

OCCUPATIONAL THERAPY SERVICE DELIVERY MODEL

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/leisure 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 staff¹
- Regular maintenance training² 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 (see 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 resources and equipment that aim to generally promote pupils' skill development (i.e. motor, regulation) and enhance their engagement in learning and play/leisure activities. Resources and equipment that are provided and maintained by the occupational therapy department as part of the universal offer include³:

- mini-trampolines
- peanut balls (size dependent on pupil group)
- therapy balls (size dependent on pupil group)
- resistance bands (resistance dependent on pupil group)
- putty (resistance dependent on pupil group)
- tongs
- fidgets
- movin'sit cushions
- spinner discs (shared amongst classes)
- scooter boards (shared amongst classes)

The occupational therapy team may also loan resources and/or support the creating of whole class opportunities to promote pupils' engagement in meaningful play/leisure activities.

¹ delivered by an occupational therapist and/or speech and language therapist

² 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

³ resources and equipment provided to classes may vary depending on the pupil group or cohort

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 involved in discussions with school leadership teams relating to school improvement planning and strategy.

Family information and training

There are information and training videos for parents and carers available on the Trust's YouTube channel⁴. 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 Multi-Agency Support Team (MAST) Open days are offered to all parents and carers. Information on approaches, resources and interventions that the occupational therapy team offer – which are differentiated across the key stages – are showcased at this event.

Occupational Therapy universal pathway

For some pupils, their placement within an RPT school (i.e. a specialist setting) and the universal level of occupational therapy provision (i.e. as detailed above) will meet their occupational needs. This means that these pupils' participation and performance within self-care, learning and play/leisure occupations at school as well as their further skill development will be supported without any additional occupational therapy input. These pupils are considered to be on the occupational therapy *universal pathway*.

A pupil who does not have occupational therapy contacts specified on their Education, Health and Care plan upon admission to an RPT school will be placed on the universal pathway.

A pupil who is on the occupational therapy caseload may be moved onto the universal pathway during their time at an RPT school if they meet the specified criteria⁵

⁴<https://www.youtube.com/@rpt-therisepartnershiptrust2207/videos> or search 'The Rise Partnership Trust' on YouTube

⁵ please see 'Occupational Therapy caseload' section for more information

Occupational Therapy caseload

Where a pupil requires targeted input from an occupational therapist to support their participation and performance in their school occupations (i.e. self-care, learning, play/leisure activities) or to further develop their functional or regulation skills, they will be placed on the in-house occupational therapy caseload.⁶

In addition to the universal level of occupational therapy provision, these pupils will receive the input outlined below for as long as they remain on the caseload.

Direct input⁷ (pupil present) 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 environment⁸
- updating of recommendations (e.g. activity/environmental adaptations, extension/grading of activities to support skill development)
- additional targeted input where this could have a unique contribution to pupil's occupational engagement and performance

Indirect input (pupil not present)

- input into setting of relevant PIP targets, i.e. Writing, Functional Skills, Social Emotional and Mental Health, Cognition and Learning targets
- 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 individualised 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, housing
- writing of report for annual review
 - review assessment report in years 2, 5⁹, 9, 11, 13 (discharge to adult services)
 - summary report in all other years
- attendance at annual review in years 2, 6, 9, 11, 13 to contribute to setting of relevant outcomes for next key stage

⁶ see below for more information regarding admittance onto occupational therapy caseload

⁷ frequency and duration of sessions may vary depending on need but where the number of direct contacts and contact hours across the academic year total at least what is specified in the Education, Health and Care plan

⁸ direct input may also include modelling and coaching parents

⁹ as year 5 reports used by secondary schools when considering placement offers

Admittance onto occupational therapy caseload:

- where a pupil has occupational therapy contacts specified on their Education, Health and Care Plan¹⁰, they will be automatically placed on the in-house occupational therapy team's caseload upon their admission to an RPT school
- a pupil who does not have occupational therapy contacts specified on their Education, Health and Care Plan may be placed onto the occupational therapy caseload **if** following a referral and assessment by the occupational therapist, they are identified as meeting the criteria for admittance (see appendix A)

Discharge from occupational therapy caseload:

- where a pupil meets the identified criteria (see appendix A), they will be discharged from the in-house occupational therapy caseload
- a pupil discharged from the occupational therapy caseload will move onto the occupational therapy universal pathway and continue to receive the universal level of provision offered by the in-house occupational therapy team¹¹

Occupational Therapy provision review

Whilst on the occupational therapy caseload, a pupil's occupational therapy provision is reviewed¹² on a yearly basis as part of the annual review process and changes to this provision may be made based on pupil's presentation and needs. Any change in provision (i.e. increase or decrease in number of contacts) will be identified in the occupational therapy report submitted for the annual review and discussed with parents before and/or at the annual review. Changes to provision will also be recorded in the annual review paperwork submitted to the Local Authority so that Section F of the EHCP is updated accordingly (i.e. OT contacts added or removed).

¹⁰ where number of direct contacts specified does not exceed 6

¹¹ please refer back to 'Universal offer at RPT' section on page 2 for more details

¹² by the pupil's occupational therapist

APPENDIX A: Occupational therapy caseload admittance/discharge criteria

Admittance onto OT caseload from universal pathway: If following a referral and assessment by an OT, a pupil does not meet the following criteria, they will be placed onto the in-house OT caseload

Discharge from OT caseload onto universal pathway: If following assessment by an OT, a pupil has been identified as meeting all of the following criteria, they will be discharged from the OT caseload

Dressing	Child actively participates in dressing ¹³ Further development of dressing skills will be supported by: <ul style="list-style-type: none"> • general strategies given by OT as part of universal training offer • child's self-determination/intrinsic motivation to develop skills
Feeding	Child is functional and independent in feeding themselves ¹⁴ Further development of feeding skills will be supported by: <ul style="list-style-type: none"> • general strategies given by OT as part of universal training offer • child's self-determination/intrinsic motivation to develop skills
Additional self-care activities	Child actively participates in following self-care activities ¹⁵ : toileting, handwashing, tooth-brushing Further development of skills within these areas will be supported by general strategies given by OT as part of universal training offer
Play/Leisure	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 ¹⁶ and embedded individual recommendations previously given by OT Child presents with functional form of written communication, i.e. writing or typing ¹⁷
Regulation	Child has a bank of self- and co- regulatory strategies, e.g. to <ul style="list-style-type: none"> • meet sensory needs or reduce impact of sensory sensitivities • regulate energy level (i.e. to match energy required for activity) • manage emotions • promote self-esteem and well-being Further development of regulation skills (co- and self-regulation) will be supported by OT universal training offer and embedding of whole school approaches to promoting regulation (e.g. Zones of Regulation, Autism Level UP!, Interoception curriculum)
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"> • universal equipment offer (i.e. sensory-motor equipment¹⁸ being accessible in the classroom and incorporated within learning and play/leisure activities) • child's self-determination/intrinsic motivation to develop skills

¹³where participation is in line with their development stage

¹⁴this may be supported by the use of adapted equipment, e.g. plate guard, foam handle, dycem mat, footstool, cushion

¹⁵where participation is in line with their development stage

¹⁶including 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

¹⁷in line with their stage of development and expectations for producing written work

¹⁸i.e. trampoline, peanut ball, resistance bands, putty, tongs