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**Royal College of Occupational Therapists Submission to the All-Party Parliamentary Group for SEND**

This submission is made on behalf of the Royal College of Occupational Therapists (RCOT), the professional body for occupational therapists across the UK.

The submission is made in response to the inquiry into the impact that Covid-19 has had on children and young people with SEND during transition within educational establishments. Further information on any aspect of this response can be gained by contacting the College.

**Submission**

## **The impact of Covid-19 on the health, development and well-being of children and young people with SEND during transition**

RCOT members report an increase in student/family/carer anxiety when young people with SEND returned to school in September 2020. This was heightened by fewer visits to the new setting, limited face-to-face contact with new members of staff and unexpected changes to staff members (including taxi drivers and escorts) due to sickness. Young people with SEND have also been unsettled by changes to school start/finish times, school routines and the physical environment (e.g. using a different school entrance).

Many young people with SEND (especially those deemed clinical vulnerable) were (and are) anxious about returning to school because of concerns about their safely outside of their home and leaving family members who are themselves vulnerable:

*“We have seen a further increase in young people absent due to mental health reasons since the announcement of the second lockdown and the outlining of figures showing an increase in coronavirus cases and related deaths.”*

Occupational therapists report that many children and young people with SEND have required additional support since returning to school after missing opportunities for learning and development and experiencing a lack of familiar structure and routine since the first lockdown. Some young people have forgotten previously used self-regulation strategies which enable them to take part in learning, social and other activities of daily living.

Young people with SEND had fewer opportunities to work towards social and independence goals while access to school and community activities was limited due to Covid-19. These are key areas of intervention for occupational therapy. As a result, young people’s confidence and skills have declined, and anxiety increased when these activities resumed.

Young people with SEND were disappointed to have missed traditional events that mark the end of their time at school and their transition to a new stage of education:

*“A recurring theme was that they missed the leavers’ events from school that would typically have happened; this was something that they looked forward to and it felt like a disappointment to leave without one.”*

Some parents/carers of young people with SEND report that being away from the pressure and demands of school benefitted their well-being. Some students however, experienced extra anxiety about returning to school, requiring additional support to make the transition back into education:

“*Lockdown was great for a while as it took the pressure off. Now of course, he is in a well-established pattern of seclusion.”*

## **Occupational therapy transition support: Challenges/barriers during Covid-19**

Covid-19 has had a significant impact on occupational therapists’ capacity to support the transition of children and young people with SEND from one school year or educational setting to another.

***Deployment of children’s occupational therapists to adult NHS services*** at the start of the pandemic meant fewer therapists were available to support children and young people with SEND. Around one third of the 1500 occupational therapists (including 175 occupational therapists working with children and young people) who responded to an RCOT [survey](https://www.rcot.co.uk/file/7475/download?token=zgLy3pC7) in July 2020 were deployed elsewhere. Others were unable to work because they were shielding or unwell. Occupational therapists who remained in children’s services struggled to maintain a service with much reduced capacity:

*“As a service of three occupational therapists, two of us were redeployed to adult wards and this meant that valuable work we could have carried out to support families and engage with them while they were at home was not possible.”*

***The closure of* *schools*** made it difficult for occupational therapists to review school accessibility and classroom seating for students with physical needs during the summer term. Even when schools reopened to more students from June 2020, many were reluctant to receive visitors including occupational therapists. As a result, some children returned to school in September without equipment or plans in place to enable them to safely access the school environment and the wider school curriculum.

The closure of schools meant students were unable to visit new settings. Transition visits for students with physical and sensory needs are often supported or facilitated by occupational therapists, and are particularly important for young people who find change difficult. They provide reassurance and offer an opportunity for the occupational therapist, student, parents/carers and staff members to share information to facilitate a smooth transition. As a result, it has taken longer for some young people to settle into their new school environment, and for appropriate tools/strategies to be put in place to support their needs. Disruptions since the start of the new academic year (due to staff/student sickness for example) have prolonged the settling-in process.

***Face to face consultations were limited*** during the initial phase of the pandemic in March 2020. Many families with vulnerable children have been (and remain) reluctant to receive people into their homes or visit a healthcare setting. This has made it difficult for occupational therapists to address the needs of young people with SEND that cannot be met through virtual consultations, for example reviewing and adjusting specialist seating or hand splints to accommodate a child’s growth.

***The prioritization of online/telehealth services*** helped reduce the risk of infection but has also affected the support provided by occupational therapists to facilitate positive school transitions for young people with SEND. Limited access to IT equipment and data/WiFi has been a problem for both families and occupational therapists. Some organisations were delayed in identifying/procuring their preferred platform for virtual consultations and not all occupational therapists had immediate access to IT equipment such as laptops with webcams. Requirements for social distancing have meant there are fewer spaces available for occupational therapists to conduct confidential conversations with young people, parents/carers and educators.

***Virtual school transition tours and visits to special schools and colleges were not easily accessed by all students with SEND.*** Occupational therapists based in special schools report that some young people with SEND found virtual tours stressful and may not have been able to generalize information they were given to a real life context. Some young people were unable to access virtual tours due to lack of access to the internet, limited technical skills within their household and anxiety about using unfamiliar technology. It was more difficult for occupational therapists to build up a relationship with young people during virtual visits and to identify students/families who would benefit from additional support with transition.

***A lack of communication between education and* *health*** at local level meant occupational therapists were not always informed in a timely manner about plans for students’ return to school or the class they would be moving to. This has made it difficult for occupational therapists to ensure environmental adaptations and equipment were in place in a student’s new setting, and to provide training (e.g. moving/handling training) to relevant school staff to support the student’s needs.

***Inconsistency in guidance*** issued by the Department for Education and NHS England has been confusing and, in some cases conflicting, for example regarding the use of PPE. This is a particular problem for allied health professionals (including occupational therapists) who are employed by the NHS but who also work in schools. Occupational therapists have been required to read and interpret large amounts of information from both sources, identify relevant recommendations and implement new guidance often with little notice.

## **How occupational therapists have supported positive transitions for young people with SEND during Covid-19**

In June 2020 the Royal College of Occupational Therapists published some [Top Tips](https://www.rcot.co.uk/preparing-your-child-returning-school) to help parents/carers prepare their child for a return to school. These were shared widely on social media and published on many Local Offer, SEN and occupational therapy websites.

RCOT also published a [blog](https://www.rcot.co.uk/news/preparing-return-school-how-occupational-therapists-can-help) explaining how occupational therapists can help teachers and parents/carers of young people with SEND prepare for their transition back to school.

Occupational therapists have adapted to support the educational transition of children and young people with SEND during Covid-19 by:

* Maintaining contact with parents/carers by video call or telephone. Some parents/carers said they felt more able to talk about the difficulties their children were experiencing during a virtual consultation compared to a face-to-face appointment. This has enabled therapists and parents/carers to develop a greater understanding of a young person’s challenges and the identification of appropriate tools/strategies to support their transition.
* Working with specialist equipment providers to support families and teachers via video call to adjust specialist equipment and seating
* Developing online [training materials](https://www.cambscommunityservices.nhs.uk/cambridgeshire-children%27s-occupational-therapy/in-school-pre-school) to provide parents and teaching staff with information and skills to support students with SEND when they move to a new class or setting
* Attending virtual multiagency meetings to plan for a young person’s transition to a new class or setting.

Occupational therapists at [Selly Oak Trust School,](https://www.sellyoak.bham.sch.uk/Students/Starting-at-Selly-Oak-Trust-School/index.asp) a specialist college for students with SEN implemented a range of interventions to support the transition of students to their secondary school provision:

*“We increased our internal Transition Team to include members of therapy and pastoral staff who contacted each young person, family and primary school in order to gather information and discuss any questions or concerns. We expanded our transition books to incorporate the information we would have typically given during transition visits and taster days. These were uploaded to our website and posted home. We used phone calls and transition events to identify any young people and families who required targeted transition support. The occupational therapist became the lead person supporting these transitions and bespoke transition plans were created.”*

**Summary**

RCOT calls for the following actions to support positive transitions for children and young people with SEND during the pandemic.

1. Better coordination of guidance issued by the Department for Education and NHS England providing clear and timely information for occupational therapists and other allied health professionals who support children and young people with SEND across health and education.
2. Occupational therapists to be protected from redeployment to adult services unless absolutely necessary to ensure support for children and young people with SEND can be maintained.
3. Schools must remain open and occupational therapists allowed to visit students who need in-person support to facilitate positive transitions. While government guidance is that access to health services is specifically allowed at school, decisions are being made at a local level that limits this access.
4. Better communication between health, education and social care at a local level to ensure occupational therapists have the information they need to plan and support students with SEND to make positive transitions to new classes or settings
5. Access to digital technology for families of young people with SEND and occupational therapists to ensure:
	1. Young people with SEND and their families have access to high quality online materials and support as part of a ‘blended’ offer of digital and face-to-face occupational therapy support at times of transition; and
	2. To enable effective liaison between young people, families, occupational therapists and other members of the multidisciplinary team (in health, education and social care) to support young people with SEND at key points of transition

**About the College**

The Royal College of Occupational Therapists (RCOT) is pleased to provide a response to this inquiry. RCOT is the professional body for occupational therapists and represents over 33,000 occupational therapists, support workers and students from across the United Kingdom.

Occupational therapists play an important role in enabling children and young people with special educational needs and disabilities (SEND) to realise their potential, lead full and happy lives and participate as valued members of society regardless of any physical, learning or mental health needs. The RCOT report ‘[Occupational Therapy: Unlocking the potential of children and young people](https://www.rcot.co.uk/sites/default/files/ILSM%20Children%27s%20report%20A4%208pp%20D5.pdf)’ (published September 2019) sets out the College’s view on how occupational therapy services should be organized to capitalize on occupational therapy resources and deliver the best outcomes for children, young people and families.

Children’s occupational therapists work for the NHS; in social care; in mainstream, special and residential schools; for third sector organizations and in independent practice. This evidence includes information gathered from occupational therapists working in all sectors, and from occupational therapists who are themselves parents of children with SEND.

**Contact**

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