

Children's occupational therapy survey 2023

Supplementary report for Scotland

This report summarises responses from occupational therapists working in Scotland. 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, 74 were received from children's occupational therapists in Scotland (49 in 2022).

The majority were working in community services (n=50) with smaller numbers working in child and adolescent mental health services (n=15), acute services (n=10), schools (n=5), social care (n=8), in independent practice (n=3) and elsewhere (including third sector organisations) (n=3). Some people had more than one role.

Key findings

81% of respondents (compared to 85% overall) reported an increased demand for occupational therapy services since July 2022.

47% (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

- 81% (85%) said the demand for OT has increased since July 2022.
- 47% (63%) said they couldn't provide the level and type of input children and young people need.
- 74% (62%) can't see children and young people quickly enough.
- 46% (66%) can't see them as often as they need.
- 38% (36%) said children and young people were waiting more than 18 weeks for targeted or individual OT input.

'Huge increase in referrals for children with ASD needs and this exploded after lockdown due to COVID-19.'

‘Referrers are using OT to get quicker access to services due to long waiting lists for CAMHS and neurodevelopmental services.’

‘Other services are signposting families to OT as a Plan B when they don't accept them on to their own waiting lists, or when they discharge cases.’

‘Large numbers of families relocating to Scotland for asylum or with student visas with children with severe and complex needs.’

Limited or delayed access to occupational therapy affects children and young people's health, development and wellbeing.

- 83% (78%) said limited access to occupational therapy affected children's **mental health**.
- 66% (71%) reported an impact on **educational outcomes**.
- 66% (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.

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

- increased **awareness and recognition of neurodiversity** – a population group that can significantly benefit from occupational therapy – 90% (76%)
- **lack of capacity elsewhere in health/education/social care systems** – 75% (75%)
- increased **mental health needs** – 72% (71%)
- increased **complexity of physical/learning/mental health needs** – 60% (70%)
- **increase in requests for statutory assessment** of children's special or additional learning support needs – 13% (58%).

Workforce issues

- 64% (60%) of respondents said their **teams were not fully staffed**.
- 51% (66%) said that even if they were fully staffed this would be **insufficient to meet demand**.
- 51% (62%) reported **persistent difficulties recruiting to vacant occupational therapy posts**.
- 43% (41%) have **difficulty recruiting to new posts**.
- 40% (39%) have **vacancies due to a new, temporary issue** such as maternity leave or sickness.
- 24% (9%) have vacancies due to staff **retirement**.

Factors that affect staffing, recruitment and retention include:

- location – especially recruiting to roles in rural areas and on the islands
- lack of people with relevant experience applying for band 6 roles
- development of new CAMHS/neurodevelopmental services drawing staff from community services.

‘People off sick, no money to seek/backfill and even then recruitment difficulties, especially with band 6 posts being filled.’

‘There is a lot of staff throughput with people moving on from posts very quickly after taking them up. Stress levels are high within the team due to the demands on the service and long waiting lists.’

‘Difficulty recruiting to band 6 posts. New services (for example, neurodevelopmental teams and increased CAMHS capacity) have reduced the number of available band 6 staff to fill community posts.’

‘If someone is retiring, there is always a time lag between the person leaving and the post being filled.’

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.

- 12% (25%) don't currently offer **pre-registration practice placements** for occupational therapy learners.
- 62% (46%) of teams include **new graduates or band 5 roles**.

‘During the first lockdown, our office was taken over by another team and we have never been given another office space so we all work from home all the time. This makes taking a student very difficult.’

Skills and training

- 76% (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.
- 23% (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 career.

There was a strong theme in Scotland of training/development not being prioritized because of workplace pressures. Whilst online training was helpful, some courses need to be attended in person – these were often only provided outside Scotland meaning more expense and time away from the workplace.

‘It is difficult to prioritise training when there is such a long waiting list.’

‘Demands on service (pressure of managing wait list times and QI initiatives to manage this) and complexity of patients (issues becoming more acute and escalated) mean that CPD/training opportunities aren't prioritised to the level they should be.’

‘Good internal opportunities in terms of case discussions and team tutorials but in terms of accessing external training, most of the courses I would want to attend are in London or Derby – as a Scottish based therapist it proves very expensive and so there are reduced opportunities in terms of funding and time away (as inevitably it cannot be done as a ‘day there and back’).’

‘We have had a huge increase in the number of children presenting with a complex neurodevelopmental profile being referred for ‘sensory’ and only a few of us are competent enough to unpick this but this makes up the majority of our caseload at this time.’

School-based occupational therapy

84% (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 73% (74%).
- **Increased requests for statutory assessments** as part of the coordinated support plan/tribunal process meaning other children miss out – 21% (65%).
- **Schools unable to fund equipment** recommended by an OT, for example, special seating or toilet aids – 21% (40%).
- **Increase in young people not attending school for mental health reasons** – 60% (55%).

‘The capacity for teachers to adopt strategies, work collaboratively etc. is now so limited that even attending training opportunities is restricted. All of these factors in turn affect the impact of our intervention and the potential positive impact for the child/ young person.’

Another challenge identified by occupational therapists in Scotland was the **lack of space for therapy** to be delivered in school. This was a particular problem when special schools were over-subscribed.

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

- 60% (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 an increase in the number of families:

- living in unsuitable accommodation – 70% (66%)
- cutting back on activities that would support their child’s development and wellbeing, such as swimming lessons – 57% (56%)
- unable or unwilling to take time off work to attend therapy appointments – 51% (49%)

- so worried about money they are unable to prioritise occupational therapy or spend time carrying out occupational therapy recommendations – 53% (47%)
- struggling to attend therapy appointments due to transport costs – 43% (42%).

The impact of parental mental health/wellbeing on children and young people was a strong theme from occupational therapists in Scotland.

‘More acute/immediate and complex issues taking priority and needing to be addressed over and above OT-related concerns (for example, access to respite/social work, the need for management of self-harming behaviours in the child, child’s mental health etc.).’

‘Parents often present as exhausted and worn out, sleep deprived and not always able to make the best decisions to support their child.’

‘Parents are noticeably more stressed about all aspects of their lives not only caring for their children. Reduction in respite services and third sector support means that siblings are missing out on parent time.’

‘Mental health of parents – I feel we need to do a whole family approach to therapy as parents need other support.’

‘Intergenerational cycle of poverty – resulting in making it hard to reach certain families – this has always been there. It is now worse because of the cost-of-living crisis.’

Equipment provision and adaptations

Of the occupational therapists involved in the provision of equipment and adaptations, 22% (30%) said they were unable to provide the equipment and adaptations children and young people needed, when they needed it.

- 83% (65%) said this was due to **budget and funding** issues.
- 67% (60%) said this was due to **delays in equipment manufacturing and delivery**.
- 92% (54%) said this was due to **complex procurement systems and processes**.

‘Social services provision is very disjointed with lack of staff and funding in other departments such as surveyors and workmen holding up work for home adaptations. Children have at times left school before the adaptations have been carried out.’

Recommendations

Respondents in Scotland identified the need for more occupational therapy resource (staff and training) to address waiting lists and manage increased demand due to changes in the local population.

‘More staff to address the increase in needs and growing population (more houses and more schools but not enough staff to cover this effectively).’

'A national approach to competencies needed for all staff within child health services with a recognised training plan around this – very lacking for child health OT in Scotland.'

They identified a need for investment in CAMHS so children and young people receive appropriate mental health support when they need it, rather than being referred to occupational therapy, who may not have the skills and expertise to provide what is required.

'More support from CAMHS. It is a broken service and is having an immense impact on our service where we can see children sooner but are not best placed or qualified to meet their needs.'

'Better access to mental health interventions at a younger age. By the time children become adolescents there's already so many mental health issues/secondary problems such as addiction or offending which could have been prevented if children and their families got support sooner.'

Occupational therapists in Scotland called for more integrated pathways across teams and services so that children, young people and families receive timely support from people with appropriate skills and expertise. They also called for greater awareness and understanding of the occupational therapy role so requests for assistance were timely and appropriate.

'Better understanding of children's occupational therapy across health, education and social services. To include an understanding of the purpose of occupational therapy and specific skills we have. Need to address this to increase relevant referrals and reduce referrals that don't need specialist occupational therapy advice.'

'The quality of referrals we receive has significantly worsened over the past 2–3 years. Often 'blanket referring' to multiple services. Also forwarding referrals on to OT that other services (for example, CAMHS) have not accepted. This sets parental expectations incredibly high, which when they then experience a waiting time to access services, only makes their frustration worse. These referrals absorb a great deal of time to process and respond to, which greatly impacts our ability to attend to the proportion of referrals that are indeed appropriate for OT.'

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