

Occupational therapy (OT) is a person-centred health care profession where the primary goal is to enable an individual's participation in their 'occupations'.

Within occupational therapy, 'occupations' are defined as *'everyday activities that individuals **want to, need to, or are expected to do, which bring meaning and purpose to life**'*. For a child, this includes all of their learning, play and self-care activities.

## Universal offer at The Rise Partnership Trust

The Trust's in-house occupational therapists are key partners in the delivery of the universal level of provision offered as a specialist SEND setting, to all pupils. The occupational therapy team's contribution to this offer includes, but is not limited to, the following:

### Staff training

- Therapy induction for all new staff<sup>1</sup>
- Regular maintenance training<sup>2</sup> for staff on relevant topics, approaches and interventions such as:
  - promoting independence in self-care activities (e.g. dressing, using utensils)
  - supporting the development of handwriting and typing
  - supporting emotional and energy regulation
  - setting targets
  - using therapeutic resources and equipment (as listed below) to promote participation in school activities and skill development (i.e. motor, regulation)

### Environment

The occupational therapy team assess school environments and make adaptations and recommendations as appropriate. Examples of this include ensuring the most suitable height of tables and chairs in classrooms and lunch halls; contributing to planning and organising of classroom layouts; and equipment provision.

All classrooms are equipped with the following resources and equipment, which are provided and maintained by the occupational therapy department:

- mini-trampoline
- peanut ball (size dependent on pupil group)
- resistance bands (resistance dependent on pupil group)
- putty (resistance dependent on pupil group)
- tongs
- movin'sit cushions

Additional equipment shared amongst classes includes spinner discs and scooter boards.

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<sup>1</sup> delivered by an occupational therapist and/or speech and language therapist

<sup>2</sup> these trainings may be delivered jointly with relevant leads and offered as whole staff training or as more bespoke training with identified class teams/groups

## Curriculum development

The occupational therapy team work with senior leaders and curriculum leads to develop, enhance and deliver the curriculum.

The lead occupational therapist is also a member of each school's senior leadership team and involved in discussions regarding the strategic running of the schools.

## Family information and training

There are information and training videos for parents and carers available on the Trust's YouTube channel<sup>3</sup>. These cover a range of topics including promoting independence in dressing, supporting regulation and supporting the development of handwriting.

In-house therapists are available to provide additional information, advice or signposting to families upon request.

Yearly Therapy Open days are offered to all parents and carers.

## Occupational Therapy caseload

Where a pupil has occupational therapy contacts specified on their Education, Health and Care plan<sup>4</sup>, they are automatically placed on the in-house occupational therapy team's caseload.

In addition to the support received through the universal offer, these pupils will receive the input outlined below for as long as they remain on the caseload<sup>5</sup>.

**Direct input** (pupil present) on a half-termly<sup>6</sup> basis with focus on:

- observing/working directly with pupil within self-care, learning and play occupations to identify factors (personal, activity, environmental) impacting on participation or performance
- adapting environment and/or activity to enhance pupil's participation and/or further extend skill development (e.g. writing/typing, dressing, using utensils, self-regulation)
- modelling and coaching education staff in strategies and activities to ensure they are embedded within the natural environment<sup>7</sup>
- updating of recommendations (e.g. activity/environmental adaptations, extension/grading of activities to support skill development)

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<sup>3</sup> <https://www.youtube.com/@rpt-therisepartnershiptrus2207/videos> or search 'The Rise Partnership Trust' on YouTube

<sup>4</sup> where number of direct contacts specified does not exceed 6

<sup>5</sup> see change of provision section for more information regarding discharge from the in-house occupational therapy service

<sup>6</sup> duration and number of *direct* contacts may vary from term to term but where contact hours across the academic year total at least the hours specified in pupil's EHCP and there is a minimum of one direct contact per half-term

<sup>7</sup> direct input may also include modelling and coaching parents

### **Indirect input** (pupil not present)

- half-termly input into setting of specific PIP targets, i.e. Writing, Functional Skills, Social Emotional and Mental Health, Cognition and Learning.
- communication/meetings/training sessions with school staff working with pupil
- communication/meetings with external professionals and agencies
- communication/meetings/training sessions with parents and carers
- creating of resources (e.g. adapted keyboards, ABC Boom! templates, regulation tools/visuals)
- writing of letters of support and applications for family upon request, e.g. blue badge, DLA
- writing of report for annual review
  - review assessment report in years 2, 5<sup>8</sup>, 9 and upon leaving school
  - summary report in all other years
- attendance at annual review in years 2, 6, and 9 to contribute to setting of relevant outcomes for next key stage

## **Change of provision**

### **Discharge from occupational therapy service:**

- where a pupil meets the discharge criteria (see appendix A), they will be discharged from the in-house occupational therapy caseload; this will be discussed with parents prior to annual review
- where a pupil has been discharged from the occupational therapy service, relevant changes to Section F of the EHCP will be made in the pupil's next annual review
- pupils discharged from the occupational therapy caseload will continue to receive the universal level of provision offered by the in-house occupational therapy team<sup>9</sup>

### **Referral to occupational therapy service:**

- a pupil can be referred/re-referred to the in-house occupational therapy service at any time – i.e. for assessment, or input around a specific need if their needs change – by completing the RPT OT referral form

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<sup>8</sup>as year 5 reports used by secondary schools when considering placement offers

<sup>9</sup>please refer back to 'Universal Provision' section on page 2 for more details

**APPENDIX A: Criteria for discharge from in-house occupational therapy service**

Dressing	Child actively participates in dressing <sup>10</sup> Further development of dressing skills will be supported by: <ul style="list-style-type: none"> <li>• general strategies given by OT as part of universal training offer</li> <li>• child's self-determination/intrinsic motivation to develop skills</li> </ul>
Feeding	Child is functional and independent in feeding themselves <sup>11</sup> Further development of feeding skills, e.g. using knife and fork to cut, will be supported by: <ul style="list-style-type: none"> <li>• general strategies given by OT as part of universal training offer</li> <li>• child's self-determination/intrinsic motivation to develop skills</li> </ul>
Additional self-care activities	Child actively participates in following self-care activities <sup>12</sup> : <ul style="list-style-type: none"> <li>• Toileting</li> <li>• Handwashing</li> <li>• Tooth-brushing</li> </ul> Further development of skills within these areas will be supported by general strategies given by occupational therapist
Play	Child has meaningful play/leisure pursuits Child initiates play/leisure activities Child sustains independent engagement in play/leisure activities
Learning	Child's participation in adult-directed learning is supported by universal level of provision <sup>13</sup> and embedded individual recommendations previously given by OT Child presents with functional form of written communication, i.e. writing or typing <sup>14</sup>
Regulation	Child has a bank of self- and co- regulatory strategies, e.g. to <ul style="list-style-type: none"> <li>• meet sensory needs</li> <li>• reduce impact of sensory sensitivities</li> <li>• regulate energy level (i.e. to match energy required for activity)</li> <li>• manage emotions</li> <li>• promote self-esteem and well-being</li> </ul> Child consistently accesses regulatory strategies independently or with minimal support from familiar adults
Motor	Child presents with functional motor skills that enable their participation and performance in activities that they currently want to, need to, or are expected to do Further development of motor skills will be supported by: <ul style="list-style-type: none"> <li>• sensory-motor equipment<sup>15</sup> being accessible in the classroom and incorporated within learning and play activities throughout the day (as part of universal offer)</li> <li>• child's self-determination/intrinsic motivation to develop skills</li> </ul>

**Note:** A child can be re-referred to the in-house OT service at any time for further assessment, or input around a specific need if their needs change, by completing RPT OT referral form.

<sup>10</sup>where participation is in line with their development stage

<sup>11</sup>this may be supported by the use of adapted equipment, e.g. plate guard, foam handle, dycem mat, footstool, cushion

<sup>12</sup>where participation is in line with their development stage

<sup>13</sup>including small class sizes, well-resourced classrooms, personalised and differentiated curriculum, support from highly specialist school staff trained in working with young people with complex needs, occupational therapy team being key partners in delivery of universal level of provision

<sup>14</sup>in line with their stage of development and expectations for producing written work

<sup>15</sup>i.e. trampoline, peanut ball, resistance bands, putty, tongs