Additional support for learning inquiry: Education, children and young people committee

Date: 20/12/23

# About us

We’re RCOT, the Royal College of Occupational Therapists. We’ve championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we’re here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole. Occupational therapists in Scotland work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It’s about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It’s science-based, health and social care profession that’s regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call ‘occupations’. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

# Our response

**Implementation of the presumption of mainstreaming**

Too many children and young people with additional support needs are waiting too long for the occupational therapy they need to realise their potential and take part in the daily activities/routines (occupations) they need or want to do – at school, at home and elsewhere.

In July 2023 almost 700 children’s occupational therapists working in the UK completed a survey, including 74 from Scotland. Our survey explored how occupational therapy services for children and young people are organised and delivered, and what if anything is making it difficult for children and young people to access or benefit from occupational therapy support.

* 81% of OTs in Scotland said there’d been an increase in demand for OT services over the previous 12 months.
* 47% said they were unable to provide the level or type of OT input that children and young people need.
* 74% said they couldn’t see children and young people quickly enough.
* 46% said they couldn’t see them as often as they need.
* 36% said children and young people were waiting more than 18 weeks for OT support.

Occupational therapists are experts in understanding what makes it difficult for children and young people to develop, achieve and enjoy life. Limited or delayed access to OT means:

* Children and young people’s additional support needs may not be properly understood - OT assessment may contribute to the diagnosis of developmental coordination disorder/dyspraxia and autism for example.
* Adjustments to activities/the curriculum/environment that might enable a young person to access learning may not be put in place – for example, recommending handwriting alternatives so young people can demonstrate their learning on paper.
* Children and young people’s needs might escalate meaning they require a higher level of support in the future.

According to our survey:

* 83% of Scottish respondents said limited access to OT affected children’s mental health
* 66% said it affected educational outcomes

We are calling for an expansion of the occupational therapy workforce so OTs are available to meet the additional support needs of children, young people and families now and in the future.

We also need occupational therapists to be positioned where we can have the most impact. This includes ensuring every school has access to an occupational therapist to:

* Embed whole-school approaches that promote development, physical and mental health into children and young people’s daily routines.
* Provide targeted support in partnership with school staff to address children’s physical, learning, sensory and mental health needs early, and prevent them from escalating.
* Ensure appropriate, timely referrals for specialist OT for children and young people with the most complex needs and circumstances.

We can also help train school staff and the wider children’s workforce to:

* Build their capacity to promote environments, relationships and activities that foster the learning, development and wellbeing of all children and young people, and
* Enable them to identify, support and seek specialist input for individuals whose development, health and wellbeing is at risk.

Working in this way means OT resources are used efficiently and sustainably to meet the additional support needs of children, young people and families.

**Where the child is being educated in specialist settings can you give examples of where their needs are being met, and examples of where they are not being met. What specialist support does the child receive and what support do you get in accessing this support? Are there any gaps in the specialist support provided either because the prescribed support is not available or extra support not formally prescribed is not being provided?**

Occupational therapists in Scotland support children and young people in specialist and mainstream settings. RCOT members are concerned that pressures on schools mean children and young people aren’t gaining the full benefit of occupational therapy whatever school they attend:

* 73% said a reduction in the availability of teaching/learning support assistants meant fewer people were available to carry out OT interventions/recommendations in the classroom
* 21% said schools were unable to fund equipment recommended by an OT, for example special seating or toilet aids.

RCOT members gave many examples showing how changes in the availability of school staffing (in mainstream and specialist settings) affect the extent to which children and young people benefit from occupational therapy to access learning.

John aged 13, uses an electric feeding device accessed via a switch. Staff need training from an OT to set up the device but often can't attend as this wouldn’t leave enough cover in the classroom to support other students. As a result, John is making very slow progress. His motivation is affected, as is that of school staff who want to support John’s independence.

Misha aged 6, is very anxious and overwhelmed by sensory stimulation. He’s unable to self-regulate and quickly becomes distressed. The OT recommended a daily sensory-motor programme and responsive environmental adaptations to help Misha maintain a ‘just right’ state of alertness. School staff attended training provided by the OT but don’t have the capacity to support Misha’s sensory needs and implement the sensory motor programme. As a result, Misha is only attending school 2 hours per day, meaning he’s missing opportunities for learning, development and social participation. Part time school attendance also means Misha’s parents can’t work, affecting their mental health and family economics.

Emily aged 7, has fine motor difficulties that affect her writing and ability to handle school tools such as a ruler and scissors. The OT recommended that Emily takes part in a motor skills programme, but school can’t release staff to support this alongside the OT. As a result, Emily is missing out on opportunities to develop the fundamental movement skills she needs to access learning and develop independence skills such as changing for PE. It’s affecting her confidence and school performance. School staff are also missing out on a useful professional development opportunity.

92% of Scottish survey respondents said that complex procurement systems and processes meant children and young people weren’t provided with the equipment and adaptations they needed, when they needed it. 83% identified budget and funding issues as an additional barrier. One OT said: ‘*Children have at times left school before the adaptations have been carried out’*.

**On balance, do you view the presumption of mainstreaming as having been a positive or negative development for your child or in general, and on balance, do you view the presumption of mainstreaming as having been a positive or negative development for other children in Scottish schools?**

Effective use of occupational therapy resources can help mainstream schools provide a positive learning environment for students with, or who may have additional support needs. We recommend a tiered approach (universal, targeted and specialist/individual) so as many young people as possible benefit from occupational therapy knowledge and expertise.

We believe that children should be educated in the setting that best suits their needs, and that pupils should receive the OT they need, when they need it to help them access learning, take part in everyday life at school and realise their full personal and educational potential.

**Impact of COVID-19 on additional support for learning**

**In what ways has the pandemic impacted on the needs of pupils with additional support needs and the meeting of those needs, both positively and negatively?**

**How successfully have local authorities and schools adjusted to meet these needs?**

60% of survey respondents from Scotland said children and young people were presenting with more complex physical/learning/mental health needs, with many saying the pandemic had contributed to this:

*‘Huge increase in referrals for children with ASD needs and this exploded after lockdown’*

*‘Needs have changed since Covid, teachers are highlighting concerns with whole classes rather than individual children. We appear to be getting more referrals for general motor delay in 5-year-olds.’*

Consequences of the pandemic, such as those described, are placing pressure on already stretched occupational therapy services.

**Contact**

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