

RCOT response to the Milburn Review on youth unemployment

January 2026

Introduction

The Royal College of Occupational Therapists (RCOT) welcomes the opportunity to contribute to the Alan Milburn Review on youth unemployment and urges policymakers to recognise the unique role occupational therapy can play in reducing youth unemployment and its associated health inequalities.

Occupational therapists (OTs) are experts in enabling participation. They work holistically across physical, psychological, and social domains to help individuals overcome barriers to education, training, and employment. By embedding occupational therapists within youth education, health and employment pathways, we can deliver early, tailored interventions that prevent disengagement and promote sustainable work participation.

The challenge: why young people are falling behind

Member insights and research point to a “perfect storm” driving youth unemployment, rooted not in lack of aspiration, but in unmet needs and fragmented systems:

Early disengagement from education

Persistent absence and poor school participation strongly predict NEET status (Not in Education, Employment or Training)¹. A major study of over 23,000 pupils showed that persistent absence between ages 6-16 is associated with a 3.9times greater risk of being NEET, and a 6.3 times higher chance of becoming persistently NEET between 16-18. Risk increases as absences become more severe or occur later in schooling².

Occupational therapists specialising in children and young people see first-hand that many pupils disengage or drop out of school due to unmet sensory needs, anxiety linked to persistent or severe absence, difficulties with executive functioning, and unaddressed neurodivergent needs. These factors are strongly associated with later NEET outcomes and have significantly worsened since the post-pandemic rise in low attendance. Additionally, rigid and often punitive school attendance

¹ ¹ Bøe, T., et al. (2022). *Predictors of NEET status in adolescence: Importance of early intervention*. Journal of Youth and Adolescence. <https://link.springer.com/article/10.1007/s10964-022-01592-7>

² Connell, E., Warburton, M., Wood, M. and Birks, D. (2024) *School absence and Not in Education, Employment or Training*. Vulnerability & Policing Futures Research Centre. Available at: [School absence and Not in Education, Employment or Training - Vulnerability & Policing Futures Research Centre](#).

approaches, which do not accommodate neurodivergent or long-term health needs, can worsen disengagement and disadvantage young people, contributing to later unemployment³.

Fragmented systems and missed support

Our members report that health, education and employment services, including child and adolescent mental health services (CAMHS), often operate in isolation. This means that young people, in particular those with neurodivergence, chronic illness or fluctuating mental health, struggle to access coordinated support. Just 30.2% of autistic young adults are in employment, compared with 82% of nondisabled peers, highlighting how current systems fail to meet their needs⁴.

Occupational therapy's unique contribution

Given the complex mix of barriers driving young people out of education, training and employment, occupational therapists are uniquely placed to intervene early, address the root causes of disengagement, and support young people back into meaningful participation. Occupational therapists bring a distinctive combination of clinical expertise, vocational understanding and whole-system thinking that directly aligns with the challenges identified above. This includes:

- **Holistic, person-centred support:** Young people often drop out of school or struggle to sustain employment because of unmet sensory needs, anxiety linked to persistent absence, difficulties with executive functioning, or unaddressed neurodivergent needs; factors strongly associated with later NEET outcomes. Occupational therapists are trained to assess and respond to these barriers across physical, cognitive, sensory and psychosocial domains. They help young people build sustainable routines, confidence, and the skills needed to form a positive occupational identity, laying the foundations for successful participation in education, training, and work.
- **Vocational rehabilitation expertise:** occupational therapists use occupational science⁵ to design and deliver interventions such as coaching, condition management, and workplace adaptation^{6,7,8}. Which can include:

³ National Foundation for Educational Research (NFER) (2023). *Why a one-size-fits-all approach to attendance isn't the way forward*. <https://www.nfer.ac.uk/press-releases/why-a-one-size-fits-all-approach-to-attendance-isn-t-the-way-forward/>

⁴ UK Parliament, House of Commons Library (2025) *Supporting neurodivergent people into employment* (Research Briefing, CDP-2025-0179). Available at: <https://commonslibrary.parliament.uk/research-briefings/cdp-2025-0179/>

⁵ Wilcock, A. A., & Hocking, C. (2015). *An Occupational Perspective of Health*. Thorofare, NJ: SLACK Incorporated.

⁶ De Dios Perez, B., McQueen, J., Craven, K., Radford, K., Blake, H., Smith, B., Thomson, L., & Holmes, J. (2023). The effectiveness of occupational therapy supporting return to work for people who sustain serious injuries or develop long-term (physical or mental) health conditions: A systematic review. *British Journal of Occupational Therapy*, 86(7), 467–481. <https://doi.org/10.1177/03080226231170996>

⁷ Mullins, A., Scalise, O., Carpio-Paez, B., DeShaw, V., Jennings, K., Kitchens, R., Hilton, C., & Mani, K. (2025). Occupational therapy interventions in facilitating return to work in patients with traumatic brain injury: A systematic review. *Work*, 81(2), 2458–2476. <https://doi.org/10.1177/10519815251317411>

⁸ Harvey, D., Coole, C., & Drummond, A. (2020). Vocational rehabilitation for stroke survivors: A scoping review of the evidence. *British Journal of Occupational Therapy*, 83(1), 5– 17. <https://doi.org/10.1177/0308022619879337>

- motivational interviewing
- personalised coaching and goal-setting
- condition management for fluctuating or long term health conditions
- workplace adaptations and job carving to match strengths to roles

These interventions can be particularly effective for young people whose health conditions, neurodivergence or mental health challenges make standard pathways inaccessible.

- **Bridging gaps at scale:** siloed systems leave many young people without coordinated support. Occupational therapists can operate at the intersection of education, health and employment, providing:
 - clinical governance and escalation for complex cases
 - supervision and training for work coaches, youth workers and social prescribers
- shared planning and problem-solving across sectors

This ensures that young people with health-related barriers do not fall between services but instead receive joined-up, timely and appropriately targeted support.

- **Group-based interventions:** occupational therapy-led group programmes can help young people build confidence, reduce isolation and improve social participation. These are particularly valuable for those disconnected from education or employment following periods of absence or mental health difficulties.
- **Evidence-backed models:** occupational therapists are rooted in evidence-based practice and can utilise well-established models such as Individual Placement and Support (IPS) in supporting people with mental health conditions into work. Emerging research (SEED trial, Norway IPS adaptation) shows IPS can be successfully tailored for young adults⁹.

Recommendations for the Review

To reduce youth unemployment and its associated health inequalities, the Review should prioritise early, joined-up vocational support for young people with emerging or established health-related barriers. This requires embedding occupational therapy across education, health and employment systems.

1. Embed occupational therapy within education settings to prevent early disengagement:

Early disengagement from education is a strong predictor of later unemployment. We recommend that:

- Every mainstream school should have timely access to occupational therapy, delivering a Universal/Specialist/Targeted delivery model. This includes a consistently funded model that gives education settings access to specialist support when needed.
- The Schools White Paper must commit to this approach, ensuring early identification of disengagement, support with sensory, cognitive and emotional needs, and pre-vocational preparation for young people at risk of leaving education.

⁹ Sveinsdottir, V., et al. (2024). *Enhancing implementation of the Individual Placement and Support for Young Adults programme in Norway: Identifying challenges and facilitators*. ResearchGate.
https://www.researchgate.net/publication/387909499_Enhancing_implementation_of_the_Individual_Placement_and_Support_for_Young_Adults_programme_in_Norway_identifying_challenges_and_facilitators

- Occupational therapists should be embedded within schools, further education, alternative provision and CAMHS to identify early disengagement, deliver pre-vocational interventions, and support successful transitions from education to work.

RCOT members highlight practice examples such as the Wellbeing in Mind Team in Hambleton and Richmondshire (North Yorkshire), where occupational therapists work across schools and alternative provision, including delivering pre-vocational programmes for neurodivergent pupils in Pupil Referral Services.

2. Fix fragmentation between youth employment and health systems:

Young people with neurodivergence, long-term conditions or fluctuating mental health are currently poorly served by fragmented systems. To address this, we recommend:

- Commissioning and scaling occupational therapy roles within Jobcentre Plus and commissioned employment support programmes, building on the Barking and Dagenham DWP occupational therapy pilot.
- Embedding occupational therapists within primary care and community mental health services to support vocational rehabilitation and occupationally-informed fit note practice. This aligns with recent DWP and DHSC investment through the £1.5 million WorkWell Primary Care Innovation Fund. Many sites are utilising occupational therapists to improve their fit note provision.
 - Integrated Care Systems, to support joined-up planning across health, education and employment
- Recognising work and vocational participation as core health outcomes, with occupational therapists supporting young people to manage health conditions alongside education or employment goals.

This approach ensures that young people with health-related barriers receive coordinated, clinically informed support rather than falling between services.

3. Utilise evidence-based employment models for young people

We recommend:

- Recognising and expanding the established contribution of occupational therapists within Individual Placement and Support (IPS) teams, including their role in vocational assessment, condition management and sustaining employment outcomes^{10, 11}.

¹⁰ Susan Prior, Donald Maciver, Randi W. Aas et al., "An enhanced individual placement and support (IPS) intervention based on the Model of Human Occupation (MOHO): a prospective cohort study," **BMC Psychiatry**, **20** (1), 361 (8 July 2020), **doi:**10.1186/s12888-020-02745-3, **PMCID:** PMC7346406.

¹¹ Abidin, M. Z. R. Z., Wan Yunus, F., Mohd Rasdi, H. F., & Kadar, M. (2021). Employment programmes for schizophrenia and other severe mental illness in psychosocial rehabilitation: A systematic review. *British Journal of Occupational Therapy*. <https://doi.org/10.1177/0308022620980683>

- Evidence demonstrates that IPS can be successfully tailored for younger cohorts to effectively supports school-to-work transitions¹². Therefore, it is recommended that IPS be implemented for young people, particularly to support school-to-work transitions and those with emerging or fluctuating health needs.

4. Invest in early intervention

We recommend investment in early, preventative approaches that normalise conversations about work and participation:

- Use ROWTATE principles to embed ‘work conversations’ within health and education pathways (promoting early, integrated, person-centred and strengths-based interventions, underpinned by holistic assessment and evidence-informed practice, and delivered collaboratively across health, education and employment systems to position vocational rehabilitation as a core health intervention)¹³.
- Enable occupational therapists to contribute to curriculum development, introducing concepts such as meaningful occupation, planning, goal-setting and self-management skills.
- Ensure employers are educated on neurodiversity, mental health and reasonable adjustments, supported by practical, occupational therapy-informed guidance.

This positions vocational rehabilitation as a core component of health and education, rather than a reactive, late-stage employment intervention.

5. Strengthen cross-sector collaboration and governance

Finally, we recommend:

- Formalising partnerships between occupational therapists and employment support services, with clear clinical governance, shared planning and escalation routes for complex cases.
- Occupational therapists can enable occupational therapy-informed practice by providing training, supervision, support for complex cases and clinical governance to non-clinical staff such as work coaches, youth workers and social prescribing link workers, supporting safe and effective practice with young people who have complex needs.
- Ensuring occupational therapists are recognised as key system connectors, operating across education, health and employment to deliver genuinely joined-up support.

¹² Reme, S. E., et al. (2019). *Individual Placement and Support for young adults at risk of early work disability (the SEED trial): A randomised controlled trial*. PubMed. <https://pubmed.ncbi.nlm.nih.gov/31170299/>

¹³ ROWTATE Project. (n.d.). *The ROWTATE Project*. Retrieved January 14, 2026, from <https://rowtate.org.uk/the-rowtate-project>

Conclusion

Youth unemployment is a complex challenge requiring integrated solutions. Occupational therapists offer a unique combination of clinical expertise and vocational insight to help young people overcome barriers and thrive in work. By embedding occupational therapy within education, health, and employment systems, and investing in evidence-based interventions such as IPS and early vocational support, the Government can deliver meaningful change, reduce health inequalities, and build a more inclusive workforce.

We're ready to work with policymakers, employers, and partners to make this vision a reality.