Do disabled children and young people have equal access to education and childcare?

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# 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 Wales 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

**Introduction**

* As occupational therapists we help people of all ages overcome challenges

completing everyday tasks or activities – what we call ‘occupations’. This includes activities and routines that children and young people take part in at home, at school/nursery and everywhere else.

* 34 occupational therapists in Wales responded to a recent survey (July 2023) exploring children’s access to occupational therapy. We’ve drawn on findings from the survey and gathered information from children’s occupational therapy service leaders in Wales for this response.
* 85% of occupational therapists in Wales who responded to the survey work with children/young people at school or in an education setting.

**The extent to which children and learners are currently able to access all parts of childcare and education provision, including the way in which the curriculum is taught and extra-curricular activities.**

* 59% of children’s occupational therapists in Wales who responded to our survey said they were unable to provide the level and type of OT children need to help them access education, fulfil their potential and take part in other activities of daily living. Timely help from an occupational therapist can help disabled and neurodivergent children and young people take part in learning, social and other activities alongside their peers.
* Occupational Therapists provide training & support to help educators and childcare

providers understand and support children and young people’s physical, sensory and cognitive development. Training might focus on sensory needs, developing fundamental movement skills and approaches for handwriting. Since the pandemic occupational therapists have developed new ways to deliver information and training through websites, live and recorded webinars and provision of information packs. However, our capacity to offer in-person training has been limited by a huge increase in demand for occupational therapy assessments and advice.

* Occupational Therapists recommend strategies & approaches to help children and

young people access education, but 66% said a reduction in the availability of support staff meant occupational therapists recommendations can’t always be implemented. And pressure on teaching staff means they aren’t available (physically or otherwise) to embed strategies into learners’ daily routines. Some occupational therapy services are also reporting that school staff don’t have time to access the training/information that is offered.

* 61% survey respondents work in services that offer information via a website, and

40% run a telephone advice line. Early access to specialist occupational therapy expertise via these routes means educators, parents/carers and others can receive information about reasonable adjustments quickly and can be signposted to other services if appropriate, whilst those who need a more individualised approach can be identified and prioritised. Our ambition is to expand access to occupational therapy telephone advice lines and websites across Wales, so everyone has easy, early access to occupational therapy advice when they need it.

* Occupational Therapists report that the cost-of-living crisis is affecting opportunities

for children and young people to benefit from extra-curricular activities. 56% of Welsh survey respondents said families were cutting back of activities that would support their child’s health, development and wellbeing (such as swimming lessons) due to their cost.

 **The extent to which children and young people have been excluded from aspects of education or childcare due to their disability or neurodivergence.**

* Our members report that while learners attending special needs schools have access

to breakfast club/afterschool and extra-curricular activities, young people attending additional learning needs (ALN) units within mainstream schools don’t have the same opportunities - their parents are frequently unable to access wrap-around childcare support.

* Our members are concerned that private nurseries are difficult for children with

special education needs and disabilities (SEND) to access to enable parents to go to work. They suggest there is inequitable access to funding for the additional support or equipment necessary to include children with additional needs in settings across Wales - some areas will fund equipment/support while others will not.

* Members say that if specialist equipment (such as a specialist chair or toilet aid) is

purchased by a nursery or early years setting, it belongs to the nursery/setting and does not automatically move with the child to another setting or to school. Gaps in provision of essential equipment can delay children’s access to education and put their safety/wellbeing (and that of their carers) at risk.

* In some areas, partnership agreements across health and education are in place for

the purchase and recycling of equipment to help children and young people access nurseries and schools. This isn’t consistent across Wales.

**The extent to which families and children feel that they have been affected by direct, indirect or discrimination arising from disability.**

* Our members report that some parents feel discriminated against if they cannot

access services that a chid without a disability can.

**The impact of any lack of or limited access on a child or young person’s mental health and well-being and educational outcomes.**

* 65% of Welsh survey respondents felt that limited access to occupational therapy

has affected children and young people’s mental health and wellbeing while 60% said limited occupational therapy input affected educational outcomes.

* [Research](https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/BRACE/brace-trailblazers-infographic-2023-general-version-v6-final-accessible.pdf) shows that the mental health needs of children and young people who are

neurodivergent or who have additional learning needs are not well served by school-based mental health support services or [CAMHs](https://childrenandfamilyhealthdevon.nhs.uk/wp-content/uploads/2023/03/rise-06-how-does-having-nd-condition-affect-practitioners-decisions.pdf). With skills in physical and mental health, occupational therapists can provide relevant, practical support to help this population group realise their potential.

* Our members are concerned that the ‘100% attendance’ certificates given out in

schools are discriminatory and unachievable for many children with disabilities who are prone to childhood illnesses and have to attend medical/therapy appointments. At times a whole class can lose out on a reward if 100% attendance is not achieved, meaning learners with additional needs are unfairly blamed by peers for something they can’t control.

**The barriers for schools and childcare providers in offering accessible provision**.

* Long waiting times for specialist, individual occupational therapy services in some areas means neurodivergent and disabled children with more complex needs/circumstances can’t access timely help to take part in the daily activities they need and want to do, at school and elsewhere.
* We believe that every school should have access to an occupational therapist to help

them embed positive physical and mental health opportunities into children and young people’s daily routines, so they can realise their potential. In areas where the Local Authority has funded occupational therapists into schools/settings (for example in Neath Port Talbot), staff are better informed about strategies/approaches that enable students with lower level needs to access the wider school curriculum. Collaboration between occupational therapists and schools mean staff receive support to implement approaches such as Zones of Regulation, Smart Moves and Sensory Circuits. These interventions/approaches promote children and young people’s development, prevent their needs from escalating and help children and young people take part in learning, social and other activities alongside their peers. Early, appropriate intervention also reduces demand on specialist occupational therapy services, meaning those with greater needs can access help sooner: ‘*Our school-based training and consultation service is highly effective in reducing need for direct OT input’ (RCOT survey respondent, July 2023).*

* Delays in providing equipment/adaptations can be a significant barrier to children and

young people’s participation and engagement in education and elsewhere. Funding/budget restrictions, complex procurement systems/processes and lack of joined-up commissioning between health, education and social care must be addressed to ensure children and young people have the equipment they need to access school environments and activities.

* Survey findings also indicate that teachers’ lack of knowledge about sensory

differences can affect children and young people’s participation and behaviour at school and elsewhere. Occupational therapists can help teachers adapt to environments, routines and activities to ensure differences in the way children and young people notice, process and respond to sensory input are not a barrier to accessing education.

**How well disabled and neurodivergent children and their families are consulted or informed of the choices in education or childcare available to them.**

* Our members feel that the new ALN process is confusing and still bedding in. They

say there aren’t enough places so the choice of childcare/educational provision is minimal for this group of children and young people and must be improved.

**Whether parents of disabled and neurodivergent children and the children themselves receive effective information and support from local authorities and schools.**

* Our members suggest there needs to be improvement in this area. They feel that

support can be minimal, and parents continue to have to fight for even this level of support.

**Whether disabled and neurodivergent children and parents of disabled and neurodivergent children have the same level of choice as other children and parents and what issues affect choice or school or childcare**.

**The extent to which there is adequate provision for children with different types of disabilities.**

* 97% of Welsh survey respondents reported an increase in demand for occupational

therapy services over the previous 12 months (compared to 85% overall). Demand has risen annually since the pandemic as children and young people’s physical, learning, and mental health needs have become more complex.

* 59% can’t provide the level and type of occupational therapy they feel children/young

people need and deserve, causing further delays to their development.

* 30% reported an increase in the number of children and young people being referred

to occupational therapy because lower-level needs weren’t addressed earlier. Occupational therapy services must be resourced to match local population need so all children and young people can access occupational therapy when and where they need it, and to prevent needs from escalating and requiring more intense, costly input (from occupational therapy and other services) later.

* Our members report that the physical state of some of the older schools and

education facilitates in Wales continue to be a barrier to participation for children and young people with additional learning needs.

## Contact

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