

Occupational Therapy SERVICE DELIVERY MODEL

Manor School

June 2022

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OT SERVICE DELIVERY MODEL

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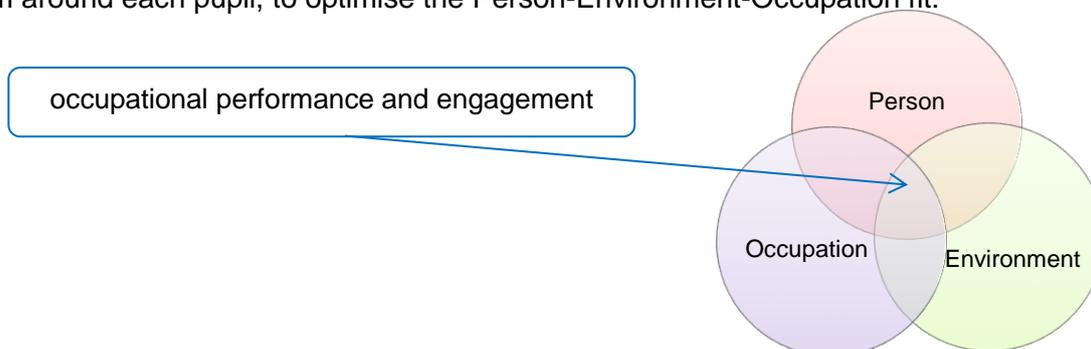
The Rise Partnership Trust's (RPT) in-house Occupational Therapy (OT) service aims to enable all pupils to 'participate in the activities of everyday life'. We do this by 'enhanc[ing] their ability to engage in the **occupations** they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their **occupational engagement**¹ and **occupational performance**.

Occupations - 'all the things we do to take care of ourselves and others, socialise and have fun, and work and contribute to society'², i.e. our pupils' self-care, play and learning.

Occupational performance - the 'task-oriented completion, or *doing* aspect of occupations'³. It is 'influenced by pupils' emotions, physical abilities and skills, and the ability to process information'³.

Occupational engagement - participation in occupations 'in a manner that involves effort, drive and attention'³. To be engaged, pupils must have some understanding of the purpose of the occupation, or those occupations must be meaningful to them. Occupational engagement is influenced by pupils' motivations and interests⁴.

We aim to provide an accessible, cost-effective and high-quality school-based OT service⁵ which addresses all pupils' needs relating to their occupational performance and engagement, including those in their Education, Health and Care Plans (EHCP). Every member of the school community plays a key part in the delivery of this service. This reflects our belief that occupational engagement throughout the day is what allows our pupils to develop their independence, sense of identity, and wellbeing. We work as a whole team around each pupil, to optimise the Person-Environment-Occupation fit:



The OT and Speech and Language Therapy (SaLT) teams form the Therapy Team, which is part of the RPT's Multi-Agency Support Team (MAST). The MAST also includes Inclusion Practitioners, Behaviour Analysts, Family Support Practitioners, a Medical and Welfare Co-ordinator, Team-Teach Tutors, a Thrive Practitioner and an Autism Life Dog. All therapists working for the RPT must be registered⁶ with the Health and Care Professions Council (HCPC; <https://www.hcpc-uk.org/>).

Service design

The Occupational Therapy service has four branches. Family Provision refers to all the support available to parents/carers throughout their child's time in the school. Essential Provision, Enhanced Provision, and the Eating and Drinking Service are school-based. More details are provided below.

The Therapy team uses SchoolPod⁷ (a web-based Management Information System) to document all clinical contacts and adheres to departmental guidance on record-keeping standards, which is available on request.

¹ World Federation of Occupational Therapists (WFOT) (2010) Statement on Occupational Therapy

² Association of Occupational Therapy of Ireland (2017)

³ Christiansen, C. & Townsend, E. (2010) Introduction to occupation: the art and science of living, 2nd edition

⁴ Kennedy, J. & Davis, J. (2017) Clarifying the construct of occupational engagement for occupational therapy practice, OTJR: Occupation, Participation and Health 37(2) 98-108

⁵ Bundy, A., Hemsley, B., Brentnall, J., & Marshall, E. (2008) *Therapy services in the disability sector: Literature Review* NSW Department of Ageing, Disability and Home Care

⁶ This process can take several months for newly-qualified practitioners, during which time therapists are supervised and their clinical notes are monitored and countersigned by a registered therapist.

⁷ <https://eduspot.co.uk/product/schoolpod/>

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ESSENTIAL PROVISION

Essential Provision encompasses all the support available to all pupils to allow them to participate and perform in essential and desirable play/leisure, learning and self-care activities. This means that all the environments the pupils access (i.e. including the classroom, playground, dining halls, swimming pool, toilets, library, etc.) are set up to support their participation and offer opportunities to further develop their independence and interests.

What does this look like?

- All pupils have access to an environment which is conducive to their optimal performance and engagement in their occupations throughout the school day, including
 - equipment used appropriately (i.e. trampoline, peanut ball, tongs, putty)
 - ABC Boom! handwriting programme used appropriately
 - quality, pupil-led play and learning opportunities with the 'just right' challenge embedded
 - a range of highly-motivating resources and activities which provide opportunities for interaction and active participation in learning and generalising skills
 - Zones of Regulation Curriculum/Alert Program used appropriately
 - class teams who are confident to implement OT recommendations throughout the school
- Appropriate Personal Intervention Plan (PIP) targets

How does the OT team support with this?

Classes at Manor School are grouped into three Provisions. The OT team aims to empower class-based staff to facilitate each pupil's participation and performance. This support is flexible and could include:

Type of support	Thyme Provision	Lavender Provision	Rosemary Provision
Staff training	Live, virtual and online CPD sessions, accessible to all staff Ad-hoc training sessions, accessible on request to all staff		
Initial assessment with report for Annual Review	On entry to the Trust		NA
or Review assessment with report for Annual Review	Typically in Y3, Y6 and Y9 - unless pupil joined in Y2 or Y8 - if pupil joined in Y5, Y6 report might be update of initial assessment report		
or Summary report for Annual Review	Typically in Y1, Y2, Y4, Y5, Y7, and Y8 - also in Y3 and Y9 if pupil joined in Y2 or Y8		
Multi-disciplinary meetings	Pupil Progress Meetings (twice per academic year) Input Review Meetings (as required) Annual Review Meetings (on request) Home School Conversations (on request)		
Joint PIP target setting with Class Teacher and SaLT	Every half term except Autumn 1 (targets roll over from previous Summer 2 or pupil is baselined on entry)		
Multi-disciplinary working	With SaLTs, Inclusion Practitioners, Behaviour Analysts, and other visiting professionals where relevant		
Flexible in-class support ⁸	Average of 1 hour weekly	Average of 2 hours weekly	Average of 3 hours weekly

How is it monitored?

- Lesson Observations; Learning Walks; assessment data; Senior Leadership Team (SLT) reviews of planning folders, home-school link books, and Class Teacher reports
- Audit (which may include Therapy Outcome Measures where applicable, and analysis of SchoolPod clinical case note data)

⁸ Agreed with reference to the class teams' requests (see Input Planning Menu – Appendix 1), organised in half-termly Input Planning meetings

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ENHANCED PROVISION

This provision is accessible to pupils when additional OT intervention could have a unique contribution to their occupational engagement and performance. This may be due to their need for support with:

- accessing and sustaining engagement in personalised learning activities
- accessing and sustaining engagement in independent play/leisure activities
- accessing and sustaining engagement in group learning activities
- accessing and sustaining engagement in group play/leisure activities
- completing self-care activities
- regulating their level of arousal and activity appropriately

What does this look like?

All pupils can be referred for Enhanced Provision. The OT team considers all referrals and either adjusts the support available through Essential Provision, or offers specified care packages of functional, specialist input as appropriate.

Enhanced Provision is prioritised on a needs-driven basis across all RPT schools, and therefore may operate with a waiting list if required. Referrals for Enhanced Provision input are accepted at any time, from members of the OT team or MAST, class teams, parents/carers, and members of SLT, through discussion or email contact. Enhanced Provision triage is carried out by the OT team at the start of each half term from Autumn 2 until Summer 1, using a set of pre-agreed Prioritisation Criteria (see Appendix 2).

The OT team may specify the following parameters of a care package offer within a pupil's clinical case notes, and share this information with all relevant parties:

- Duration (e.g. 4, 8, 12 hours) / Number of contacts
- Timeframe / Frequency of contact
- Reason for referral / Focus of input
- Nature of input
- Outcome measures
- Carryover to class or home during input
- Handover to class or home following input

Whilst pupils in Rosemary Provision classes are eligible for consideration for Enhanced Provision, due to the higher staff:pupil ratio, additional therapist time allocated to Essential Provision, and additional staff training provided, it is often more likely that a referral for Enhanced Provision would result in adjustments to the support currently being provided through Essential Provision.

How is it monitored?

- Therapy Outcome Measures where applicable
- Multi-disciplinary meetings with Class Teacher, SaLT and a Senior Leader
- Audit (which may include analysis of SchoolPod clinical case note data)

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SaLT EATING AND DRINKING SERVICE

The Occupational Therapy team may collaborate with the Speech and Language Therapy team to support pupils who present with oropharyngeal dysphagia (i.e. difficulties with swallowing food and drink safely, unless these difficulties manifest solely in the oesophageal phase of the swallow).

Please refer to the Trust's Dysphagia Policy for more information.

What does this look like?

All staff members have a role in proactively reducing the risk of choking and aspiration for all pupils at all times, as part of their safeguarding responsibilities.

Pupils can be referred to the Eating and Drinking Service for concerns regarding dysphagia at any time. Referrals are made by completing a Dysphagia Referral slip on SchoolPod; support to do so is available from the SaLT team.

The OT team's specialist contribution to this service may involve joint-working with the SaLT team to:

- optimise pupils' safety regarding their swallow function, to reduce or prevent aspiration
- optimise nutrition and hydration (in consultation with other professionals, particularly Dietitians)
- balance safety of swallow and optimal nutrition and hydration with the individual's and/or their family's beliefs and preferences
- train staff and parents/carers

Additionally, the Therapy team may have some capacity to support those pupils who eat a severely limited range of foods/textures.

FAMILY PROVISION

In addition to the input pupils receive at school, it is important that their parents/carers feel supported with relevant information and the resources they need to support the development of their child's participation and independence in home-based occupations.

What does this look like?

- All parents/carers are invited to meet their child's assigned therapist when they join the Trust and to contribute to their initial assessment during a case history meeting.
- There is an ongoing open-door policy; parents/carers can contact their child's assigned therapist for an update, for support at home, or to discuss their child's school-based OT input.
- All parents/carers receive a report with OT recommendations at least once each academic year.
- Parents/carers in receipt of Pupil Premium are offered a review meeting with their child's assigned SaLT or OT in person or on the phone every year, plus any follow-up generated during the meeting.
- Parents/carers are informed by letter when their child is receiving an Enhanced Provision care package, inviting them to contact the therapist for more information and/or to arrange a visit to school.
- Recommendations from the Eating and Drinking Service are shared with parents/carers.

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Appendix 1 – Sample Input Planning Menu

The class teams provide daily opportunities to support the development of the pupils' performance and engagement in a range of school-based occupations, in line with OT training and recommendations.

Input Planning Meetings are an opportunity for the Class Teacher and assigned OT to discuss how best to use each class' Essential Provision time for each half term. Class Teachers can use this menu to support decisions about how to use the time the assigned OT has available for their class.

During this academic year, Input Planning Meetings will take place as follows:

Meet in the week commencing	Plan for this number of weeks
7/14 th September	5/6
2 nd November	6
4 th January	5
22 nd February	5
19 th April	5
7 th June	6/7

Options include, but are not limited to:

- Advice on creating an environment which optimises engagement and performance in self-care, play and/or learning
- Joint planning
- Joint assessment
- Support with planning daily routines including regulation opportunities and pupil groupings
- Support with planning for differentiated activities across the curriculum
- Session to model a specific activity with (a) named pupil(s) and staff member(s)
- Session to observe or film a specific activity, followed by reflective discussion
- Facilitating community access
- Support to embed the use of equipment/resources (e.g. chewy, movin'sit cushion, trampoline, peanut ball, adaptive cutlery, etc.)
- Informal training on ABCBoom! handwriting programme, the Zones of Regulation Curriculum and/or the Alert Program, Autism Level UP!
- Attending Pupil Progress Meetings
- Attending Home School Conversations
- Attending Annual Review meetings
- Joint input with assigned SaLT
- Rosemary Provision: Programme consultation, e.g. Intensive Table Teaching (ITT) / Natural Environment Teaching (NET)

If no specific input is requested, the therapist will observe in the classroom, in order to support the class team with ensuring the environment is optimally supporting pupils' participation in their occupations.

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Appendix 2 – Enhanced Provision Prioritisation Criteria

Criteria	Score
Clinical risk – the child’s health and wellbeing is at immediate risk if not supported:	
Pupil is engaging in challenging behaviour potentially dangerous to themselves	1
Pupil is engaging in challenging behaviour potentially dangerous to others	1
Timing – optimum time for intervention:	
Pupil would benefit from intervention now to address an emergent difficulty	2
Pupil would benefit from additional support to prepare for/ manage transition/ significant life change	1
OT anticipates that Enhanced Provision now will mean that Essential Provision will then be sufficient	1
OT anticipates that the intervention will make a positive impact in <4 sessions	1
Pupil has not previously received an Enhanced Provision care package	1
The class team are fully engaged with OT Essential Provision	2
Pupil would benefit more from OT than from other specialist input at this time	2
Difficulties are causing particular barriers to participation:	
Pupil would benefit from additional support to access class learning opportunities	1
Pupil would benefit from additional support to access school leisure opportunities	1
Pupil would benefit from additional support with self-care	1
Pupil would benefit from additional support with community access	1
Difficulties are causing class/school particular anxiety/ distress:	
Referral to Enhanced Provision made by Teacher	1
Peers’ progress and/or wellbeing are impacted by pupil’s difficulties	1
Teacher concerns raised at Pupil Progress/Input Review Meeting	1
SLT concerns raised at Pupil Progress Meeting	1
Difficulties are causing child particular anxiety/ distress:	
Pupil is engaging in challenging behaviour (not dangerous)	1
Anxiety, distress or other mental health difficulties are impacting on the pupil’s ability to access learning, leisure and/or self-care opportunities	1
Pupil would benefit from additional support to manage social relationships at school	1
Pupil would benefit from additional support with self-regulation	1
Difficulties are causing family particular anxiety/ distress:	
Referral to Enhanced Provision made by family/carers	1
Parental concerns raised in case history or other meeting with therapist	1
Teacher/Chair reports parental concerns raised during Home School Conversations or Annual Review meeting	1
OT specialism required:	
Pupil would benefit from specialist intervention/ resource that class team are not familiar with and/or not able to deliver	2
Pupil requires additional assessment beyond what is specified in OT Service Delivery Model	2
Additional training for the class team is/will be required	1
Additional training for families is/will be required	1
Additional criteria:	
Pupil Premium	1
Pupil can access a group intervention with pupil(s) working on a similar skill	1