

Children's occupational therapy survey 2023

Supplementary report for Northern Ireland

This report summarises responses from occupational therapists working in Northern Ireland. Figures in brackets relate to the findings overall and are included for comparison. The full report should be read for more context and detail.

[Read the full report.](#)

Summary

Out of 698 valid survey responses, 45 were received from children's occupational therapists in Northern Ireland (34 in 2022). The majority were working in community services (n=27) with smaller numbers working in schools (n=18), acute services (n=6), child and adolescent mental health services (n=3), social care (n=3), in independent practice (n=3) and elsewhere (n=1). Some people had more than one role.

Key findings
84% of respondents (compared to 85% overall) reported an increased demand for occupational therapy services since July 2022.
71% (63%) felt they were not able to provide the level or type of occupational therapy input that children and young people need.
78% (60%) said their teams were not fully staffed.
73% (74%) said changes in school staffing prevent children and young people benefitting from occupational therapy at school.
60% (65%) said the cost-of-living crisis is making it difficult for children and young people to access occupational therapy.
22% (30%) said they can't provide equipment and adaptations children and young people need, when they need it.

Increased demand

- 84% (85%) said the demand for OT has increased since July 2022
- 71% (63%) said they couldn't provide the level and type of input children and young people need
- 85% (66%) can't see children and young people as often as they need
- 63% (57%) said the level of support (frequency/duration) wasn't enough to meet children's needs
- 53% (62%) can't see children and young people quickly enough
- 45% (36%) said children and young people were waiting more than 18 weeks for targeted or individual OT input.

Limited or delayed access to occupational therapy affects children and young people's health, development and wellbeing.

- 75% (78%) said limited access to occupational therapy affected children's **mental health**
- 72% (71%) reported an impact on **educational outcomes**
- 59% (63%) said children and young people's **needs were becoming more acute**, meaning they needed a higher level of input when they could be seen.

Factors placing additional pressure on already stretched occupational therapy services include:

- increased **awareness and recognition of neurodiversity** – a population group that can significantly benefit from occupational therapy – 68% (76%)
- more referrals for **pre-school children** – 66% (45%)
- increased **complexity of physical/learning/mental health needs** – 63% (70%)
- **lack of capacity elsewhere in health/education/social care systems** – 61% (75%)
- increased **mental health needs** – 55% (71%)
- **increase in requests for statutory assessment** of children's special or additional learning support needs – 53% (58%).

Workforce issues

- 78% (60%) of respondents said their **teams were not fully staffed**
- 66% (66%) said even if they were fully staffed this would be **insufficient to meet demand**
- 63% (62%) reported **persistent difficulties recruiting to vacant occupational therapy posts**
- 63% (39%) have **vacancies due to a new, temporary issue** such as maternity leave
- 40% (25%) have absences due to **staff sickness**
- 31% (41%) have **difficulty recruiting to new posts**
- 6% (9%) have vacancies due to staff **retirement**.

Factors that affect staffing, recruitment and retention include:

- lack of support/supervision for people working in more junior roles
- lack of admin support meaning clinicians aren't able to use their specialist skills effectively, affecting job satisfaction
- lengthy recruitment process and inefficient appointment system, especially for band 5 roles
- reallocation of resources to non-OT services when OTs leave.

'Some specialist areas, for example CAMHS, Transition, ASD are funded for Band 6 or lower and without a Band 7 in post those jobs are not attractive to younger staff.'

'Our team doesn't have a dedicated administrator – approx 1/3 of Band 7 OT time is spent doing basic admin duties.'

'We aren't even in a position to say what "fully staffed" looks like as money from posts of retired staff etc. has been reabsorbed into other posts over and over so that it is unclear what staff we are meant to have.'

Opportunities for occupational therapists to gain post-registration experience with children and young people are limited, affecting the availability of people with skills and experience to fill current and future workforce gaps.

- 4% (25%) don't currently offer **pre-registration practice placements** for occupational therapy learners.
- 42% (46%) of teams include **new graduate or Band 5 roles**.

'Massive issue in Northern Ireland is lack of Band 5 posts in paediatrics, impossible to grow our own workforce. All students go straight into adult services when they graduate. Those that move into paediatrics at Band 6 level have no paediatric experience and hence we are having to train staff as if Band 5 but being paid Band 6 wages.'

Skills and training

- 76% (72%) say their **team has the skills and expertise necessary** to meet the needs of children and young people in their area.
- 80% (81%) agreed or strongly agreed that **their skills and expertise were well used** in their current role.
- 11% (20%) **don't have access to training and development opportunities** to help them provide the OT children and young people need or to progress their career.

Occupational therapists in Northern Ireland identified a gap in knowledge/skills to enable them to work with neurodivergent children and young people. Workload pressures and delayed information sharing about training courses meant people weren't always able to take up available opportunities.

'The increasing prevalence of autism and functional neurologic disorder (FND) in Northern Ireland can be an ongoing gap for learning.'

'We have opportunities for training but it is sent out late and spaces are gone, or our workloads are too busy we aren't in a position to free time up. Training becomes stressful and anxiety inducing for our caseloads.'

School-based occupational therapy

91% (78%) of occupational therapists who responded to the survey work with students at school or in an education setting. Many factors make it hard for children and young people to benefit from occupational therapy at school:

- **reduction in the availability of teaching/learning support assistants** to carry out OT interventions/recommendations – reported by 76% (74%)
- **increased requests for statutory assessments** as part of the coordinated support plan/tribunal process meaning other children miss out – 61% (65%)
- **increase in young people not attending school for reasons not related to their mental health** – 29% (38%)
- **increase in young people not attending school for mental health reasons** – 22% (55%)

- **schools unable to fund equipment** recommended by an OT, for example, special seating or toilet aids – 20% (40%).

‘A significant increase in children with additional needs in mainstream settings has impacted staff being able to implement OT advice.’

‘Increased teacher/classroom assistance sickness impacting on carryover of OT recommendations.’

‘Increase of mix of profiles of children in special school therefore education staff are not trained in working with certain profiles of children and required lots of OT training.’

Impact of the cost-of-living crisis on children and young people’s access to therapy

- 64% (65%) said the cost-of-living crisis was affecting opportunities for children to access and benefit from occupational therapy.

Since the start of 2023, occupational therapists have noticed an increase in the number of families:

- **living in unsuitable accommodation** – 71% (66%)
- **cutting back on activities** that would support their child’s development and wellbeing, such as swimming lessons – 53% (56%)
- so **worried about money** they are unable to prioritise occupational therapy or spend time carrying out occupational therapy recommendations – 49% (47%)
- unable or **unwilling to take time off** work to attend therapy appointments – 42% (49%)
- struggling to attend therapy appointments due to **transport costs** – 42% (42%).

‘Families are overwhelmed and find it hard to prioritise OT despite their best intentions.’

Equipment provision and adaptations

Of the occupational therapists involved in the provision of equipment and adaptations, 34% (30%) said they were unable to provide the equipment and adaptations children and young people needed, when they needed it.

- 73% (60%) said this was due to **delays in equipment manufacturing and delivery**
- 46% (54%) said this was due to **complex procurement systems and processes**
- 46% (33%) said this was due to the **availability of contractors**
- 36% (65%) said this was due to **budget and funding issues**.

‘In terms of adaptations, the NIHE only allocate a certain amount based on what the OT recommends. This has not taken into account the cost-of-living increase in building costs and there are significant shortfalls. Families are trying to fund this themselves but we are talking thousands of pounds and they don’t have it therefore they remain in unsuitable property.’

Recommendations

Respondents in Northern Ireland identified the need for more occupational therapists and staff members with appropriate skills to manage the increase in demand:

‘Improved staffing and appropriate staffing i.e. administration staff for admin tasks, support staff to support clinical workload of OT.’

‘We need to be properly resourced with enough staff to meet the demands and needs of population.’

‘Development of paediatric OT teams into sub-specialities for example, Physical Disability, Learning Disability, autistic spectrum disorder (ASD), CAMHS, Preschool, School-aged specific learning difficulties developmental coordination disorder (DCD), ADHD, etc. with structures in each area to promote development of the role and support for staff at each level.’

Occupational therapists in Northern Ireland called for more integrated pathways with clear referral routes and better communication between teams so that children, young people and families receive appropriate, timely and coordinated support.

‘Better communication across different OT paediatric teams and some flexibility for coworking to meet different needs of the CYP’.

‘More streamlined services, and open channels between different services to ensure the child is seen by the most appropriate service at the right time. Greater staff with the right skills and experience to work efficiently to tackle the waiting lists.’

‘A single point of entry for referrals to ensure that children can access the right team at the right time. Reduced duplication of services. Increased use of balanced system approach across all OT services.’

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