related stress**
- **High staff turnover** with delays before new starters can take on a full caseload

Of the 49% who reported their teams as fully staffed **70% said they were recovering from previous vacancies/absences** including staff redeployment. Staff availability was also affected by therapists/therapists' children being sent home to isolate.

"Not enough capacity as most of our team were deployed. We are on catch-up, plus an influx of new cases as services resume."

45% of occupational therapists reported that **either themselves or members of their team were unable to see children/young people face to face**. This was for a variety of personal and service-related reasons. **Personal reasons** included:

- Vulnerable staff who were shielding
- Team members who were pregnant
- Staff members medically exempt from wearing a mask
- Child-care arrangements disrupted by outbreaks in schools
- Self-isolation
- Staff members caring for clinically vulnerable dependents

Increased demand for occupational therapy

As well as struggling with recruitment/retention issues and facing a backlog of cases, **80% of occupational therapists reported an increase in demand for their services** for the following reasons:

- **Increased referrals for school-aged children** whose occupational performance was affected by lockdown and school disruption – 75%
- **Increased referrals for support with mental health needs** – 61%
- **Requests for more input to make up for missed therapy** (including a reluctance to be discharged) – 56%
- **Increased referrals for preschool children who have missed early developmental opportunities** – 49%
- **Increased complexity of physical needs due to delayed care** – 39%
- **New issues related to long-Covid** – 3%
- **Other factors** including:
 - 41% increase in EHCP assessment requests in some areas
 - SEND needs not being met in school
 - Increase in inappropriate referrals
 - More awareness about what occupational therapy can do

"Increased demand for assessment and therapy by parents who have developed concerns about their children's educational needs whilst home schooling."

"SEND needs not being met in schools. Huge increase of referrals from SENDCOs – which supersede all other referrals to our service and go straight to the top of the waiting list."

"Councils now have a backlog of adaptations and work requested so there is more demand on occupational therapy to think of alternatives in the meantime. Increase in behavioral issues due to lockdown, therefore an increase in safety referrals."

Changes in methods of service delivery

Since March 2020, occupational therapists have adapted their methods of service delivery to limit the spread of COVID-19. Whilst most services are offering a combination of virtual/telehealth and face-to-face appointments, **44% of survey respondents are offering fewer appointments** than they carried out pre-pandemic. Reasons included:

- **Increased cleaning requirements** meaning fewer face-to-face appointments could be offered in a day – 37%
- **Limited access to therapy space** in clinics/schools due to social distancing – 33%
- **Fewer staff** available - 25%
- **Lack of access to appropriate technology** for digital/telephone consultations – 9%

Being unable to offer group interventions also affected the number of children/young people/parents that could be seen:

"We can't run our group programme due to social distancing. Some of our community providers have lost their funding so can't run our joint groups anymore."

8% of respondents were however, offering more appointments. This was either a response to increased demand or because therapists did not have to allow for travel time between digital appointments.

At the time of the survey, 43% of occupational therapists worked for services that had a **policy of offering digital interventions first**. Of these however, **99% were able to offer a face-to-face appointment** if the therapist thought this was necessary.

"It is digital first, however we have a clinical decision-making tree to ensure there is clear reasoning for digital vs face-to-face. Access for face to face is variable across our service due to space within centres – both room space and waiting room space. We are currently looking for other centres to use to widen our pool."

"If families have had difficulties accessing technology we have been able to complete home visits instead"

48% of respondents had worked with **families who struggled to access telehealth appointments** due to:

- **Poor network connections** affecting parent coaching interventions
- **Anxiety or unfamiliarity** with the use of technology
- Remote service fatigue

Respondents also reported that telephone or video assessments often took longer compared to those carried out in person meaning fewer children could be seen overall.

Whilst face-to-face appointments were available as an alternative to telehealth appointments, there may have been a delay before these could be provided:

"Lots of families have declined video appointments reporting they would prefer to wait to be seen in person. But often they want the first appointment of the day as they don't want the therapist to have seen anyone else, which is restricting timely access."

Family circumstances and concerns affecting service access

50% of occupational therapists reported that **family concerns about social distancing/infection** had affected provision of occupational therapy since April 2021. Reasons included reluctance to allow visitors into their home and fear of using public transport to get to appointments.

Other family circumstances that respondents felt affected children's access to occupational therapy included:

- **Increase in physical and mental health issues** affecting parents/carers' capacity to engage with occupational therapy for their child
- Family members **shielding/isolating** meaning appointments were cancelled or delayed
- **Lack of privacy** to conduct virtual appointments or home visits, for example other children at home/partner working from home
- **Overwhelmed families** – other school/care/work commitments taking priority; difficulty juggling appointments/replying to letters; financial worries affecting parents'/carers' capacity to access/implement occupational therapy recommendations
- **Childcare challenges** – difficulty arranging for siblings to be cared for as only one person could accompany a child for in-person appointments

"Many of the children I see have extremely complex needs and are vulnerable. I have found that telehealth appointments aren't sufficient, yet families are also concerned about having multiple professionals come to their homes for appointments. So it has been striking a balance of seeing children enough to meet their needs without putting them at risk."

"The service I work in relies heavily on support from cultural advocates and interpreters. Due to staff isolating, having to stay at home to care for children sent home from school it has been harder to organise interpreters for sessions."

"Due to school closures lots of parents report they can't take any further time off work and request school visits which has created issues due to restrictions with bubbling impacting on timely reviews."

Factors affecting the provision of equipment and adaptations

Of the occupational therapists involved in the provision of equipment/adaptations, **25% said they were unable to provide the equipment/adaptations children needed, when they needed it.** This was due to:

- **Equipment manufacturing/delivery delays** – reported by 36% respondents
- Therapists/families/equipment reps/contractors being **unwell or having to self-isolate** – 28%
- **Restricted access** to home/school/clinic space for equipment assessments/reviews – 28%
- Reduced **availability of equipment reps** for appointments – 28%
- Lack of **availability of contractors** to make adaptations – 9%

"There have been more last minute cancellations than usual due to self isolating. This leads to less efficiency in service provision."

"International shortage of raw materials (e.g. foam) plus a shortage of shipping containers effecting delivery timelines from equipment companies."

Recommendations

What is needed to ensure children and young people with special educational needs/disabilities can access the right occupational therapy at the right time as we move on from the pandemic?

Occupational therapists must be able to see children/young people with special educational needs and disabilities at school to deliver the interventions they need and deserve in context:

- In the short term, **therapists must be allowed into schools to deliver interventions as usual.** They should be able to observe children/young people in relevant settings e.g. the classroom, dining hall, school gym and should have access to appropriate/private space if required.
- **Occupational therapists should be based within every school** in the UK to:
 - Embed opportunities to promote physical and mental health into every child's daily routine and activities
 - Work in partnership with school staff to identify and provide early support to those who need it
 - Embed occupational therapy interventions into children's daily lives, rather than seeing it as an optional add-on that happens outside the classroom

Children's occupational therapy services must be appropriately resourced to:

- Meet the **increase in demand** for occupational therapy
- Address the **backlog** of cases including children who were waiting for support prior to the pandemic
- Support children/young people whose physical/mental health needs have **become more complex** due to reduced input during the pandemic

- Address **new needs** including mental health needs and needs acquired following Covid infection (post/long Covid)
- Streamline support for children/young people with **mental health needs**, including more occupational therapists working in CAMHs and college/school-based well-being services

Enhanced training to increase in the number of occupational therapists with skills/expertise to address the occupational needs of children/young people including:

- Development of RCOT **training resources** to enable occupational therapists (including those currently working in other areas of practice) to develop skills to support children/young people with special educational needs/disabilities
- **Expansion of placement capacity** within children's services for pre-registration students

Occupational therapists must have access to appropriate equipment, space, technology and connectivity to:

- **Enable choice and increase access to services** in a way that meets the needs of individuals and families
- **Share occupational therapy knowledge/skills** through high quality training, information and online resources that parents/carers/children's workforce/young people can access as and when they need it

Greater investments in and streamlining of services to ensure timely provision of appropriate equipment and adaptations for children and young people at home, at school/college and in the community.

For further information about the survey design, analysis and recommendations please contact [**sally.payne@RCOT.co.uk**](mailto:sally.payne@RCOT.co.uk)