SEND review: Right support, right place, right time, right place

July 2022

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 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

We welcome the opportunity to respond to the Government's proposals for a single, national Special Educational Needs and Disabilities (SEND) and alternative provision system.

We support the ambition to establish clear standards of provision for children and young people with SEND in England that span education, health and care. We agree that the reforms should be aspirational with a focus on preparing young people for adulthood. Whilst consistent processes will reduce inconsistency in provision and support across the nation, there is a need for increased accountability and investment so all children and young people can fulfil their potential. We welcome the plan to commission analysis of the health needs of children and young people with SEND to inform workforce planning and look forward to being part of this process.

Q1: What key factors should be considered when developing national standards to ensure they deliver improved outcomes and experiences for children and young people with SEND and their families? This includes how this applies across education, health and care in a 0-25 system.

Early intervention and prevention. Occupational therapists need to be involved much earlier with children and young people with known or suspected SEND. Too often the first time we hear about a child or young person is when they are referred as part of the statutory assessment process or when placements are breaking down. This means opportunities for early intervention, which could prevent difficulties from escalating and requiring more intense, costly support, are missed. New national standards should include clear and consistent pathways for children and young people to access occupational therapy skills and expertise as soon as they need it, including before an EHCP is considered. All schools/colleges should have access to an occupational therapist to help staff embed therapeutic activities into children's everyday routines and to identify children and young people who need extra support (see recommendations from our Children's Survey Report 2021).

Easy access to appropriate support. A range of universal, targeted and specialist/direct occupational therapy intervention should be provided, tailored to suit the needs and context of the local population. There should be a clear expectation that children and young people may require different levels of support at different times, and that children and young people don't always need an EHCP or to see an occupational therapist directly to benefit from occupational therapy. Providing occupational therapy in different ways ensures prudent use of resources and means children can access the occupational therapy they need at the right time and in the right place. See our report for examples of the range of universal, targeted and direct support we can provide: Occupational therapy - unlocking the potential of children and young people - RCOT.

Working in partnership. There should be an expectation that occupational therapists will work as partners alongside other members of the children's workforce rather than being seen as a stand-alone, specialist service. Provision of training for mainstream teaching staff by occupational therapists, for example regarding adjustments to the classroom environment, inclusive PE/games and tools to enable self-management of organization and anxiety will help build families' confidence in the ability of schools and childcare providers to meet their child's needs. Our report Occupational therapy - unlocking the potential of children and young people - RCOT includes an example of an occupational therapy school-based service model that includes co-teaching, in-service training, modelling of classroom strategies by occupational therapists, and intervention groups co-facilitated by occupational therapists and teaching staff that are responsive to individual needs and school priorities.

Assessment across multiple environments. The current focus for assessment prioritises education, yet participation, engagement and performance can vary considerably between home, school and in other environments. Occupational therapists (and other AHPs) see children and young people wherever they live, work and play and are a useful source of information, however our input is often missed or requested too late. The requirement to gather information from multiple sources and across multiple contexts to gain a full picture of a child or young person's needs must be reinforced.

Assessment and provision of specialist equipment. Some children and young people require specialist equipment to enable them to access learning and take part safely in daily activities at school, at home and elsewhere. National standards should include clear, consistent pathways for the identification and assessment of specialist equipment, including when occupational therapists should be involved. Individualized plans for ongoing training, support and review by relevant

professionals are also necessary to ensure equipment is used safely and appropriately. Disabled Facilities Grants may be used to fund installation and initial set up of capital adaptations, but clarity regarding responsibility for assessment, funding and maintaining equipment at school/college, at home and elsewhere is required – section 7.10 Disabled Facilities Grant (DFG) delivery: Guidance for local authorities in England - GOV.UK (www.gov.uk) National standards should also reference the use of and processes for accessing discretionary funding for assistive technology for children and young people with SEND at home.

Transition support. With a focus on enabling people to carry out the daily activities they need and want to do and expertise in supporting people to access and maintain employment (see our report Good work for good health, the difference occupational therapy makes), occupational therapists are well-placed to support young people as they make the transition to adulthood. Whilst frameworks for young people with SEND extend to 25 years, children's health services, including occupational therapy are typically commissioned up to age 18. National standards should include a clear process for ensuring continued access to occupational therapy for individuals with SEND who need ongoing support aged 18-25, particularly in relation to employment.

Q2: How should we develop the proposal for new local SEND partnerships to oversee the effective development of local inclusion plans whilst avoiding placing unnecessary burdens or duplicating current partnerships?

AHP representation. It is essential that allied health professionals (AHPs) are represented on local SEND partnership boards to ensure that young people's needs, including their occupational therapy needs are understood and provided for. Working across education, health and social care means occupational therapists understand the needs of children and young people with SEND wherever they live, work and play. Our involvement in the development of local inclusion plans will reduce the risk of needs being missed by providing a whole-person, cross-sector perspective.

Q3: What factors would enable local authorities to successfully commission provision for low-incidence, high-cost need, and further education, across local authority boundaries?

AHP involvement. Allied health professionals should be involved in the commissioning of provision for low-incidence, high-cost needs so therapy services are commissioned appropriately, for example for children with acquired brain injury. Working across health, education and social care and with skills in physical and mental health means occupational therapists are well placed to offer advice about what children and young people with specific and complex needs require.

Q4: What components of the EHCP should we consider reviewing or amending as we move to a standardized and digitized version?

Outcomes. We welcome efforts to increase consistency in the structure and language of EHCPs across local authorities. At present some templates encourage a focus on skill development as an outcome rather than the tasks or activities (occupations) a child or young person will be able to do (for example record work, get dressed, ride a bike). We would value the opportunity to help review and develop a new, standard EHCP template to ensure appropriate participation outcomes are included.

Ceasing a plan. There should be an expectation that children and young people will move between levels of support, including with and without an EHCP as their needs and circumstances change.

This should be framed as a positive process that supports self-management and independence, rather than as the withdrawing of services. Families will require assurance that support can be stepped up as well as stepped down, for example to ensure a smooth transition from one setting to another.

Q6: To what extent do you agree or disagree with our overall approach to strengthen redress, including through national standards and mandatory mediation?

Collaboration throughout, not just for redress. As occupational therapists our goals are the same as those of parents/caregivers – to ensure children and young people lead full and happy lives, realise their potential and can participate as valued members of society. Genuine collaboration is essential to develop a shared understanding of a young person and family's needs, priorities ('what matters to me?') and goals. We agree that early conversations can prevent misunderstandings and recommend that collaborative conversations take place earlier and throughout the process of assessing a young person's needs, rather than being framed as a form of redress to avert a potential tribunal.

Q12: What more can be done by employers, providers and government to ensure that those young people with SEND can access, participate in and be supported to achieve an apprenticeship, including through access routes like Traineeships?

Capitalise on occupational therapy expertise. A key aim of occupational therapy is to help people develop skills for daily living, which may include using public transport, budgeting and time management. Occupational therapy provision for young people with SEND aged 18-25 is however inconsistent, meaning many young adults miss out on support to master essential life skills that would enable them to access education and employment.

We are also skilled in identifying reasonable adjustments to enable people to access and maintain work. These same skills could be applied to enable young people with SEND to access and achieve an apprenticeship. Our report Good work for good health, the difference occupational therapy makes describes how occupational therapists work with individuals and employers to facilitate good work experiences. Our report Getting-my-life-back_England.pdf (rcot.co.uk) includes a case study (page 8) illustrating how occupational therapy enabled a university student to take control of her physical and mental health, enabling her to achieve an academic qualification. Our skills in supporting young people with SEND to access apprenticeships are underutilized.

Q13: To what extent do you agree or disagree that this new vision for alternative provision will result in improved outcomes for children and young people?

We agree that embedding multidisciplinary teams of specialists in alternative provision is a good idea. With our knowledge of physical and mental health, our understanding of sensory processing differences and their impact on participation and engagement, and expertise in recognising and supporting neurodivergent children and young people, occupational therapists should be included as key members of these teams. Taking an anticipatory, person-centred approach and working across agencies positions occupational therapists well to provide outreach support and where required, facilitate smooth and positive transitions from one setting to another. Our report Occupational therapy - unlocking the potential of children and young people - RCOT includes more information about how we can help.

Q22: Other comments – barriers and facilitators to successful implementation

Managing expectations. Too often parents/caregivers believe that securing an EHCP is the only way to guarantee the help their child needs. An increase in demand for EHCP assessments and preparation for tribunals is placing considerable pressure on already stretched occupational therapy services – time that could be spent providing therapy and support for children and young people. We need strong messages and evidence that appropriate support can be provided without an EHCP.

Better information sharing. There have been many historical barriers to information sharing between health, education and social care, even for occupational therapists who work across all sectors. While inter-agency communication systems have improved, the smooth coordination of services for children and young people with SEND is still affected by communication barriers in some areas, including when services/support are provided by charities and voluntary organisations. Processes for enabling efficient, effective information sharing should continue to be prioritised to ensure successful implementation of SEND review recommendations.

Occupational therapy input into teacher training. We have knowledge and skills that can be shared with teaching and nursery staff, building their capacity to embed support for children and young people with SEND into their daily routines and activities, and identifying those who need more tailored, specialist input. Including occupational therapists in teacher and SENCO training will enable early intervention/prevention approaches. This is a key recommendation for maximising the impact of occupational therapy highlighted in our report: Roots of recovery: Occupational therapy at the heart of health equity - RCOT

AHP training for tribunal judges. Too often tribunal decisions are made about health care provision by people who are unaware of the evidence for therapy interventions. Provision of training by occupational therapists (and other AHPs) for tribunal judges would increase confidence that decisions about a young person's therapy support needs are appropriate.

Contact

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