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Policy Review – Special Educational Needs, Part Two

Paper to support oral evidence to the Education and Lifelong Learning Committee 29th June 2005.

From the College of Occupational Therapists

Introduction

Occupational therapists (OTs) are interested in children / young people's occupations. These are the things that children / young people need to be able to do to live their lives and fulfil their occupational roles: to be part of a family, play, look after themselves, make friends and go to school (self-care / productivity / leisure). The occupational therapist's primary goal is to help children / young people develop, restore and maintain those skills, behaviours and relationships necessary for independent living.

Issues from the terms of reference for the policy review that relate closely to current developments in children's occupational therapy

- The implications of the distinction between those children and young people with SEN who have a statement and those who have not
- Positive incentives for schools to review policy and practice to ensure that all children and young people with SEN benefit from inclusive education
- Issues of best practice in multi-agency working in the assessment of SEN
- Recommendations to the Committee on how current arrangement from assessing SEN could be improved from an occupational therapy perspective

Key issues

The impact of prime and ultimate responsibility

The impact of the prime (NHS) and ultimate (LEA) responsibility lying with different agencies has resulted in a focus on who should do what, rather than on developing effective working relationships which make best use of scarce therapy resources. OT waiting lists have resulted in an inability to provide timely advice to LEA's, creating problems in the Statutory Assessment Process and tensions in

the relationships between therapists and LEA staff. The added complication of private OT reports being commissioned for Tribunals, through solicitors and on behalf of families, for children who a) are on an assessment waiting list b) not previously known to therapy services or c) are not deemed to be getting enough therapy by families from their NHS OT, has not helped an already complicated and fraught situation.

Increased parental expectation

In recent years parental expectations of service provision have risen which has increased the pressures and stresses on already stretched therapy services. Some parents / carers are less satisfied that their children's needs are being effectively met and this has created tension in the relationship between parent/ carers and therapists. Rising referral rates and the development of waiting lists has exacerbated the problem and this has resulted in a rise in complaints to most OT services in most areas of Wales. The stress that this creates for parents of disabled children is unacceptable. The stress being placed on therapists is also a cause for concern.

Some parents are concerned that without a statement their child will not get the therapy they need. They have lost confidence and faith that NHS services will provide the level of treatment that they feel their child needs.

Health or educational need?

The location of OT in Part 3 as opposed to Part 5 of statements is often dependent on the strength of legal argument supported by independent OT advice and not based on an evaluation of the needs of the child in a health or educational sense. That is not to say that OT should not, in some cases, be specified in Part 3 as an educational requirement as long as the argument is made that the receipt of OT will enhance the child's progress in an educational sense.

However, the onus continues to be placed on health Trusts to meet the whole spectrum of need, regardless of whether the prime need is an educational or health one. This is based purely on the fact that historically therapists have always been employed by health authorities. A counter argument might suggest that the 'brief' for OT services has changed over the years as determined by range of relatively new diagnoses that are available and the increasing expectations of parents/ carers for therapy support that will help them in the management of their child's difficulties e.g. autism / Aspergers, ADHD, developmental co-ordination disorder (dyspraxia), dyslexia. This has created a strain on a children's OT resource that was originally designed to meet the needs of children with physical disabilities and associated problems.

Some children clearly have needs which are 'health' related e.g. posture and positioning, eating and drinking, splinting, specialised equipment, moving and handling. This group of children are generally recognised to have needs which are of high severity but low prevalence.

Other children have needs which are less obviously to do with ‘health’ and more to do with ‘function’ and ‘performance’ e.g. handwriting, use of tools, dressing for PE, playground skills, organisational skills, co-ordination skills for PE and games. (As occupational therapists we believe that children’s mental health and wellbeing is affected by their inability to accomplish those tasks and activities other children their age seem able to). These children fall within the high prevalence / low severity category.

Our view is that all children on that continuum of need should be able to get the therapy they require without the need for a statement.

However, the impact of the competition for limited resources in a ‘one size fits all’ system is that the less severe children wait longer and get less. The answer lies not in further debate about prime and ultimate responsibility but in service re-design.

Service redesign

Understanding this continuum of need is central to the facilitation of service re-design for children’s occupational therapy services.

Recent initiatives, particularly in respect of joint health and social services OT posts have highlighted the benefits of service re-design and the need for a greater number of OT’s to be working in a more integrated way within children’s local communities and more directly with those people who feature hugely in children’s lives. The need for a greater number of OT’s to be working in a fundamentally more integrated way, in schools and with school staff, and within a child and family centred model of practice, is becoming increasingly obvious.

Children and young people with complex and multiple disabilities will continue to need a centralised, highly specialised OT service. The larger group of children (high prevalence / low severity) with less complex but significant needs should ideally have their needs met outside of a health / medical model but in environments which acknowledge their education and social needs. These services will need to co-exist such that the issue of competing priorities for scarce resources (as currently exists) will no longer impact on the outcomes for many of the children/young people referred. The ‘one service fits all’ model is acknowledged by occupational therapists in Wales to be outdated and no longer appropriate to meet the needs of children/young people with disabilities and developmental problems who are faced with increasing challenges from a health, social and educational perspective.

The problem remains how to sustain the current service provision whilst facilitating a complete and radical re-design of OT services for children/young people who require them. Furthermore the success of the new model will in part depend on an injection of some additional resources. The current ‘prime and ultimate’ responsibility debate which centres on who should pay for this additional resource is a fairly pointless one if we accept that all children who need a service should be able to access one, and that provision should be based on an inclusion model and on evidence based assessment practice. If perpetuated, this debate will only serve to further delay service re-design and hinder the progress of

children who need this additional specialised support if they are to maximise their potential. In addition, further delay will continue to allow the influx of independent therapy reports which serve to further confuse parents and compound the problem of defining provision based on need in a local educational context. Occupational therapy provision which is made in a fundamentally more integrated way in collaboration with colleagues in education will prove to be 'best' for children and 'best value' for the Welsh Assembly Government.

Best practice in multi-agency working

The children's occupational therapy service in Gwent has recently entered into a joint initiative with Torfaen and Blaenau Gwent LEA's in the development of a joint Health /Education OT post, which will be in part dedicated to working in mainstream schools. The remit of the OT will be:

- To provide on-site training for staff in schools in both Torfaen and Blaenau Gwent boroughs in the management of children with co-ordination and associated difficulties in mainstream schools
- To gain a deeper understanding of:

  a) the needs of teaching staff in supporting children of different abilities in

  mainstream schools (within the developmental co-ordination disorder group) and

  b) how to deliver effective, evidenced-based OT services in mainstream schools

  c) how to fully integrate occupational therapy goals into children's IEP's (individual

  education plans) in a meaningful way and to the satisfaction of parents / carers

The issue of Trusts working across more than one LEA creates significant difficulties in regard to the varying systems and protocols operating in each LEA.

In an attempt to resolve this issue, Gwent Healthcare NHS Trust has worked in partnership with LEA's in the Gwent area in the development of a Joint LEA/Health Protocol for Statutory Assessment and Reviews – January 2005. This protocol is still in draft form and has yet to be signed off by the LEA's and the Health Trust. The process of its development has however enabled the development of joint working relationships across the agencies which have already improved the outcomes of some elements of the statutory assessment process.

Evidenced based practice

The presentation which will be made on the 29th June 2005 will provide an evidence base to underpin

the new model of practice. It will show how child and family centred approaches achieve outcomes that more effectively meet the needs of children and families than traditional approaches. Therapy based on goals set in collaboration with children and the significant adults in their life, rather than based on attempting to remediate the impairment has been shown to be most effective.

Recommendations

That the Welsh Assembly Government

1. Support joint health / education / social care OT initiatives to enable the development of a model of OT practice which provides therapy as an integrated part of the curriculum for children with additional needs and provides on-site support for teachers and classroom staff in mainstream schools. The success of this new model may provide incentives for local education authorities to fund occupational therapists as ‘value for money’ colleagues who can support and enhance the integration chances of children with additional special needs in mainstream schools.

2. Support the on-going development and implementation of an evidence base for effective occupational therapy based on current literature.

3. Support the requirement for LEA's to develop and agree a single SEN protocol in areas where Trusts work across more than one LEA.

4. Encourage wider implementation of joint Health / LEA Protocols for Statutory Assessments and Reviews, such as developed in Gwent, as a means of ‘joining up’ processes and making a more coherent and comprehensive statement of need and provision for occupational therapy for children and in the eyes of parents / carers. This is at present mostly done as a paper exercise and requires a significant change in practice if it is to become a more meaningful exercise with an improved outcome i.e. parents / carers happy in most cases that their child’s needs can and will be met without the need for OT to be specified on a statement.

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The COT represents over 28,000 occupational therapists who are either working or studying across the

United Kingdom, of which around 1,400 are either working or studying in Wales. The college also supports a number of support workers who are known as associate members. Occupational therapists (OTs) work in the NHS, Local Authority Social Services and Housing Departments, schools, primary care settings, and a wide range of vocational and employment rehabilitation services. The Department of Occupational Therapy in Cardiff University provides five undergraduate programmes for entry to occupational therapy and one master's programme in addition to continuing professional development courses.

Occupational Therapists are regulated by the Health Professions Council, and work with individuals of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties. The philosophy of occupational therapy is founded on the concept of occupation as a crucial element of health and well-being. Practice is based on holistic, person centred care.