The Rise Partnership Trust

Love • Learn • Laugh

OCCUPATIONAL THERAPY SERVICE DELIVERY MODEL

2025-2026

Contents:

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 or young person, 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 staff[1]
- Regular maintenance training[2] for staff on relevant topics, approaches and interventions such as:
    - promoting independence in self-care activities (e.g. dressing, using utensils, handwashing)
    - supporting the development of writing and typing
    - supporting emotional and energy regulation
    - setting targets
    - using therapeutic resources and equipment (see below)

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.

The occupational therapy department provide resources and equipment for all classes that aim to generally promote pupils' participation, skill development and well-being. Resources and equipment that are provided and maintained by the occupational therapy department as part of the universal offer include[3]:

- 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)
- fidgets
- movin'sit cushions
- body socks
- bean bags
- spinner discs (shared amongst classes)
- scooter boards (shared amongst classes)
- footstools (e.g. to reach tap at sinks, coat hooks)

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

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

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 (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 (EHCP) 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 are assessed by an occupational therapist as no longer requiring targeted input[4]

[4] please see 'Appendix B: Occupational Therapy caseload discharge criteria' 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.[5]

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 input[6] (pupil present) with focus on:

- observing/working directly with pupil within their natural environments (e.g. classroom, playground, lunch hall) to identify factors impacting on participation or performance within self-care, learning and play occupations[7]
- adapting the environment and/or the activity to enhance a pupil's participation and/or to 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[8]
- updating of recommendations (e.g. activity/environmental adaptations, extension/grading of activities)
- provision of additional targeted input where this could have a unique contribution to pupil's occupational engagement or 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[9]
- writing of report for annual review
    - review assessment report in years 2, 5[10], 9, discharge to adult services
    - summary report in all other years
- attendance[11] at annual review in years 2, 6, 9 to contribute to setting of relevant outcomes for next key stage

Admittance onto Occupational Therapy Caseload

[5] see 'Admittance onto Occupational Therapy caseload' section for more information
[6] 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
[7] the occupational therapist considers personal, activity or environmental factors acting as facilitators or barriers to an individual's participation and/or performance when assessing and observing a pupil
[8] direct input may also include modelling and coaching parents
[9] please note the occupational therapy team does not write letters for transport
[10] as year 5 reports used by secondary schools when considering placement offers
[11] therapists may only attend part of the annual review to input into relevant outcomes

- where a pupil has occupational therapy contacts specified on their Education, Health and Care Plan **and** the school have confirmed that they can meet this need, 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 referred to the in-house occupational therapy service and will be placed on the occupational therapy caseload **if** they are assessed by an RPT occupational therapist as meeting the criteria for admittance following this referral[12]

Occupational Therapy Provision Review

- whilst on the occupational therapy caseload, a pupil's occupational therapy provision is reviewed[13] 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 targeted provision (i.e. an increase or decrease in number of direct and indirect OT contacts) will be identified in the occupational therapy report submitted for the annual review
- where a pupil has been assessed by an in-house occupational therapist as no longer requiring targeted input, they will be discharged from the in-house occupational therapy caseload and be moved onto the universal pathway[14]; this will be discussed with parents/carers ahead of the annual review
- any 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).

[12] please see Appendix A for more information on referral process
[13] by the pupil's occupational therapist
[14] a pupil discharged from the OT caseload will continue to receive the unique universal level of provision offered by the in-house therapy team; please refer back to 'Universal offer at RPT' section on page 2 for more details

APPENDIX A: Occupational Therapy Referral Process

(for pupils who do not have OT contacts specified in Section F of their EHCP)

Step	Details	When
Making a referral	A referral can be made by a parent/carer or a member of the school team by completing the following referral form: https://forms.gle/3hE7VMEfAPXQxkHK8	At any time during the school year[15]
Consent for assessment	Following a referral, an Occupational Therapist will contact the parent/carer to: • discuss the referral in more detail • gain parental consent for assessment and input	Within 4 working weeks of referral being made
Assessment	The Occupational Therapist carries out an assessment of the pupil's needs. This may include: • gathering of additional information from teaching staff or parents/carers • observations of pupil in their natural environments (e.g. classroom, lunchtime, playground) • 1:1 work with the pupil • a short block of input (e.g. targeted strategies or interventions) where appropriate	Once parental consent has been given
Outcome of assessment	The Occupational Therapist determines the most suitable level of ongoing support[16], either: ○ admittance to the **OT caseload** ***OR*** ○ continuation on the **Universal Pathway** A letter outlining the Occupational Therapist's decision and recommendations is shared with the parent/carer	By the pupil's next annual review[17] or by the end of the academic year[18]

[15] where pupil being referred has been on roll at a Rise Partnership Trust school for at least one half-term
[16] please see service delivery model for more information on universal pathway and OT caseload
[17] where parent consent is obtained at least 8 working weeks before the annual review
[18] where parent consent is obtained less than 8 weeks before the annual review, or where referral was made after annual review

APPENDIX B: Occupational Therapy Caseload Discharge Criteria

A pupil who is assessed by an in-house occupational therapist as meeting all of the following criteria will be discharged from the occupational therapy caseload and be moved onto the universal pathway[19].

Area	Criteria
Dressing	Pupil actively participates in dressing[20] Further development of dressing skills will be supported by: • general strategies given by OT as part of universal offer • pupil's self-determination/intrinsic motivation to develop skills
Feeding	Pupil is functional and independent in feeding themselves[21] Further development of feeding skills will be supported by: • general strategies given by OT as part of universal offer • pupil's self-determination/intrinsic motivation to develop skills
Additional self-care activities	Pupil actively participates in following self-care activities[22]: toileting, handwashing, tooth-brushing Further development of skills within these areas will be supported by general strategies given by OT as part of universal offer
Play/ Leisure	Pupil has meaningful play/leisure pursuits Pupil initiates play/leisure activities Pupil sustains independent engagement in play/leisure activities
Learning	Pupil's participation in learning activities is supported by universal level of provision[23] and embedded individual recommendations previously given by OT Pupil presents with functional form of written communication, i.e. writing or typing[24]
Regulation	Pupil has a bank of self- and co- regulatory strategies, e.g. to • meet sensory needs or reduce impact of sensory sensitivities • regulate energy level (i.e. to match energy required for activity) • manage emotions, including homeostatic[25] emotions such as hunger, thirst, pain • 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. Interoception Curriculum, Autism Level UP!, Zones of Regulation)

[19] a pupil discharged from the OT caseload will continue to receive the unique universal level of provision offered by the in-house therapy team; please refer back to 'Universal offer at RPT' section on page 2 for more details
[20]where participation is in line with their development stage
[21]this may be supported by the use of adapted equipment previously identified and provided, e.g. plate guard, foam handle, dycem mat, footstool, cushion
[22]where participation is in line with their development stage
[23]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
[24]in line with their stage of development and expectations for producing written work
[25] emotions that drive us to fill our basic body needs