

Cyflwynwyd yr ymateb hwn i ymgynghoriad y [Pwyllgor Plant, Pobl Ifanc ac Addysg ar Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Children, Young People and Education Committee](#) consultation on [Sixth Senedd Priorities](#)

CYPE SP 113

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The [Royal College of Occupational Therapists](#) (RCOT) is the professional body for occupational therapy representing over 33,500 occupational therapists across the UK. Occupational therapists in Scotland 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 therapists work with people of all ages, who are experiencing difficulties through injury, illness or disability or a major life change. Occupational therapists consider the relationship between what a **person** does every day (**occupations**), how illness or disability impacts upon the person and how a person's **environment** supports or hinders their activity (PEO Model). Using this approach, we help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

Theme 1: School-age education

Focus on early intervention

Children starting school are at a disadvantage due to the limited exposure to a variety of early social and physical experiences due to COVID-19. It is important that they have increased opportunities across all areas of development such as social play, sensory-motor play, and fine and gross skill motor development. Actions to achieve this include:

- Adapting the national curriculum to support the development of foundation social, motor, play and emotional skills. The development of these skills needs to be prioritised with clear targets for monitoring impact.
- Funding to increase collaborative working across education and occupational therapy. This will ensure the children's workforce are equipped to intervene early and embed

opportunities to promote physical and mental health into the school day rather than waiting for difficulties to escalate, requiring specialist referrals/interventions.

School buildings should be accessible and enable participation of all children in the wider school curriculum

To enable this to happen, the Royal College of Occupational therapists is calling for:

- Investment in school buildings and play areas to ensure they are 'fit for purpose' and meet the needs of the school population, including investment to enable schools to develop more outdoor learning opportunities.
- Funding for adaptations to older buildings to be more readily available/easily accessed to ensure buildings comply with the Equality Act 2010 and can be accessed by children with a range of additional needs/disabilities.
- Occupational therapy input into planning/development of new buildings to ensure they enable participation of disabled children/young people and those with additional needs in the wider school curriculum.
- Consultation between schools and community health therapists (e.g. Occupational Therapists, Physiotherapists, Speech and Language Therapists) when re-designing the layout of a classroom, school yard or space to ensure the environment will not hinder a child or young persons' education or reduce participation in daily activities.

Appropriate, accessible educational provision for young people with ALN

- Every child in Wales should have the opportunity to access education that meets their individual needs, cognitively, physically and emotionally. Monitoring is required to ensure each school has clear and documented Additional Learning (ALN) provision appropriate for the age/stage of the learner.
- Appropriate differentiation between the types of school placements to available for children and young people with ALN.
- Review of the oversubscription of Additional Learning Needs (Special) Schools
- Inclusive educational environment close to home for children/young people with ALN.
- Impact of removal of Communication Disorder Units within mainstream schools on wider outcomes, not just those related to language/communication.
- Focus on life skills alongside an inclusive academic curriculum.

Improved partnership between health and education

- Appropriate school staff training, delivered in partnership with health providers including occupational therapists, to meet the needs of children and young people with ALN and support the development of foundation skills to support learning.
- Assessment of the risk/impact of adverse childhood experiences on education/participation due to the pandemic and measures in place to address these.
- Provision of learning and development opportunities that children/young people have missed due to Covid 19.

Theme 2: Further and higher education

Transition support

The ALN Bill mandates that health, education and social care work together to support young people as they transition into higher education. Occupational therapy services have no

dedicated resource to support young people with ALN as they transition into higher education meaning they are often moving into this new environment unprepared and without appropriate support.

Occupational therapists work with young people until their 19th birthday while the ALN Bill covers young people to the age of 23. Occupational therapy has a key role to play during these transition stages. If the young person is known to Continuing Care, support can come from this service; if they are not there are limited opportunities for education and occupational therapy to collaborate.

RCOT is calling for a review of transition services to:

- Establish a dedicated transition service for young people with input from health, education and social care, including occupational therapy.
- Clear transition pathways and information on resources to be provided to young people and parents/carers.
- Better investment and support for young people transitioning to higher education, and their parents/carers.
- All educational settings to have clear and documented Additional Learning Provision appropriate for the age/stage of the learner. To include preparation and transition training for teachers of school-aged young people (leavers).
- Focus on life skills alongside an inclusive academic curriculum.
- Inclusive educational environment local to their home.
- Identification and improvement of gaps in provision for those children transitioning from children to adult services.

Theme 3: Health and well-being, including social care (as they relate to children and young people)

Review of Neurodevelopmental services

We are calling for a short inquiry into the current Welsh Government funded demand and capacity review of all-age neurodevelopmental services. Given current issues within services, it is vital that the review incorporates the views of the broad range of stakeholders and that the findings support the development of long-term solutions. We believe additional scrutiny focused on identifying bottlenecks and pinch points within services and formulating recommendations as to how services may meet demand for all ND services regardless of diagnosis, could be extremely beneficial.

MSs will be well aware from their post bags of the high demand for neurodevelopmental services and long waiting lists exacerbated by the pandemic. Members working in these services have fed back to us significant concerns about the sustainability of services and ability to meet need. This featured strongly within scrutiny of the proposed Autism bill during the last Senedd term. A recent Welsh Government funded [Scoping Study for the Alignment and Development of Autism and Neurodevelopmental Services](#) also highlighted significant workforce sustainability concerns.

We would welcome scrutiny of the current Welsh Government funded demand and capacity review of all-age neurodevelopmental services. Given current issues within services, it is vital

that the review incorporates the views of the broad range of stakeholders and that the findings support the development of long-term solutions. We are calling for a short one day inquiry to understand bottlenecks and pinch points within services, and provide recommendations as to how services may meet demand for all ND services regardless of diagnosis.

We are of the view that such an inquiry should include feedback from neurodiverse people, representative service user organisations and professional bodies representing the range of health care professionals working in ND teams. We work closely with other professional bodies working in this area and would be very keen to discuss and support further.

Health inequalities

We are calling for an inquiry across all Senedd Committees on tackling wider health inequalities in Wales. Health inequality is the result of many and varied factors. While COVID-19 has revealed and exacerbated pre-existing health inequalities, there have been many detailed and well-evidenced reports on health inequalities in recent years. In just the past year, many reports have called for system-wide action on health inequalities including the Welsh Health Equity Status Report initiative, [Placing health equity at the heart of the COVID-19 sustainable response and recovery](#) (Public Health Wales and Welsh Government), [Mitigating the impact of COVID-19 on health inequalities](#) (British Medical Association), [The Marmot Review 10 Years On](#) (Institute of Health Equity and the Health Foundation) and the most recent [Unequal pandemic, fairer recovery](#) (the Health Foundation). Every one of these reaffirms the need for coherent, coordinated activity across all delivery partners and in COVID-19 recovery, there is an opportunity to create a healthier, more resilient society, by addressing the root causes of poor health and invest in people and their communities – their jobs, housing, education and communities.

Health inequalities are the result of many factors and arise as a result of the social and economic inequalities that shape the conditions in which people are born, grow, live, learn, work and age. For too long, we have looked to the health service to address these challenges in isolation, but the NHS alone simply doesn't have the levers to make the changes we know are vital to creating the conditions necessary for good health and wellbeing. Meaningful progress will require coherent, strategic efforts across all sectors – using their available resources, expertise and relationships – to close the gap. It will also be important that we are able to understand and measure our collective progress to ensure that we achieve the outcomes that matter most.

In April 2021, the Welsh NHS Confederation's Health and Wellbeing Alliance published a short paper, [Making the difference: Tackling health inequalities in Wales](#). In this paper, they suggest initial steps that the new Welsh Government should take in their first year to respond urgently to health inequalities and make the greatest possible impact by coordinating renewed commitment from all partners:

- Welsh Government leadership: sustained, focused and coordinated action across all Government departments to tackle the root causes of health inequalities.
- Invest in preventing health inequalities: rebalance spend away from crisis to long-term prevention over the next Senedd term and provide the necessary transition funds to support the long-term shift to a preventative approach. Investment should be targeted at infrastructure and services that offer sustainable solutions to the

underlying causes of health inequalities, such as community-based support, quality homes, and access to education and skills at all ages.

- Working in partnership: The Welsh Government should facilitate an enabling, responsive, and innovative operating environment that includes citizens, communities, public bodies, not-for-profit and third sector partners, and the private sector. Priorities should include giving people a greater voice in defining solutions and making partnerships fit for purpose.

Through having a cross-Committee Senedd inquiry it will enable all Committees to consider what action each Welsh Government department is doing to tackle the root causes of health inequalities.

Mental health and well being

RCOT is calling for a review of mental health provision for children/young people in Wales.

- There are currently gaps in support for mental health, emotional and wellbeing services for young people and children. Improved should include a diverse range of support and interventions (e.g. parental support, clinic and community input, development of therapeutic interventions, increased joint working across MDT).
- Addressing the increase in children being referred with adverse childhood experiences (ACE) and trauma-related difficulties. There is a lack of specialist trained services resulting in children's families being bounced between services and not receiving adequate, timely care.
- Addressing the increase in requests for support for children/young people with mental health issues, which Primary mental health and CAHMS cannot accommodate. Children and young people need access to mental health support and CAMHS services with a full Multidisciplinary team, including specialist occupational therapists and other therapies that specialise in trauma and attachment.
- Improved provision re: physical wellbeing to assess and address the impact of minimal movement, poor diet, poor sleep, behaviour challenges as a result of the pandemic. Joint working across MDT needed.

Housing, handling and social prescribing

- A growing number of children/young people/families are waiting excessive amounts of time for appropriate housing and/or for housing adaptations, impacting on their health, independence and wellbeing of the child and family. Processes and funding for adaptations to homes/buildings and advice for the individual child are complicated and inaccessible. Processes for accessing information and support need to be reviewed and improved.
- Moving and handling - Improved multi-disciplinary working between local health therapy services and Local Educational Authority to ensure that appropriate equipment and interventions are being delivered universally, and that parents, guardians and carers feel supported to meet a child or young person's moving and handling needs.
- Social prescribing - Development of and information about local social prescribing services/interventions for children and young people to promote health and wellbeing should be readily available to children, young people and families

- Specific support for families of refugees with regards to accessing appropriate health and social care services and housing should be provided.

Theme 4: Children and young people

During COVID-19, early years services and activities that support typical development for children/young people and practical/psychological parenting needs have been extremely limited. This has led to an increased number of parents raising concerns regarding the development of their child. It is predicted there will be an increase in referrals to specialist agencies due to these concerns.

RCOT is calling for a review of:

- Availability and accessibility of preventative/universal interventions and advice provided by health care professionals into early years settings e.g. Flying Start. By having a wider variety of professionals inputting into these settings, occupational therapy could offer timely support to children and young people whose developmental outcomes are 'at risk'.
- There is a population of children that have not accessed health services due to the pandemic and who are at risk of developmental delay or mis-diagnosis. Opportunities to highlight concerns e.g. safeguarding may also have been missed. Urgent investment in occupational therapy and other health services is required to address the backlog of cases and increased demand for specialist assessment.
- An urgent review of unmet needs to inform workforce planning is required to ensure a suitably skilled workforce is available to support children's participation and performance in the short and longer term.

RCOT is also concerned that inequalities in accessing services and support via Education and Health, vary by location. Each local area has a different core offer, meaning services are not equitable across Wales. Including children, young people, parents/carers and families in service evaluation and using feedback for service improvement would ensure the best interests of children and young people are at the core of Senedd decisions.