

Children’s occupational therapy survey 2023

Supplementary report for Wales

This report summarises responses from occupational therapists working in Wales. 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, 34 were received from children’s occupational therapists in Wales (26 in 2022). The majority were working in community services (n=16) with smaller numbers working for the local authority (n=8), in schools (n=6), in child and adolescent mental health services (n=3), in independent practice (n=3), in acute services (n=2), and elsewhere (n=2). Some people had more than one role.

Key findings

97% of respondents (compared to 85% overall) reported an increased demand for occupational therapy services since July 2022.

59% (63%) felt they were not able to provide the level or type of occupational therapy input that children and young people need.

64% (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

- 97% (85%) said the **demand for OT has increased** since July 2022.
- 59% (63%) said they **couldn’t provide the level and type of input** children and young people need.
- 75% (62%) **can’t see children and young people quickly** enough.
- 65% (66%) **can’t see them as often** as they need.
- 44% (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% (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.

- 65% (78%) said limited access to occupational therapy affected children's **mental health**.
- 60% (71%) reported an impact on **educational outcomes**.

'Delayed access to service due to longer waiting times resulting in not getting the children help when they need it in a timely manner. This could then be causing further delays to their development.'

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

- increased **mental health needs** – 82% (71%)
- increased **awareness and recognition of neurodiversity** – a population group that can significantly benefit from occupational therapy – 70% (76%)
- **lack of capacity elsewhere in health/education/social care systems** – 70% (75%)
- increased **complexity of physical/learning/mental health needs** – 64% (70%)
- **more referrals for pre-school children** – 58% (45%)
- **increase in requests for statutory assessment** of children's special or additional learning support needs – 46% (58%).

'School is growing with pupils but the staff is not growing at the same rate.'

Workforce issues

- 62% (60%) of respondents said their **teams were not fully staffed**.
- 81% (66%) said even if they were fully staffed this would be **insufficient to meet demand**.
- 71% (39%) have **vacancies due to a new, temporary issue** such as maternity leave.
- 48% (62%) reported **persistent difficulties recruiting to vacant occupational therapy posts**.
- 48% (25%) reported **absences due to staff sickness**.
- 24% (41%) have **difficulty recruiting to new posts**.
- 14% (9%) have vacancies due to staff **retirement**.

'Caseload 2x national average and large geographic area means that staff are really stretched, caseloads unsafe, significant unpaid overtime to meet demand and high risk of burnout.'

'Our whole team are part-time and have lots of split roles and responsibilities to cover the breadth of the service. There just isn't enough of us to cover all aspects of the service well and coming together as a team, CPD and supervision are difficult to achieve consistently as we are rarely all in on the same working days.'

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.

- 15% (25%) don't currently offer **pre-registration practice placements** for occupational therapy learners.

- 38% (46%) of teams include **new graduate or band 5 roles**.

'We have a rotational band 5 role annually and only 3 other part-time therapists all in very different roles. It takes a long time for this role to adopt the knowledge required to work autonomously then we lose the role and start again every year. It's great for the profession but challenging to support in an already overstretched service.'

Skills and training

- 71% (72%) say their team has the **skills and expertise necessary to meet the needs** of children and young people in their area.
- 82% (81%) agreed or strongly agreed that **their skills and expertise were well used** in their current role.
- 24% (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 careers.

'We frequently get referrals for children with significant behavioural and sensory needs however we do not have the level of expertise or skills within our remit to support this. And there are limited services that offer this input in our area, therefore creating an unmet need.'

'There has been a huge increase in cases around neurodiversity and behaviours. These are not areas we were traditionally trained in. I've had to do a lot of research and upskilling of myself in my own time to address this. I work in community OT but often feel due to the framing of 'sensory' issues that I am working in CAMHS or learning disabilities.'

'Due to limited staffing and capacity and lengthy waiting list, training isn't always considered a priority.'

School-based occupational therapy

85% (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 66% (74%).
- **Increase in young people not attending school for mental health reasons** – 59% (55%).
- **Increased requests for statutory assessments** of children's special educational needs/tribunal process meaning other children miss out – 55% (65%).
- **Schools unable to fund equipment** recommended by an OT, for example special seating or toilet aids – 31% (40%).

'We get told that school staff don't have time to access webinars, read information packs etc. I work in a special school so we provide regular training sessions to staff. However, training for mainstream schools has reduced slightly since COVID.'

'We are in a period of transition moving towards a more collaborative and upskilling model. This is taking time due to continuing to have a huge demand on services via "traditional" referral system.'

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

56% (65%) of OTs 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:

- **cutting back on activities** that would support their child's development and wellbeing, such as swimming lessons – 56% (56%)
- **unable to afford equipment/services** that would help their child's development – 50% (47%)
- **living in unsuitable accommodation** – 47% (66%)
- **struggling to attend therapy appointments due to transport costs** – 44% (42%)
- so **worried about money** they are unable to prioritise occupational therapy or spend time carrying out occupational therapy recommendations – 41% (47%)
- **unable or unwilling to take time off work** to attend therapy appointments – 35% (49%).

'Families are typically quite stressed. They aren't always in a position to make the decision to invest money or time into meeting their child's therapy needs.'

'We need more pre-diagnostic support services for YP with autism spectrum disorder (ASD) and global delay and access to parental wellbeing and trauma support. We (OTs) are often plugging this gap, particularly in the early years diagnostic journey as we build a strong therapeutic rapport with families and have CBT/counselling/mental health skills in our toolkit but it can impact on ability to focus on the child's therapeutic intervention. It can also be very isolating for the supporting therapist.'

Equipment provision and adaptations

Of the occupational therapists involved in the provision of equipment and adaptations, 29% (30%) said they were unable to provide the equipment and adaptations children and young people needed, when they needed it.

- 63% (60%) said this was due to **delays in equipment manufacturing and delivery**.
- 50% (65%) said this was due to **budget and funding issues**.
- 50% (54%) said this was due to **complex procurement systems and processes**.

'In relation to safety at home requests for fencing, appropriate door catches and window restrictors etc. social landlords automatically refer these families to OT for an assessment. Sometimes this work can be done by a non-OT who can gain the skills and expertise by us sharing this knowledge. They can then refer to us if they feel there are more specialist needs to be met.'

Recommendations

There is a strong desire in Wales to strengthen universal OT provision via websites and telephone helplines. This would enable more timely access to OT expertise, and early identification of children, young people and families whose needs could be more appropriately met by other services. The use of advanced practitioners to support telephone helplines and the availability of organisational support to develop websites/helplines is also required.

'Speaking to an OT in the referral stage is key to a parent/carer getting the right information early on, being listened to and being signposted to other services that may help their child's needs.'

'We have a service transformation agenda currently to increase our access via consultation at a universal level, develop more accessible Web-based universal resources and measure outcomes of virtual workshops. We aim to be accessible to more children at young people at this level, whilst also providing our existing more targeted and specialist service.'

'We need to progress our advice line which is currently impacted by internal support from the communication team.'

There was a particular call to address inconsistencies in early intervention/support for infants discharged from neonatal care across Wales to promote infant development.

'There is a lack of children's OTs in Wales with early intervention skills for preterm babies. We have this intervention in my team so preterm babies from the local area get a good service. If I work with babies in NICU that are out of area they may not get the early intervention services they need to optimise their future development.'

Respondents recommended that occupational therapists should be based in schools rather than clinics to help children and young people with emerging mental health, sensory and/or neurodivergent needs. This would help prevent their needs from escalating and placing additional pressure on already stretched CAMHS and learning disability services.

'A specialist OT team within education to develop clear pathways for children with emerging mental health needs and secondary sensory processing challenges and options to support curriculum differentiation for learners who have average IQ/neurodiversity and do not fit a learning needs unit or challenging behaviour type learning environments, particularly at transition from primary to comp.'

Respondents also called for better understanding among referrers of the role of occupational therapy and our scope of practice, alongside investment in community OT services to ensure OT skills are used effectively to improve outcomes for children, young people and families.

'A significant increase in staff to create more capacity within the service. Clearly defined roles and scope of practice for our service in line with our skill set and experience. Currently our service is community NHS but we are often picking up social care work which reduces our capacity.'

'I think the need for more pediatric OTs is growing but we are not valued and understood enough so we can be recognised as an effective strategy/resource in schools.'

Finally, respondents working in social care identified a need for OTs with specialist skills to support

children and young people with increasingly complex sensory, learning and behavioural needs.

'I was initially hired as an adult occupational therapist...as a team we now assess and support children. We are a highly talented group of OTs however we require more specialist training to ensure that we are fully knowledgeable in this role, or the hiring of a children's OT.'

For more information about this supplementary report please contact david.davies@rcot.co.uk.