The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapy representing over 33,500 occupational therapists across the UK. There are 1,299 RCOT members in Northern Ireland (RCOT, February 2020). Occupational therapists in Northern Ireland work in trusts, across health and social care services, they deliver services across housing, schools, prisons, the 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.

Thank you for the opportunity to comment on the Covid-19 lockdown and restart impact on the provision of special educational needs. Please find below comments from RCOT.

General comments:

1. To what extent has Special Educational Needs provision been subject to interruption owing to the COVID-19 lockdown and what have been the consequences for children, parents and schools and other education settings?

Occupational therapists enable children and young people with special educational needs (SEN) to participate in the activities (occupations) they need and want to do; to realise their potential by developing the skills and resilience they need to access education and carry out activities of daily living; and to participate as valued members of society irrespective of physical, learning or mental health needs. The pandemic has significantly impacted on the provision of occupational therapy to children with SEN over the past few months.

It should be noted that the response to Covid-19 varied across Trusts and this is reflected in the comments and illustrations provided.

During the initial phase of the pandemic all but critical and urgent health services were stood down and face-to-face consultations with children and young people were suspended at home, at school and in clinical settings.

The closure of schools meant occupational therapists were unable to carry out their usual assessments and interventions within the school environment. This affected the delivery of direct and indirect interventions to enable children to realise their potential at school including:

- assessment/monitoring/adjustment of specialist seating and equipment;

- provision of individual and group interventions to enable children to develop skills necessary to access education and carry out activities of daily living; and
- the provision of training and support for teaching staff.

Many families with vulnerable children were (and remain) reluctant to receive people into their homes or to visit a healthcare setting to continue occupational therapy while schools were closed. Occupational therapists adapted their services to provide telephone and video consultations, but not every child's needs can be met in this way. Limited access to suitable IT has been a problem for families and for occupational therapists in some areas.

Occupational therapists endeavoured to respond to requests for assessments of children's special educational needs, but some Trusts report that it was difficult to complete these assessments while they were unable to see children at school.

Staff redeployment in some areas meant there were fewer occupational therapists available to maintain services for children with SEN. Occupational therapists have however, worked hard to maintain essential services. Home visits to children with complex postural needs were prioritised when clinically justified, when Covid restrictions allowed and with appropriate infection-control measures in place. Redeployed staff returned to their substantive posts in children's services over the summer.

Some equipment companies furloughed staff during the first lockdown, limiting the ability of occupational therapists to assess for, order and provide specialist equipment necessary to enable young people to access the curriculum. This has lead to a backlog of equipment assessments, which is taking time to address.

Children's development, health and well-being have been affected by their experiences during lockdown. RCOT members report that disruptions to children's routines, missed opportunities for physical activity and family stress/increase in safeguarding concerns have impacted on children's behaviour and learning. Some previously-learned strategies for self-regulation at school have been forgotten.

2. To what extent has Special Educational Needs provision returned to normal following the restart process in schools and other education settings?

Even when schools reopened to more students, many were reluctant to receive visitors including occupational therapists due to strict health and educational Infection Control measures. Joint working between health and education is helping to overcome these barriers and therapists are now back in schools, but disruptions to the provision of occupational therapy remain.

Each school has different infection control policies and procedures in place. Some schools/Trusts allow occupational therapists to work with individuals but do not allow children to be seen in groups. Many schools limit visitors to only one 'bubble' per visit, and children from different bubbles cannot be seen together, for example to participate in a sensory motor group. This means that fewer children can be seen.

When parents are required to attend an occupational therapy appointment, these have to be arranged at a clinic because of restrictions of school visitors. This means that children have to be taken out of school for a longer period, causing further disruption to their education.

Occupational therapists report that limits on PE and physical activity have had a negative impact on children's behaviour.

Space in schools to enable social distancing is problematic. In some cases occupational therapists are unable to be based in schools on certain days due to restricted accommodation.

Some children are on shared timetables so therapists have to come in to school on several different days to see all children. Children are often sent home at short notice due to staff shortages which makes it difficult to organise therapy and seating assessments.

In community services, a digital-first approach remains in place with face-to-face contacts only offered where clinically justified following a telephone and video consultation. There has been some positive feedback from families regarding telephone/video consultations so these may be incorporated into a new model of service delivery going forward.

3. If there are further periods of school closure, what measures should the Department, the Education Authority and schools take in order to limit the impact of an interruption to Special Educational Needs provision?

Occupational therapists have said they hope further school closures will not be required. If this is necessary however, they suggest the following:

Weekly virtual meetings for all Trust AHP leads, established by Geraldine Teague, should continue to ensure consistency in the way that regions support special school students.

Special schools should remain open to ensure children and young people with the most complex needs (and their families) receive the help and support they need and deserve.

All children of key workers and all vulnerable children should be allowed to attend school. A review of the vulnerable list should be carried out to ensure all who children should be included are included.

Occupational therapists should be allowed access to school buildings, even if schools are closed, to enable them to carry out assessments of children's special educational needs (to avoid delays to the statutory assessment process) and seating/access/manual handling assessments that must be carried out in the school context.

Occupational therapists should be enabled to work cooperatively with school staff to identify children who should be prioritised for support. Therapists may be able to contribute to the development and provision of support packages for children and their families, for example to ensure sensory needs that are impacting on a child's behaviour are addressed.

Consideration should also be given to the support of children with medical needs who are not in school as these young people are often missed when arrangements are being made for school closures. It is essential that plans are made to maintain their education and therapy provision.

4. What lessons should the Department, the Education Authority and schools learn from the COVID-19 lockdown in respect of Special Educational Needs provision? What needs to change in the longer term and the post-COVID-19 landscape in order to prevent further disruptions to SEN delivery?

There needs to be better collaboration between health and education to ensure children and young people with special educational needs develop the skills and resilience needed to realise their potential and lead full and happy lives. This could be achieved by joint-funding of occupational therapists by health and education and by basing occupational therapists in schools to ensure that they are part of the fabric of the school.

Classroom assistants are key to the delivery of in-class support for students with SEN so greater priority should be given to their recruitment (numbers) and training. Their role is particularly important to provide continuity of care for children with SEN if class teachers have to isolate.

The pandemic has highlighted the need to clarify roles and responsibilities of health and education for managing the provision and maintenance of specialist equipment in schools. This will help ensure that the right equipment is provided/repaired/adjusted at the right time for children with SEN.

The following case studies illustrate how occupational therapists have adapted and responded to the pandemic.

- **RISE NI SHSCT** created a resource pack with funding from Promoting Wellbeing. Everyday items were sent to families to help engage them in play activities e.g. play foam, crayons, pencils, scissors, cutting ideas, physical activities card and a large ball for gross motor play. Occupational therapists provided support through virtual and telephone appointments.

- Over 500 families received a monthly newsletter with ideas that they could do with their child during lockdown to develop their emotional health, speech and language, sensory and motor skills.

- **RISE NI regional** created a page for families packed with ideas during COVID. Features videos and ideas to do at home and support parents

- The Royal College of Occupational Therapists have been capturing examples of ‘Small Change, Big Impact’ stories as part of a campaign this year. The following are from

across the UK but these particular examples are similar to some of the work of occupational therapists with children in Northern Ireland.

https://www.rcot.co.uk/node/3629
https://www.rcot.co.uk/node/3619
https://www.rcot.co.uk/node/3592
https://www.rcot.co.uk/node/3499
https://www.rcot.co.uk/node/3477
https://www.rcot.co.uk/node/3461

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