



Committee Inquiry into post SEN provision in education, employment and training for those with Learning Disabilities in Northern Ireland.**Response from the College of Occupational Therapists - Introduction**

1 - The College of Occupational Therapists (COT) is pleased to submit evidence to this inquiry which has been assisted by our OT members who work in this area.

The College of Occupational Therapists is the professional body for occupational therapists and represents occupational therapists, support workers and students from across Northern Ireland. Occupational work across different settings such as home, school and in the community as well as across many departments and agencies such as health, education, juvenile justice/prisons and housing as well as in voluntary and independent sectors, and vocational and employment rehabilitation services. They work in partnerships with parents, carers, teachers, educators and other disciplines.

Occupational therapists are regulated by the Health and Care Professions Council, work holistically and are outcome focused. They have multi-dimensional training that addresses the physical, psychosocial, sensory processing, developmental levels and needs of children and young people. Occupational therapists are one of the Allied Health Professions (AHPs) which are the next largest staff group after nurses and doctors and this AHP group would also include for example, physiotherapists and speech and language therapists. Occupational Therapists working within learning disability services have both clinical and consultancy roles with adults with mild, moderate, severe and profound learning disabilities.

Key benefits:

Occupational therapy assessments and intervention strategies are *outcome focused* and *evidence-based* ensuring a high quality service is delivered. Therefore, good clinical governance and enhancing client safety is a key priority. Providing the right environment, equipment and advising on the level of support to *maintain individuals at home*, will prove *cost effective*. *Enabling* individuals to develop skills to reach their full functional potential and utilising electronic assistive technology, if appropriate will *reduce care costs* and improve health and well-being in line with regional policy and health and social care reform.

OTs use valid and reliable OT specific assessments which clearly outline each person's potential. The assessment findings can be used to guide intervention for:

- **Activities of daily living:** objective information which identifies each individual's baseline function to determine e.g. level of independence, ability to improve skills, number of carers required for personal care.
- **Housing:** assess support needs for independent living, supported living, nursing care and respite.
- **Road safety/Travel skills:** to inform and ensure safe access to daily life, day opportunities, employment, leisure or education.
- **Falls:** screening, prevention and management of falls.



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- **Vocational:** to assess for & support appropriate and sustainable work placements and employment.
 - **Day opportunities:** recommending meaningful activities to develop skills and competencies within community and day care settings.
 - **Skill development:** group based or individual intervention in relation to occupations e.g. home management and social skills.
 - **Transition:** to support appropriate placement within adult services, outlining levels of support, equipment and/or environmental adaptations.
 - **Resettlement:** to assess and make recommendations for meaningful activities and appropriate environments with adult moving from long stay hospitals to the community in line with regional policy.
 - Contribute to other assessments such as **parenting, capacity or risk management.**

Highly specialist assessment/intervention (requiring postgraduate training):

Provision of specialist knowledge, assessment, training and support in relation to:

Postural management

- Diagnoses and management of complex destructive postural tendencies ensuring correct provision of individualised equipment and postural management 'passports' to maintain posture and function over the 24 hour period. This intervention involves training of carers across all settings, regular review to evaluate progress and monitoring of outcomes.

Autism Spectrum Disorder (ASD)

- Vital role in the diagnostic pathway and in educating carers to understand the challenges faced by those with ASD. Utilising sensory, cognitive and environmental strategies to assist the individual to participate in everyday life.

Dementia

- Using standardised functional assessments to assist with the diagnosis of dementia within LD. Utilising environmental tools and activity rating scales to advise on optimising and sustaining function and participation in meaningful activities, as well as provision of equipment and/or environmental adaptation throughout the progression of dementia.

Behaviours which challenge

- Incorporate knowledge of sensory integration and other approaches within a holistic assessment to ensure that the approach and the environment facilitate optimal functioning and engagement, including those individuals within a forensic setting.

Specialist equipment:

Assess, source and issue specialist equipment to meet the unique needs of individuals with more complex health and physical needs for example:

- Modular and bespoke seating and wheelchairs
- Moving and handling equipment e.g. tracking hoists and slings



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- Showering, bathing and toileting equipment
 - Electronic Assistive Technology (EAT) to increase independence or engagement in activity
 - Recommendations for eating and drinking utensils

Bespoke adaptations and environmental design:

Occupational therapist can provide detailed specifications and evidence based design solutions to:

- Facilitate increased independence by recommending environmental adaptations e.g. provision of lifts, rails, ground floor extensions, wet rooms or 'changing places' specifications. Thus, maintaining people at home and/or accommodating them as their needs change in line with health and social care reform such as Bamford⁷ and Transforming Your Care.
- Advise on the design of environments suitable for individuals with unique sensory and behavioural needs e.g. those with ASD.

In response to the first term of reference:

2 - Our OT members tell us that for those with complex needs there is a range of Trust day care places and some limited private provision. However as Trust day care places are reducing there is more pressure to secure alternative day care in accordance with Transforming Your Care. Challenges exist due to the lack of suitable opportunities and consistency of these opportunities.

3 – Our OT members feel that In Northern Ireland the independent provider market is not ready for the provision of alternative day care opportunities. Despite some examples of good practice, the alternative providers generally lack expertise of how to meaningfully engage individuals according to their needs. This is because there is no individualised assessment process.

4 – COT believes that a small team of experienced Trust based staff with occupational therapy as a central resource could provide advice to emerging providers about how to develop more individualised approaches to education, employment and training needs. COT also believes that more training should be available about how to use a social enterprise model to expand alternative day care opportunities.

In response to the third term of reference:

5 - COT believes that best practice in post school provision for those with learning disabilities would include an individualised assessment of post school need and provision. This should originate from transition planning while the young person is still at school and include functional information about the individual's skills, assets, goals and aspirations for education, employment and training.



6 - COT believes that a small team of OT's should be established to specifically address post school provision and to carry out ongoing review of individuals with learning disabilities. Their work would include training support staff working in education, employment and training to increase engagement in meaningful day time activities and signposting onto other relevant agencies.

In response to the fourth term of reference:

7 – COT believes that barriers to the full range of opportunities remain for those with personal care support needs, equipment needs or those that require a more accessible environment. Sadly our OT members report that there is little cross department collaboration or creative thinking about how post SEN services can be delivered to people with learning disabilities who are currently outside of centre based day care.

8 - Occupational therapists are obviously well placed to advise about how to make services and activities more accessible but the supply of equipment and adaptations are not part of currently commissioned Trust work. In most instances there are no agreed protocols or staff resources for the provision of personal care support and this limits post SEN provision for education, employment and training.

9 – Some of our OT members report that they have carried out significant amounts of work to establish facilities such as Changing Places toilets in the local area as well as looking at attitudinal and physical barriers with for example, local councils but this work is carried out entirely in their own time. COT applaud the dedication of our members in improving opportunities for people but it is unfair to both people with learning disabilities and to our members that this has to happen in a voluntary capacity. Addressing physical and attitudinal barriers needs a coordinated and systematic approach across Northern Ireland rather than rely on the good will of our members. For more information about Changing Places please go to: <http://www.changing-places.org/>

10 – Our OT members also feel that there is insufficient OT and other Allied Health Professional resources targeted at transition. For example OT could be working more closely with vocational providers to obtain individualised assessment and skills training to assist young people for post school provision. In particular, this type of work needs to address the impact that sensory integrative difficulties will have on the individual's progress towards education, training and employment goals.

11 – COT also believes that barriers exist due to current transition planning that does not provide information that can be measured in terms of goals, outcomes and quality. Our members have examples of OT tools based on goal attainment that would provide this meaningful information but currently there is no mechanism for these to be adopted as core outcomes. Transition assessment that is purely descriptive without the addition of meaningful outcomes poses a barrier to good quality post school provision.



Conclusion

12 – COT believes it would be useful to broaden the definition of further education to include physical activity, social and communication skills. COT believes the broadened definition should also include functional daily activity skills because education, employment and training activities need to be correctly matched for the individual to achieve their goals.

13 – Occupational therapists and other allied health professionals are well skilled to provide this service but have limited resources. There is great demand for example for OTs to provide road safety and vocational assessments but these take a considerable amount of time as significant numbers are progressing through this change of day time provision.

Please do not hesitate to contact me if you require further information about anything in this submission.

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