

Children and young people's occupational therapy survey

2023



Children's occupational therapy survey

2023

Summary

In July 2023 we carried out a survey of children's occupational therapists working in the UK. We wanted to understand 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 OT support. This builds on surveys carried out in 2021 and 2022, helping us to monitor children's access to occupational therapy over time. This report is for children's occupational therapists, OT service managers, commissioners, policy makers and others with an interest in children's occupational therapy services.

The online survey was open from 22 June – 31 July 2023.

Valid responses were received from 698 children's occupational therapists, more than double the number who responded in 2022. Respondents were occupational therapists working with children and young people in the UK. They had roles in NHS community teams, social care, independent practice, child and adolescent mental health services, hospitals, schools, in third sector organisations and elsewhere.



Key findings

- 85% said the demand for occupational therapy had increased since July 2022
- 63% of occupational therapists can't provide the level or type of input children and young people need, up from 43% in 2022
- 60% of occupational therapists said their teams aren't fully staffed
- 74% said changes in school staffing prevent children and young people benefitting from occupational therapy at school
- 65% said the cost-of-living crisis is making it difficult for children and young people to access occupational therapy
- 30% said they can't provide equipment and adaptations children and young people need, when they need it.

Key recommendations

- The demand and capacity for children's occupational therapy must be understood and capacity gaps addressed.
- Occupational therapists should be positioned where they have the most impact - in schools, early intervention and specialist services.
- Occupational therapists should work in integrated health, education and care systems to ensure resources are used efficiently and sustainably to meet the individual needs of children, young people and families.
- The OT workforce must be expanded to ensure staff are available and have the skills to support children, young people and families now and in the future.
- Equipment and adaptation services require investment and streamlining to ensure children and young people receive help quickly.



Survey findings

Increased demand for occupational therapy

85% of occupational therapists said the demand for OT has increased since July 2022. The same percentage reported an increase last year, reflecting the continuing impact of the pandemic and cost-of-living crisis on children and young people's health, development and wellbeing. **63% said they can't provide the level and type of input children and young people need** - a 46% increase since 2022.

- 62% can't see children and young people quickly enough
- 66% can't see them as often as they need
- 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.

- 78% said limited access to occupational therapy is affecting children's **mental health**
- 71% report an impact on **educational outcomes**
- 63% said children and young people's **needs are becoming more acute**, meaning they need a higher level of input when they are seen.

Respondents said the impact of limited or delayed access to OT extends beyond the child or young person, affecting parental mental health and family life generally.

“3 years ago we had the same size team and had a waiting list that was long but just about manageable. Now we are the same size team with an approximate 60% increase in referrals. We are very understaffed and overwhelmed.”

“Intervention is simply not early enough and families are at breaking point by the time they are seen.”

“Referrals for home safety assessments are through the roof - parent's wellbeing and stress levels are affecting their child's wellbeing.”

“Dramatic increase in school attendance issues, social complexity and parents struggling to access diagnostic services for autism or ADHD leading them to despair, frustration and hopelessness.”

A number of factors place additional pressure on already stretched occupational therapy services:

- **Increased awareness and recognition of neurodiversity** - a population group that can significantly benefit from occupational therapy - 76%
- **Lack of capacity elsewhere in health/education/social care systems** - 75%
- **Increased mental health needs** - 71% (up from 53% last year)
- **Increased complexity of physical/learning/mental health needs** – 70% (up from 65%)
- **Increase in requests for statutory assessment** of children’s special or additional learning support needs - 58% (up from 44% in 2022).

“Social Care OT colleagues are unable to see in a timely manner, what they offer has become reduced and almost non-existent, DFG funding cannot provide the building work needed therefore children and families are lacking appropriate accommodation and facilities. This in turn impacts on our community NHS team to try and find equipment and resources to support when Social Care colleagues should be picking up this work.”

“Lack of capacity in mental health services leads to referral to community health team where physical skills are not the prime need, but referrers/families are desperate for something. A lot of issues relate to a child’s autism but there’s very limited or no service in the NHS to support these children and families.”

“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.”

“Babies are not picked up early enough or until there are enough “functional needs” by which time the baby/toddler has an established problem rather than working preventatively.”



In some areas, OT support that could help children and young people's participation, engagement and performance isn't commissioned, meaning children and young people miss out on help they need and deserve.

“We still do not meet the sensory needs of the children and young people as we are not commissioned to do this, but this is what people are seeking support for.”

“There is no CAMHS provision for occupational therapy in our area which is needed.”

Workforce issues

60% of respondents said their teams are not fully staffed. Whilst this is an improvement on 2022, **66% said even if they were fully staffed this would be insufficient to meet demand.**

- **62% reported persistent difficulties recruiting to vacant occupational therapy posts,** up from 39% in 2022
- **41% have difficulty recruiting to new posts**
- **39% have vacancies due to a new, temporary issue** such as maternity leave or sickness
- **9% have vacancies due to staff retirement.**



“We have the same full time equivalent for over 10 years despite increase in demand, complexity and diversity of need.”

“We have had 2 vacancies for almost 2 years now.”

“We have advertised for a full-time band 5 post 9 times with no appropriate applications.”

Many factors affect staffing, recruitment and retention:

- A protracted recruitment process meaning long delays before posts are filled
- Inability to back-fill posts to cover illness/maternity leave/staff secondment to new roles due to lack of funds or no suitable staff
- High staff turnover due to workload pressures and poor job satisfaction
- Lack of admin support meaning OTs and support workers having to spend time on non-clinical activities
- Disparities in pay between NHS and social care meaning social care work is less attractive
- Difficulty recruiting in certain locations, such as rural areas and outer London
- Limited opportunities for career progression so staff leave to gain more experience elsewhere.

“Recruitment process in its entirety is incredibly slow. Then people we recruit usually don't have any or very little experience in children's OT so takes a at least a year for our service to feel the impact of having that staff member in post.”

“We are so behind with 18+ month waiting lists that OT staff are “on duty” regularly to deal with referrals and phone enquiries from people on the waiting list and it affects staff morale and people go off sick or leave.”

“Difficult to retain Band 7s who have been at top of band for many years, constantly taking on increased responsibility across operational, professional and clinical areas, without recognition/ pay award for this extra work.”

“New services (e.g. neurodevelopmental teams and increased CAMHS capacity) have reduced the number of available band 6 staff to fill community posts.”

“Our team doesn't have a dedicated administrator, about 1/3 of Band 7 OT time is spent doing basic admin duties. It's also difficult to retain OT support worker in post because they end up doing a lot of admin and quickly lose interest in the role as they do not get a chance to provide clinical OT support.”



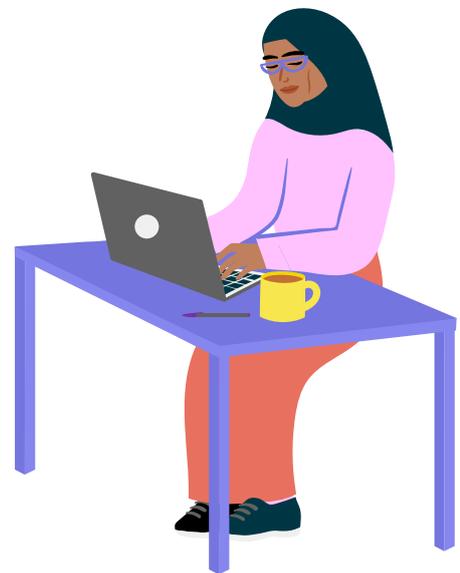
Opportunities for occupational therapists to gain experience with children and young people are limited, affecting the availability of people with skills and experience to fill current and future workforce gaps.

- **25% don't currently offer pre-registration practice placements** for occupational therapy learners, meaning new graduates lack the confidence and skills to apply for roles with children and young people
- **Only 46% said their teams include new graduate or Band 5 roles.**

“Due to immense workload it feels difficult to have a student due to the time needed to do a good job.”

“We need more specifically commissioned OT roles but also a workforce to access when we have money for roles.”

“It is very difficult to find staff with appropriate experience in Paediatrics so often staff who are recruited require significant training which takes capacity and resources which we just don't have.”



Skills and training

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

Barriers to staff development include limited access to experienced staff for ongoing support, lack of courses relevant to children's occupational therapy and few opportunities to implement skills learned due to workforce pressures.

“Most OT training is very general and not always specific enough for paediatrics. It can be difficult to get it agreed and funded due to being such a small team in the local authority.”

“We are unable to offer sensory support other than our website information, as we do not have capacity or the training to support sensory needs.”

“I feel I'm deskilling in a stretched service as we are mainly doing assessments and EHCP reports with difficulty providing actual therapy.”



School-based occupational therapy

78% of occupational therapists who responded to the survey work with students at school or in an education setting. The following makes it difficult for children and young people to benefit from occupational therapy at school:

- 74% said the reduction in the availability of teaching/learning assistants to carry out OT interventions/recommendations means children and young people aren't fully benefiting from OT.
- 65% said increased requests for assessment of pupils' special educational/additional learning needs, means other children are missing out.
- 40% said schools can't fund equipment recommended by an OT to help meet students' personal care and learning needs, such as toilet aids and specialist seating.

Other challenges include:

- More children and young people are being offered special school placements with no additional occupational therapy to support them.
- Limited capacity of community OTs to support the higher number of students with more complex needs in mainstream schools.

A tiered approach

Occupational therapists said they used a range of universal, targeted and specialist (or individualised) school-based approaches to provide the level and type of support pupils need to achieve their potential and prevent needs from escalating. These include:

- **Whole school approaches** such as the provision of training and resources that promote good seating, student wellbeing and handwriting readiness.
- **Training in OT interventions** for motor skill development, sensory regulation and anxiety management, delivered by school staff with OT support.
- **OT advice to help staff adapt environments, routines, tasks and/or equipment** to enable the participation and learning of individuals and groups.
- **Working collaboratively** with school staff to help them embed therapeutic activities into children's daily routines.
- **Specialist/individualised approaches** for children and young people with the most complex needs and circumstances.

“In my experience the consultation mode of delivery is not as effective as therapists having intense chunks of time working alongside children and the education staff - seeing the reality of daily life for both sides, and then modelling change and strategies.”

“The mental health needs and complex needs of our children and young people are increasing and universal support is just one part of the offer required. If we acted quicker and earlier with targeted and specialist interventions - valuing the impact of our profession more- we can really prevent many issues.”

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

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 increases in the following:

- 65% said children and young people were living in unsuitable accommodation
- 56% said families were cutting back on activities that would support their development and wellbeing, such as swimming lessons
- 49% said parents/carers were unwilling or unable to take time off work to attend therapy appointments
- 47% said parents couldn't prioritise occupational therapy or spend time carrying out OT recommendations because they were so worried about managing daily life.

“General cost of living difficulties and families not able to afford heating food etc so they are spending more time focusing on solving these basic survival difficulties and don't have time for therapy.”

“We work independently. We have limited capacity which means we can't see people as quickly as we'd like, we can't see as many as we'd like, and not everybody can afford it.”

“Financial concerns lead to mental health problems for parents which then impact on children or financial worries directly causing stress for children/young people.”



Equipment and adaptations

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

- 65% said this was due to **budget and funding issues**
- 60% said this was due to **delays in equipment manufacturing and delivery**
- 54% said this was due to **complex procurement systems and processes.**

Delays affect the participation and wellbeing of the whole family, and unnecessary additional administration means OTs have even less time to carry out assessments and provide the support that children, young people and families need.

“The majority of our cases are requiring major adaptations, often extensions, which is leaving families who need more space living for much longer in crisis, which impacts on the dynamics of the whole family.”

“We spend a lot of time chasing equipment and fielding emails from parents who are also chasing. Even slings can take 4-6 weeks for necessary transfers.”

Our recommendations

What is needed to ensure children and young people can access the right occupational therapy at the right time in the context of increasing demand, workforce pressures and the cost-of-living crisis?

The demand and capacity for children’s occupational therapy must be understood and capacity gaps addressed so that:

- Children and young people have **timely access to occupational therapy expertise**, enabling them to realise their potential, enjoy life and take part in the daily activities that matter to them.
- Occupational therapy **skills are recognised and used effectively** as part of a joined-up multidisciplinary and multi-agency approach, avoiding unnecessary delays and duplication of services.
- Occupational therapy **resources are used efficiently** so children/young people receive the type and level of universal, targeted or individualised/specialist support that is appropriate for their needs.
- Occupational therapy staff have a greater **job satisfaction** because they can provide high quality care that makes a difference.
- **Innovative approaches** that extend the reach of occupational therapy to more children, young people and families are identified and scaled-up.

Occupational therapists should be positioned where they have the most impact:

Schools

- All schools should have access to an occupational therapist to:
 - **Embed whole-school approaches** that promote development, physical and mental health into every child and young person's daily routine.
 - **Provide targeted support in partnership** with school staff to address children and young people's physical, learning, sensory and mental health needs early, and prevent them from escalating.
 - **Ensure appropriate and timely referrals for specialist occupational therapy** for children and young people with the most complex needs and circumstances.

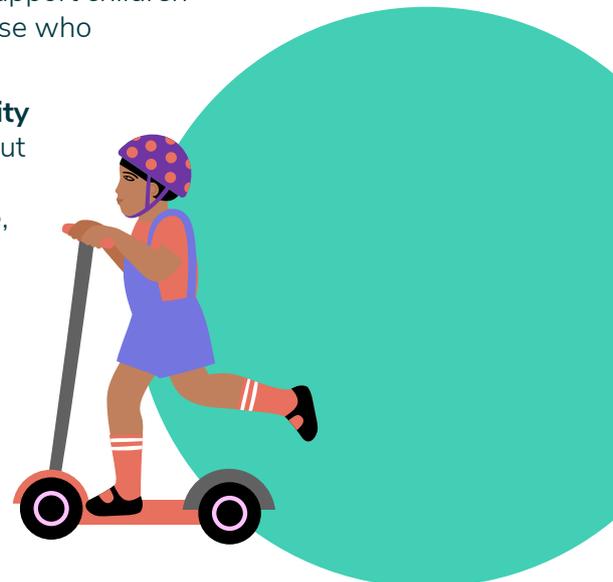
Statutory assessment processes must be streamlined so that occupational therapists can focus on providing therapy and support rather than navigating different, complex systems, whilst also reducing the risk of educational tribunals.

Early intervention services

- **Expansion of the role of OT with children and young people in primary care** and other early support settings, providing early intervention and reducing referrals to specialist services.
- **OTs employed in neonatal care and early intervention services** to give infants and families the best start in life.
- Occupational therapists should be **employed as members of school-based mental health teams**, providing early, practical support for children and young people who don't meet the threshold for specialist mental health services.

Harnessing specialist OT expertise

- Occupational therapists' **knowledge of differences in the way people notice, process and respond to sensory input should be harnessed** and appropriate environmental and activity adaptations made to enable children and young people's development, and participation at home, at school, in hospital and elsewhere.
- There should be **more occupational therapy roles in CAMHs and Youth Justice services** where OT skills in physical and mental health can be used to support children and young people who are disabled or neurodivergent and those who have additional learning needs.
- **Occupational therapists should be employed in neurodiversity services** supporting children and young people with and without a diagnosis to understand themselves and carry out the roles, routines and activities they need, want or have to do – at home, at school or work and elsewhere.
- Occupational therapists should be **positioned to deliver effective individualised care/rehabilitation** for children and young people after an acute episode or hospital admission to optimise their recovery, development and participation.



Integrated pathways

- **Occupational therapists should work in integrated health, education and care systems** to ensure resources are used efficiently and sustainably to meet the individual needs of children, young people and families.
- There should be **clearer, more integrated pathways** so children, young people and families receive timely support from professionals with appropriate skills and expertise to meet their needs.
- Occupational therapists should be involved in **training the early years and wider children's workforce** to:
 - build their capacity to promote environments, relationships and activities that foster the development and wellbeing of all children and young people
 - enable them to identify, support and seek specialist input for children and young people whose development, health and wellbeing is at risk.

Expansion of the occupational therapy workforce to ensure staff are available and have the skills to support the occupational therapy needs of children, young people and families now and in the future. This can be achieved by:

- **Ensuring an appropriate skill mix** within teams and harnessing the skills of registered and non-registered staff to meet the needs of the population served.
- **Making posts attractive by clearly defining roles** and ensuring OT skills are used effectively to improve outcomes for children and young people.
- All OT teams should have **access to an administrator**, people who are experts in getting the right people, equipment and information in place at the right time. This will free up OT and support workers to deliver clinical care, increasing their productivity and job satisfaction.
- **Streamlining recruitment processes** to avoid unnecessary delays. This is especially important for small teams and for short term positions where vacancies have greater impact on children and young people's access to OT.
- **Review and address the pay gap between OTs working in health and social care** with the same level of accountability and responsibility. This will help ensure a stable and growing OT workforce to support the social care needs of children and young people.
- **Provide training and career progression opportunities** for all members of the OT workforce including support workers, early career OTs with children and young people, and those with more experience.
- **Promoting occupational therapy as a career** for people wanting to work with children and young people, to increase our future workforce.
- **Increasing placement capacity** across all children's services for pre-registration occupational therapy learners including apprentices, through traditional and innovative placements.

Greater investment in and streamlining of services to ensure children and young people receive equipment and adaptations quickly. This includes at home, at school/college and in the community and will require:

- Urgently addressing the **housing** needs of disabled children and young people to ensure their health, safety and development and that of their families in the short and long term.
- **Streamlining of equipment funding and procurement processes**, including sustainable approaches, to reduce delays in children and young people accessing equipment they need to take part in everyday life.
- **Clarity regarding the funding of equipment and adaptations for schools** and early years settings to prevent unnecessary delays.
- **Better coordination of social care, health, education** and others to minimise adaptation delays and ensure occupational therapists' skills are used appropriately, through wider application of the '[Adaptations without delay](#)' guidance.
- A consistent approach towards top-up **funding for major adaptations**.

Next steps

- We're developing an **OT workforce strategy** to influence the planning and delivery of OT services across the UK. The strategy and national action plans will incorporate the findings of this survey and will be published next year.
- We're **discussing our survey report with ministers, health leaders and policy makers** in all UK nations, calling for support for OT resource and expertise to be positioned where we can have the most impact - in schools, early intervention and specialist services.
- We're **supporting national data collection** activities to better understand the profile and capacity of the children's OT workforce.
- We're calling for children's OT services to be **resourced to meet local population needs**, and for investment in training for the children's OT workforce with a particular focus on early career children's OTs.
- We'll be **sharing advice to help OT service leaders and managers** apply and embed our recommendations at a local level.

Further information

For further information about the survey design, analysis and recommendations please contact Sally.Payne@rcot.co.uk

For media enquiries please contact press.off.ce@rcot.co.uk

Acknowledgements: Thank you to Laura Armitage, RCOT intern for her help in compiling this report.

© Royal College of Occupational Therapists 2022. The Royal College of Occupational Therapists (or RCOT) is a registered charity in England and Wales (275119) and in Scotland (SCO39573) and a company registered in England (No.134734). VAT Reg. No. 242 7829 47.

rcot.co.uk

© 2023 Royal College of Occupational Therapists. A registered charity in England and Wales (No. 275119) and in Scotland (No. SCO39573) and a company registered in England (No. 1347374)