

## Consultation response from The College of Occupational Therapists

### Introduction

1. The **College of Occupational Therapists** welcomes the opportunity to contribute to the committee inquiry into the general principles of the Additional Learning Needs and Education Tribunal (Wales) Bill. The College of Occupational Therapists believes the Bill is an important step in planning and delivering a unified approach to supporting children and young people's education, health and wellbeing.
2. The College of Occupational Therapists is the professional body which represents over 31,000 occupational therapists, support workers and students from across the United Kingdom, and over 1,600 in Wales. Occupational therapists are regulated by the Health and Care Professions Council and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social, environmental or developmental difficulties.
3. **Occupational therapists are concerned with how people 'occupy' their time.** We work with the 'occupations' people want to, need to, or are expected to do (i.e. getting dressed, eating meals, going to school / work, playing / socialising etc.). Our core belief is **how you occupy your time will influence your health and wellbeing.** Occupational therapists are unique in that they work across service boundaries such as in the NHS, Local Authority, housing and social services departments, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.

### 4. Key messages from The College of Occupational Therapists

- Multi-agency working requires **joint funding** arrangements.
- **Person-centred planning requires a shift in culture** of many services. With adequate funding, occupational therapists can support (and train others to support) children and



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families identify their goals and realise outcomes which have meaning and value for them.

- A ***child and family's priorities and the outcomes*** they want to achieve should be the primary feature within the Bill, and not overshadowed by the desire to separate a child's needs neatly into an education or health 'box'.
- ***Individual Development Plans need to be simple***, based on what the child or young person wants to, needs to or is expected to do and success measured through achievement of outcomes, not input of provision.
- The ***Code of Practice*** is fundamental to the delivery of the legislation and must not confuse messages about service-led and person-centred practices. The College of Occupational Therapists would be happy to elaborate further with examples upon request.

**5. The College is also in agreement with concerns regarding:**

- The current provision of services to deliver to children and young people to 25 years.
- The need for appropriate information systems to enable sharing of IDPs.
- Duties within the Bill on health and the interface with prudent healthcare principles.
- The administrative consequences of the increase in IDP provision.
- Different dispute resolution systems in health and education.



## Detailed responses

6. The College of Occupational Therapists welcomes the Bill's focus on improving outcomes for children and young people through person-centred planning, outcomes and partnership working. A key facilitator to the achievement of these aims is through **multi-agency working**. Challenges exist, however, when outcomes focus on what services can deliver and who is paying for those services, rather than outcomes based on the child and family's priorities. This is also seen with the provision and maintenance of equipment in schools. With a requirement for **joint funding arrangements** between services, less resources may be wasted in disputes about whose responsibility it is.
  
7. **Person-centred planning** is a welcomed principle within the Bill. The complexity of this, however, should not be underestimated. In times of austerity services can become resource driven and it requires a **shift in culture and attitudes** to embrace person-centred principles. Time is also required to share positive dialogue with children and families, so they can have a meaningful contribution to the process. When children and families are listened to and seen as experts in their own situation, priority areas which will make the most difference to their lives can be highlighted and resources appropriately targeted. Occupational therapists have the skills and expertise to support during the crucial planning phases of support, but resources are often not prioritised here. This can be costlier in the longer term. The College of Occupational Therapists recommends that **occupational therapists are adequately funded and used to support (and train others to support) children and families identify their goals and realise outcomes which have meaning and value for them.**
  
8. Differentiating a child's needs into service-led descriptors (e.g. education need, health need, social care need) is particularly unhelpful and works against person-centred principles. A **child and family's priorities and the outcomes they want to achieve should be the primary feature** within the Bill, and not overshadowed by the desire to separate a child's needs neatly into an education or health 'box'. For example, if a child with



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coordination problems requires a specialist chair to help him/her eat lunch and write a story, it is impossible to say if the 'need' is health or education. Prioritisation must happen at the outset of the process to avoid over-complex plans, wasted resources and a potential to miss what will make the most difference to the child's life. ***Dedicated time for professionals, such as occupational therapists, who have the skills and expertise to work with families and services on establishing priorities is essential.*** Resources will need to be ringfenced to make this a reality to help realise the person-centred intentions of the Bill.

9. The development of the ***Individual Development Plans (IDP)*** is welcomed as a way of recognising and working together for the benefit of the child. It will also encourage collaboration between services and professionals when more than one person can contribute to the priority areas. The College of Occupational Therapists does, however, hold a few reservations about IDPs:
  - a. There is the potential for the IDPs to become complex and resource intensive to construct, which can detract services from the delivery of support. The College of Occupational Therapists recommends the IDPs focus on the priority areas for the child and family and ***not be separated into health, education and social care sections.***
  - b. A template IDP may assist in the creation of these IDPs. To ensure the child and family can make a meaningful contribution, the IDP must be understandable and written in plain language. This should be ***focused on what the child needs to, wants to or is expected to do*** (rather than impairment terms such as language, memory, perception, clumsiness, concentration, sensory, behaviour etc.). Headings should reflect what is important and a priority for the child and family, rather than attempting to cover everything in detail (as this can conceal the most salient areas).

Headings could include:

    - i. making themselves understood
    - ii. dressing, eating and drinking



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- iii. playing by themselves, with peers or adults
  - iv. learning rules and routines at home, school or in the community,
  - v. academic learning
- c. The focus of IDPs should be on what the child/young person will be able to **achieve with provision**, not what will be provided. This means that outcomes are the focus for the measurement of success, rather than the inputs and entitlements.
- d. Resourcing will need to be considered, particularly for services such as occupational therapy, where there are many children with 'mild' needs who will require an IDP (i.e. related to coordination, attention and concentration, socialising and working with others etc.). Young people (16-25) may also require occupational therapy contributions to IDPs in relation to daily living skills, accessing and succeeding in further study or work.
10. The **Code of Practice** is fundamental to the delivery of the legislation. The College of Occupational Therapists would like to see the Code **focus on what the child wants to, needs to or is expected to do and the support which will help these outcomes**. Specificity in terms of regularity of provision is not consistent with a child's changing needs. For example, if a child needs support to follow class instructions, they may require some direct instruction, changes made within the classroom and training for classroom staff. In addition, the suggestion that IDPs may remain unchanged on review could lead to plans which are not specific enough to support change. This needs to be addressed within the code. The College of Occupational Therapists would be happy to elaborate further with examples upon request.
11. The College of Occupational Therapists welcomes the intention of The Bill relating to meeting the needs of all children and young people through **whole school, targeted or individual strategies**. With the IDP explicitly detailed and little mentioned about whole school or targeted provision, it reinforces individualised approaches. As the plans are likely to take considerable resources to develop, there is strong potential for the



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**universal provision and prevention approaches** to be lost. Occupational therapists have the skills and expertise to work at individual, group or universal levels. With the appropriate resources, occupational therapists could enhance universal provision and prevention approaches for the benefit of more children and young people and potential future cost-savings.

12. The **role of the DECLO** in supporting the interface between health and education services is welcomed. There are concerns about funding these posts as currently there is little capacity to take on new roles. There is a similar danger with the role being consumed by the support of individuals and not have the time or opportunities to promote public health interventions. At this strategic level, the DECLO role should have the resources and expertise to **promote universal approaches to supporting children and young people develop life skills, work together, have friends, participate in learning activities, cope with change and uncertainty and enhance wellbeing**. The focus should move away from impairments such as language development, behaviour and attention span as these suggest the 'problem' lies within the child and the focus is on 'fixing', rather than on the outcomes for the child and family. Occupational therapists are well placed to coordinate in these roles as they are experienced in working across sectors and focus on outcomes which relate to what the child will be able to do in future.

## Conclusion

As stated in the beginning of this response, The College of Occupational Therapists believes the Bill is an important step in planning and delivering a unified approach to supporting children and young people's education, health and wellbeing. We appreciate the opportunity to contribute to the Bill and would be happy to offer our going support with its implementation in the Code of Practice, which is fundamental to the success of this legislation.