**Royal College of Occupational Therapists Submission to the Welsh Government’s Consultation on the Draft Additional Learning Needs Code**

This submission is made on behalf of the Royal College of Occupational Therapists (RCOT), the professional body for over 33,000 occupational therapists across the UK.

The submission is in response to the Welsh Government’s consultation on the Draft Additional Learning Needs Code and demonstrates how, when used effectively, occupational therapy can improve children’s outcomes and is cost effective. RCOT have responded to the parts of the consultation most relevant to occupational therapy. Further information on any aspect of this response can be gained by contacting the College.

**Executive Summary**

This response outlines the vital role of occupational therapists in working with partners in education to enable children with additional learning needs to achieve their personal and academic potential.

Key points to note from this submission include:

* Occupational therapists play a key role in identifying and supporting children and young people with additional learning needs, taking a person-centred approach and working in partnership with families and health, education and social care professionals.
* Occupational therapists can work directly with children and young people with additional learning needs and indirectly through parents/carers, teachers and others to enable young people to reach their personal and academic potential
* RCOT would welcome clarity about responsibilities for funding, provision and maintenance of specialist equipment to enable children with additional learning needs to access learning opportunities and the wider school curriculum
* Lack of provision for young people with additional learning needs aged 19-25 years means that young people may have difficulty accessing occupational therapy during the transition to adulthood.

**Submission**

Occupational therapists take a rights-based, person-centred approach and work in partnership with families, education providers and others to ensure that children with additional learning needs reach their personal and educational potential. As a science-based profession, occupational therapists incorporate evidence–based practice into our work to ensure the best outcomes for children and families.

**Question 7: Principles of the Code**

RCOT supports the principles of the Code. Occupational therapists are committed to rights-based, person-centred practice and the involvement of families/carers at all stages of the therapeutic process. Assessing the views, ambitions and aspirations of the young person is the foundation of occupational therapy assessment and review process and ensures that our recommendations are meaningful and relevant to the individual as they develop and grow.

Occupational therapists have a key role to play in identifying additional learning needs at an early stage. Early intervention reduces the need for more costly, specialist interventions later on but will require a shift in practice models and resources from specialist to universal interventions.

Occupational therapy for children and young people with additional learning needs is most effective and efficient when delivered collaboratively with other individuals and organisations. Occupational therapists are a limited resource but can support the needs of children and young people by training and supervising others to ensure that interventions and adjustments are embedded into children’s daily routines.

**Question 11: Advice and information**

RCOT members are concerned that the Code is a long and detailed document which may not be accessible to all young people and families. We would welcome the inclusion of more visual diagrams (to illustrate timescales for example) to ensure that young people and parents are supported and empowered to participate in the process.

**Question 12: Definition of additional learning needs**

RCOT supports a graduated response to young people’s additional learning needs but are concerned that what is ‘generally made available’ will vary from one school to another leading to unacceptable variations in provision across Wales.

**Question 13:**

Occupational therapists have skills and expertise to contribute to the identification of additional learning needs and consider other possible reasons to explain under performance. RCOT members support the need for clear processes and pathways to enable staff in schools and FEIs to highlight concerns and seek further advice from health processionals. RCOT members are concerned however, that this may lead to an increase in referrals and would welcome alternative routes for staff in education to access advice from occupational therapists without the need to make a referral.

**Question 15:**

Occupational therapist play a key role in identifying additional learning needs in pre-school children. RCOT members would welcome clarification of the processes by which these could be drawn to the attention of the local authority.

RCOT members would welcome clarity regarding information sharing processes between health and education to minimise delays and ensure that additional learning needs are identified in a timely manner.

Occupational therapists enable young people to engage and participate in activities of daily living at home, at school and at play, working in partnership with young people, families, education staff and others. Children and young people with additional learning needs can benefit from direction intervention from an occupational therapist and from indirect input, delivered by others who have received training and support from occupational therapists to ensure that therapy is embedded into a child’s daily routine. We would welcome clarity about responsibilities for funding and providing these different types of intervention.

RCOT members are concerned that lack of provision for young people with additional learning needs aged 19-25 years means that young people may have difficulty accessing occupational therapy whilst attending FEIs.

**Question 16: Timescales**

RCOT members recognise the need for clear timescales to ensure additional learning needs are identified and addressed in a timely manner. There is concern however, that occupational therapy teams may not have the capacity to manage an increase in requests to assess young people with additional learning needs. Any increase in assessment requests may also reduce teams’ capacity for delivering interventions identified in IDPs without additional resources.

**Question 19: Content**

RCOT welcomes the standard format for IDPs.

**Question 20**

RCOT members would welcome clarity regarding processes for health professionals to contribute to the development of IDPs and for sharing copies of draft IDPs to ensure occupational therapy recommendations are correctly represented. There is a concern that different information systems and information governance procedures across health, education and other agencies will make this a challenge.

**Question 22: Duties on Health Bodies - timescales**

RCOT recognises the need for clear timescales to ensure additional learning needs are identified and addressed in a timely manner. However members are concerned that the requirement to complete an assessment within 6 weeks (when health services work to a referral to treatment tie of 14 weeks) will mean unfair prioritisation of some young people whose needs are less urgent than those already waiting for assessment.

**Question 23**

RCOT members are concerned that the description of interventions as ‘likely to be of benefit’ and ‘something they would normally provide as part of the health service in Wales’ are vague and open to interpretation. We recommend, in accordance with Occupational Therapy Code of Ethics and Professional Standards, that recommendations should be based on the best available evidence according to the needs and circumstances of the individual.

**Question 24**

RCOT supports the DELCO role being open to health professionals.

**Question 26**

In most cases, occupational therapy goals are reviewed and updated more frequently than annually. RCOT members would welcome guidance on the process for requesting that an IDP is reviewed and update to reflect new recommendations, without adding to schools’ administrative burden.

**Question 29**

RCOT acknowledges the importance of multi-agency meetings to identify and review young people’s additional learning needs, but is concerned that the Code will raise expectations that therapists will always attend. We would welcome clarity about how occupational therapy advice will be incorporated into the process when therapists to not have the capacity to attend meetings in person.

**Question 30: Transitions**

Occupational therapists have the skills and expertise to support young people with additional learning needs as the move from one learning environment to another, and as they transition to adulthood. However lack of occupational therapy provision for young people aged 19-25 years means that young people may have difficulty accessing specialist support during this important life stage.

**Question 37: Children and young people subject to detention orders**

Children and young people subject to detention orders rarely have access to occupational therapy services, meaning that a full assessment of any additional learning needs and delivery of interventions to address these may not be possible in these settings.

**Question 42: Avoiding and resolving disagreements**

RCOT recognises the benefits of avoiding and resolving disagreements as early as possible. Members are concerned however, that having different processes for resolving disagreements within health and education is confusing and may extend the dispute resolution process. There is the risk that health professionals will be required to participate in both processes simultaneously, placing additional pressure on limited resources. RCOT would welcome clarity about the relationship between the two resolution processes and how the impact on timescales for completion of assessments and reviews will be managed.

**Question 44: Appeals and applications to the Tribunal**

RCOT would welcome the inclusion of members with clinical expertise on the Tribunal panel, if an appeal relates to health provision.

**Additional information: Equipment**

Some children with additional learning needs require specialist equipment to enable them to access learning opportunities and occupational therapists have the skills to identify the most appropriate equipment or adaptation to meet a child’s needs. RCOT members would welcome clarity about the process and responsibility for funding, provision and maintenance of specialist equipment, including specialist seating to support children with additional learning needs in mainstream and special school settings.

**About the Royal College**

The Royal College of Occupational Therapists is the UK Professional Body and Trade Union for over 33,000 Occupational Therapists, support workers, managers and students. Occupational Therapy enables people of all ages to participate in daily life to improve health and wellbeing. They are the only Allied Health Profession trained at a pre-registration level to work within both physical and mental health and work across both health and social care.

**Contact**

For further information on this submission, including any further detail on data sources or service examples, please contact:

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