



# Complex Caseloads and Funding Issues Negatively Impact Paediatric Occupational Therapists

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## Purpose

The Canadian Association of Occupational Therapists - BC (CAOT-BC) surveyed paediatric OTs to determine:

- 1) the breadth of paediatric practice in BC
- 2) the facilitators and challenges to practice

## Survey Methods

Google survey link sent through:

- CAOT-BC communications
- Paediatric Practice Network
- Paediatric Directors of OT distributed through workplaces
- Informal networks, snowball distribution

## Who responded?

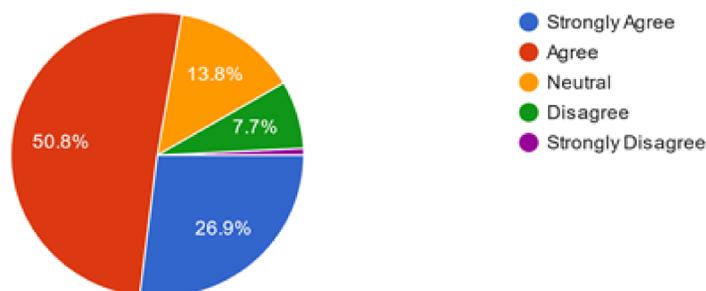
129 - OTs participated\*

Responses came from a mix of:

- All provincial Health Authority geographies
- Urban/rural
- Public/private/non-profit
- Different practice settings (acute, rehab, community)
- Ages served (Infant, preschool, school-age, teenage)

\*(30% response rate of OTs licensed to work in BC who report working primarily with paediatric ages in 2020)

I have experienced compassion fatigue or emotional distress in my paediatric OT work



## Results

### Experience & Dedication

- More paediatric OTs are at the end of their careers than at the start

0-5 years experience	27
6-10 years	18
11-15 years	19
16-25 years	31
26+ years	34

- Working as an OT with children and youth in BC is fulfilling
  - 94% - 'Agree' or 'Strongly Agree'
- I recommend OT in paediatrics as a good career choice
  - 85% - 'Agree' or 'Strongly Agree'

### Complexity of Paediatric Work

- 34% work a combination of part-time positions, 71% work partly in public practice
- Caseload complexity has increased over the last 5 years of my practice
  - 74% - 'Agree' or 'Strongly Agree'

What best describes your workload balance, tick all that apply:	N
Complex caseload – client complexity and/or combination of services	103
Numbers of clients greater than caseload allocation	83
Extra time needed to acquire funding for client equipment & services	69
Additional work due to unfilled OT position or OT shortage	33
Well balanced	18
Unable to run a waitlist (acute care/ urgent services)	13

### Succession Planning Needed

- Few reported needing educational support & mentorship (12%), but open-ended responses indicated workforce support needs to:
  - 1) mentor the next generation
  - 2) improve networks

*"I am worried that OTs will start thinking that paediatric OT is no longer a desirable clinical area because it has become too stressful and difficult. As our older OTs retire, we may not have younger therapists to continue to provide service."*

## Practice Constraints

The top 5 constraints in providing OT services for children & families in BC:	N
Workload challenges	62
Funding limits for therapy services	57
Under funding for equipment/ devices/ adaptations	57
Waitlists and criteria for OT services	44
Funding that doesn't meet fair market rates	40

### Other 'highlights':

- 23% of OTs spend > 20% of their time organizing funding, writing justification letters, or submitting government billing (time away from direct client care)
- 30% have a waitlist > 6 months; 17% have a waitlist 4-6 months; 10% are unable to run a waitlist (acute care)
- 55% reported families they service experience financial hardship to afford needed equipment or services for their children

## Conclusion & Next Actions

Children & families in BC are not receiving timely & supported paediatric OT services due to complex & underfunded systems.

1) Advocacy: CAOT-BC is preparing briefing materials & requesting to meet with government ministries serving children & families to advance changes for improved funding and access to OT services

2) Support: CAOT-BC is exploring further mentorship & networking programs

3) Further engagement: send us your stories, contact us

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