

## **Children's Occupational Therapy Service Core NHS Offer**

### **Children's Occupational Therapy**

The Occupational Therapy service covers the Bristol, North Somerset and South Gloucestershire area. (BNSSG)

The service provides assessment and a range of therapeutic interventions for children who have a complex, severe or enduring physical and or developmental condition/s that are significantly affecting their ability to achieve their potential in terms of occupation including activities of daily living, accessing leisure activities and education.

#### **Who is the service for:**

For children and young people from birth to nineteen years who.

- Have complex and enduring physical, developmental health needs affecting occupation and where they are not meeting their potential.
  - If the young person has physical impairment but is reaching their potential this service may not be needed.
  - If the young person has learning difficulties but is reaching their potential this service may not be needed.
- Have a physical health need following injury or surgery.
- Are preschool children who live in or who have a GP within the BNSSG area.
- Are school age children and young people who have a GP and live within the BNSSG area. If they attend a school outside of the area the school follow-up work cannot be carried out by this service and the work may have to be referred to a different locality.

#### **Who is given priority?**

- Infants with potential complex neurological disorders. Aim to be seen within 4 weeks.
- Children identified as having a life-limiting condition will be seen within 4 weeks.
- Children who need Occupational Therapy following a specific medical intervention where there is a limited window for follow-up therapy to be effective.

#### **Aims of the service:**

To enable children and young people referred to Occupational Therapy to achieve their occupational, functional and movement potential; identifying their needs as prioritised by the young person and their family.

Therapists provide a range of interventions for those children who have significant and enduring physical and or movement difficulties. These interventions are designed to help improve a young person's:

- Level of independence in activities of daily living and their functional abilities related to a physical and or motor difficulty.
- Co-ordination, and sensory motor perception.
- Access to equipment necessary for health and to enhance independence
- Ability to manage pain, manage posture and prevent deformities.

Interventions are focused on either skill acquisition in the following areas of; school performance (access and engagement), play and leisure and in age appropriate personal activities of daily living or in managing challenges of pain, mobility and positioning.

We aim to see all standard referrals within 18 weeks.

### **Making a referral**

Families, carers, health professionals and schools can make a referral.

All referrals then go via Sirona care & health's Single Point of Entry. Referrals are made using a single point of entry (SPE) referral form and it is helpful with some school age children to include a functional skills checklist. The links for these are on the website.

### **Intervention:**

#### **Assessment**

First appointment will predominantly be offered via a clinic-based assessment, or if indicated, a home, school or nursery visit (first contact may be via a telephone call to the family or carer). Further assessments will be based around the concerns highlighted in the referral or clinical decisions following the initial contact.

#### **Therapy and support**

Therapy and support will range from advice, group or a block of intervention, these are defined as episodes of care and described in more detail below.

Therapy is based on available research, and national best practice guidelines which are reviewed regularly. Therapy sessions are provided from locality health bases, schools or in a young person's home and may include telephone or video link contacts.

School and nursery visits are provided if the setting falls within BNSSG.

#### Specialist Equipment

Therapists sometimes need to recommend equipment, in this situation they discuss options with the child and young person's family. Where there is a clear clinical need, therapists have a responsibility to request this equipment via the relevant agency. The agencies include the school setting, North Somerset, Bristol and South Gloucestershire ICB, the local authority, 0-25 Disabled Children's Team or Disablement services. Ongoing care of the equipment is the responsibility of the provider but the therapist will provide advice about the use of the product and consultation as needed, this could include the setting up of the equipment in school or a child's home.

School environmental and equipment needs assessments, and all home adaptations are carried out by 0-25 Disabled Children's Team Occupational Therapists.

#### Splinting/orthotics

Children can be referred for assessment of an upper limb splint/dynamic movement orthosis (DMO) by Physiotherapy or Occupational Therapy colleagues only. The service provides assessment, and if a splint DMO is provided, with follow-up regular reviews as clinically required or requested by the child's referring therapist who will monitor the wearing of the splint/DMO. Children can also be referred to local NHS orthotics or Lycra service as appropriate.

#### **Special Educational Need and Disability (SEND):**

This service works closely with partners in the local educational authorities to support children and young people with SEND across BNSSG and follows statutory guidance.

#### Reasonable requests for a Education and Health Care Plan needs assessment

The therapy services will offer support to the local education authorities in relation to reasonable requests for children who are currently on an open therapy caseload or have been open on a therapist's caseload in the past 12 months. For children who are still currently working with a therapist, the therapist will provide a specific contribution for the EHCP needs assessment which will include clear specific recommendations and identify how any recommendations can be delivered. All recommendations for provision are based on the child's needs, not on core service criteria.

For children where the case was closed within the past 12 months, the therapist will provide their most up to date report. Contributions and reports will be provided within the 6-week timescale.

Any request for a new assessment will follow core service referral criteria. A child or young person accepted for assessment will be seen within 18 weeks unless they require priority which is based on their immediate health needs.

The service is unable to provide assessments following a reasonable request for a child or young person who has not been seen within the past 12 months or who is not yet known to the service.

A therapist will attend an EHCP annual review when there is complexity around the agreement related to the therapy needs of the young person. Reports for annual reviews can be provided if the child or young person's case is still open to the therapies team.

#### Tribunals and appeals

The Occupational Therapy service will offer support to the local education authorities in relation to SEND appeals and tribunals for children or young people who are currently open or have been open on therapist's caseloads in the past 12 months. In these situations, the therapist will provide a report and attend the tribunal.

We are unable to support appeals or tribunals for a child or young person whose case has previously been open but not seen in over 12 months or who is not known to our service.

#### **Multi disciplinary or multi Agency Working:**

Therapists will work in partnership with service users and their families, other health professionals, education staff and the 0-25 years Disabled Children's Teams as appropriate to the needs of the child, ensuring confidentiality and child safeguarding standards are met.

#### **Discharge:**

Once an episode of care or intervention block has been completed, the young person will be discharged. If at this time there are new ongoing physical health needs with an outcome described that is within the remit of Occupational Therapy, the child or young person can be offered a further episode of care.

On discharge, the written communication to the family must be clear about this end of contact, where to get follow-up support and how to contact the service should the young person need further support from Occupational Therapy. This can be done via a specific discharge letter or as detail on a final summary report.

For those children with an EHCP on discharge, the summary or final letter will need to be copied to relevant case officers, school staff or referrers to inform them of ongoing needs and provision for the young person as related to Occupational Therapy.

**Re-referral**

Any infant, child, young person can be re-referred into the service using the same process as for a first referral. The referral will be accepted as described above.

**iThrive model**

The delivery of Occupational Therapy services is based on the iThrive model. In order to support the child/young person to thrive, we offer services in 3 main areas of the model: Getting Advice, Getting Help, Getting More Help



**Recommended Intervention with Occupational Therapy.**

Company Reg. No: 07585003

Registered Office: Sirona care & health, 2<sup>nd</sup> Floor, Kingswood Civic Centre, High Street, Kingswood, Bristol, BS15 9TR.

\* Calls from landlines are charged up to 10p per minute; calls from mobiles vary, please check with your network provider. This is not a premium-rate number

This is a description of the episodes of care which are used within the Children’s Occupational therapy service. Young people may move between different levels of support if needs change.  
The level of care and support is based on current National Institute of Clinical Excellence, (NICE) and Royal College of Occupational Therapy, (RCOT) guidelines.

Core Offer	NUMBER OF SESSIONS	IDENTIFICATION.	EXPECTED LEVEL OF INTERVENTION
<b>Universal level/targeted Getting advice.</b>  <u>Sensory advice line and leaflet library</u>	No limits	Where parents or carers (and professionals) have concerns about sensory processing issues in their child or young person.	An advice telephone line with focus on sensory integration is available for any family or professional who has concerns about sensory processing difficulties. Calls can last approximately 3/4hour.  Sensory educational films are freely available to all via the CCHP website and local offers.
<b>Getting advice</b>  <u>Leaflet Library</u>	No limits	Any family who have concerns about their child/young persons functional difficulties	Information handouts and signposting available on the website.
<b>Note for therapists about targeted and specialist interventions</b>			

Before making recommendations for direct Occupational Therapy intervention Therapists must consider the child or young person’s potential for change, development and level of engagement which can be affected by many factors.

Consider for example.

- Potential of the intervention to improve function or facilitate change.
- The Child or young person’s setting and other provision already available.
- Ordinarily available provision and the graduated response.
- Age and circumstances of the CYP.
- Family circumstances
- Therapists must use careful clinical reasoning. Health related therapy provision recommendations must be based on the child or young persons needs
- Where a young persons needs do not match the guidance provided below this must be discussed with a supervisor.

<p><b>1. Targeted. Getting advice</b> <b><u>Liaison and advice</u></b></p>		<p>Where infants are currently in neonatal intensive care</p>	<p>Early contact with neonatal intensive care can be requested by the family or intensive care NHS MDT team.</p>
<p><b>2. Specialist/targeted. Getting help and getting more help.</b> <b><u>Assessment</u></b></p>	<p><b>Minimum 1 assessment session.</b></p>	<p>Where the referral meets the criteria. Pathway stops here if CYP needs do not require further interventions; e.g; Needs already being met. Or if therapy will not change situation. Assessment only required.</p>	<p>The Occupational therapist will complete an assessment then the options could include. (This could be via the OT/PT integrated pathway)</p> <ul style="list-style-type: none"> <li>• Provide advice for family or school or signpost</li> <li>• Contribute to a Multidisciplinary assessment</li> <li>• Provide a report/summary letter written within 4 weeks of completion of the assessment.</li> <li>• Information will be shared with appropriate professionals/family.</li> <li>• Offer information about bookable review clinics or how to re refer should needs change.</li> </ul>

<p><b>3 Specialist Getting more help.</b></p> <p><b><u>Assessment plus</u></b></p>	<p><b>Up to 3 sessions assessment and sharing of information</b></p>	<p>Children with motor coordination difficulties. Where interventions are best supported by their caregivers and/or education staff.</p> <p>Children who need assessment of emerging physical difficulties.</p>	<ul style="list-style-type: none"> <li>• OT, MDT or OT/PT assessment</li> <li>• An assessment of strengths and needs, skills and difficulties is made.</li> <li>• A school, nursery or home visit can be offered if appropriate to continue the assessment or share information.</li> <li>• A written report is provided. <ul style="list-style-type: none"> <li>○ Include summary of need, recommendations, and what the next steps are.</li> <li>○ Include a child/family led outcome plan or goal.</li> </ul> </li> <li>• One review will be offered to evaluate the effectiveness of advice given and strategies used. (phone/face to face as appropriate)</li> <li>• Discharge plan is clear, the therapist will outline how the child can be re-referred to the service should new functional difficulties be identified.</li> </ul>
<p><b>4 Specialist. Getting more help.</b></p> <p><b><u>Assessment and intervention</u></b></p>	<p><b>Up to 10 sessions which includes the initial assessment. Sessions working towards clearly defined targets.</b></p>	<p>Children with motor coordination whose needs require a combination of therapeutic input* alongside the support of their care-givers and/or their education staff.</p>	<p>A young person may receive one or a combination of the following interventions: Working on child centred functional performance areas (e.g. self-care, productivity (school) and leisure) with identified client centred goals.</p> <p>All sessions should be based around health needs and work towards clearly defined targets or outcomes and where appropriate skills are developed and transferred into the child or young person's appropriate context. (Home/community/school)</p> <ul style="list-style-type: none"> <li>• OT, MDT or OT/PT assessment pathway</li> <li>• 1 or 2 sessions of assessment</li> <li>• Therapeutic intervention: Individual work (up to 6 sessions) or</li> <li>• Therapeutic intervention: Group work. (Up to 6 sessions)</li> <li>• A review is offered to evaluate the effectiveness of advice given and strategies used.</li> <li>• Provision of written summary of the intervention which may include recommendations to be delivered by education staff or carers. This may include an EHCP contribution.</li> </ul>



			<ul style="list-style-type: none"> <li>• Discharge plan is clear, the therapist will outline how the child can be re-referred to the service should new functional difficulties be identified.</li> <li>• Offer information about bookable review clinic.</li> </ul> <p>*Therapy sessions are usually provided by band 3,4,5 with oversight from assessing therapist.</p>
<p><b>5 Specialist.</b></p> <p><u>Pre school complex needs - Assessment and intervention</u></p> <p><u>School age with significant complex neurological needs - Assessment and intervention.</u></p>	<p><b>Assessment up to 6 sessions</b></p> <p><b>Intervention delivered in episodes of care throughout pre school years as determined by child's needs.</b></p>	<p>This level of care is for early years/infants who have a potential complex neurological needs or disorder with abnormal muscle tone</p> <p>This level of care is also for school age children who have complex neurological physical needs who have never had a MDT assessment or who have needs which are changing and require an MDT approach.</p>	<ul style="list-style-type: none"> <li>• Where possible a pre-discharge from NICU visit if appropriate to build initial links with family and offer early advice if appropriate.</li> <li>• MDT pathway</li> <li>• OT part of MDT six sessions initial assessment process.</li> <li>• Liaise with Paediatrician/Attend Family Support Planning Meeting.</li> <li>• Ongoing intervention in episodes of care determined by the child's needs.</li> </ul> <p>A child and family can receive one or a combination of the following interventions: Interventions should always be based around health needs and be working towards functional skill development or maximising potential of the child to meet their developmental milestones.</p> <ul style="list-style-type: none"> <li>• Up to 2 blocks of intervention around identified outcome.</li> <li>• Assessment and intervention as per the MAP/CCA protocol.</li> <li>• Assess for specialist seating in the home and nursery environment if required.</li> <li>• Support with transitions to educational setting, offering specific written advice on how to support their ongoing development.</li> <li>• Access to upper limb splinting clinic as required.</li> <li>• Access to specialist Lycra clinic as required.</li> <li>• One off, or three or six monthly review based on need.</li> <li>• Supporting inclusion to local community groups/facilities.</li> </ul>

			<ul style="list-style-type: none"> <li>• Provision of written summary of the intervention which may include recommendations to be delivered by education staff or carers. This may include an EHCP contribution.</li> <li>• Discharge plan is clear, the therapist will outline how the child can be re-referred to the service should new functional difficulties be identified</li> </ul> <p>For hospital discharges linking with Hospital Team and Community 0-25 service, intervention to be based on clinical needs.</p> <p>Therapy sessions can be provided by both qualified and therapy technician depending on the needs of the infant or child.</p>
<p><b>6</b> <u>Specialist</u> <b>School age with ongoing complex neurological needs. This includes children discharged from hospital following neurological surgery.</b></p>	<p><b>Assessment</b> 1 to 2 MDT session or review.</p> <p><b>Intervention</b> 1 to 2 sessions equipment review.</p> <p>1 to 2 sessions programme review.</p>	<p>This care package is provided for CYP who have complex neurological disability needs requiring support.</p> <p>Include those with new or review equipment needs and those who have needs around life independence and life maintaining skills.</p>	<ul style="list-style-type: none"> <li>• An assessment of current need will be carried out by the OT or</li> <li>• This may be in conjunction with physio and or SALT, or CYPS 0-25 OT.</li> </ul> <p>Following assessment a child and family can receive one or a combination of the following interventions: Interventions should be based around health needs and always be working towards functional skill development or maximising potential of the child to meet their developmental milestones.</p> <p>In mainstream schools</p> <ul style="list-style-type: none"> <li>• Children home schooled or in mainstream school setting - A short block of OT intervention (usually up to 6 weeks), to work on specific health outcomes or goals, linked to occupational, or life skill needs. Examples include, dressing, toileting, use of eating utensils, mark making, engagement in P.E..</li> </ul> <p>In mainstream and special schools</p>

	Short block intervention.		<ul style="list-style-type: none"> <li>• Recommendation of specialist equipment to promote independence. (ordered via 0 to 25 service or schools)</li> <li>• Equipment /seating adjustment and or further assessment and intervention.</li> <li>• Advice around feeding, use of utensils and positioning.</li> <li>• Upper limb assessment and intervention including splinting provision. Referral to specialist lycra clinic when deemed appropriate.</li> <li>• Contribution to an EHCP annual review where health provision is complex and under review .</li> <li>• Provision of written summary of the intervention which may include recommendations or programmes to be delivered by education staff or carers. This may include an EHCP contribution.</li> <li>• Discharge plan is clear, the therapist will outline how the child/young person can be re-referred to the service should new functional difficulties be identified</li> </ul> <p>Therapy sessions can be provided by band 3,4,5 with oversight from assessing therapist unless clinical decision is made for assessing therapist to continue with intervention.</p>
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