



DAWN HOUSE SCHOOL – STAFF HANDBOOK	
Policy Title: Occupational Therapy	
Section: 6	Policy No: 6.2
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Introduction

There is currently one full-time Occupational Therapists (OT's) and three part-time Occupational Therapy Assistants (OTA's) at Dawn House School, providing a specialised and integrated, pupil centred Occupational Therapy Service for pupils attending the school and Sixth Form. The OT is also part of the Assessment service, compiling a screening assessment for pupils who are on assessment. The OT service is undergoing a recruitment process to employ a Sensory Integration therapy trained OT. Clinical supervision is provided to the OT team by the OT. The OT has access to external clinical supervision.

The OT is part of the multi-disciplinary team, providing education and therapy to pupils with significant speech and/or language and communication needs (SLCN) as part of a range of complex needs.

Aims

- To enable the development of gross and fine motor skills, functional skills, visual perceptual skills and sensory integration of pupils attending Dawn House School.
- To enable the pupil to reach their potential in a range of different situations, using strategies which enable the pupil to access the curriculum and/or participate in life skills. A holistic, pupil-centred approach is used.
- To carry out specialist assessment, treatment, planning and goal orientated intervention for a designated caseload.

Objectives

- To provide a specialist Occupational Therapy Service to pupils through the provision of individualised programmes that develop or maintain the pupils gross and fine motor, visual perceptual, and sensory processing skills.
- To contribute to developing the pupils personal and daily independence.
- To liaise with the core team, parents and external agencies to gain information and share professional advice in regards to the above matters.

- To assess for and advise on any adaptations to the school environment or modified equipment or adapt tasks to enable optimum participation.
- To be a part of the multi-disciplinary team, sharing each other's goals and approaches for the pupil.
- To participate in the assessment process and evaluation of pupil's progress.
- To provide initial assessment reports and advice, and to ensure relevant school professionals are aware of the findings.
- To ensure effective communication with pupils/ parents/ carers in order to provide effective clinical care.
- To participate in team meetings, clinical and professional meetings as required.
- Participation in the Annual Review process, contribution to Annual Review Reports and attendance at relevant Annual Reviews, as requested. The Occupational Therapists will liaise closely with the chair of the Annual Review to ensure that key messages can be conveyed.
- Liaison with the core team, parents/carers and other teams involved.
- Participation in staff training, including the providing training to the core team or to the whole school, to enable them to help pupils with sensory motor, perceptual motor and sensory processing difficulties and to aid pupils in consolidating and generalising the practised skills.
- To provide practice placement opportunities to OT students.
- Establish and maintain contact with parents of pupils on the OT's caseload.
- Make use of the home-school book, be available for contact and attend Parent Consultation Day.
- To contribute to the whole school community.
- Participate in planning for collaborative working.
- To input into curriculum development.
- Be active in continuing professional development of themselves, the team and the school.
- Any other duties as mutually agreed with the Head of Therapy.

Referral to OT

In accordance with the Royal College of Occupational Therapists' standards of practice:

- There is an open referral policy within the school.
- Occupational Therapy services will operate within a 'Whole Systems Approach', delivered across the range of universal, targeted and specialist tiers.
- The OT's respond to outcomes stated in the pupil's Education Health and Care Plans (EHCP's). Either if the pupil has an outcome for Occupational Therapy provision or where it refers to the development of gross and/or fine motor skills, visual perception, independence skills and sensory needs.
- Initial referral is made to OT through the pre-admission assessment process.

- All new pupils are assessed for OT input on admission to the School and analysis of needs documented in the form of a report.
- Parents must give written permission for OT assessment annually.

Acceptance of referrals

- The OT shall respond to a referral, whatever its source.
- The OT will decide if the referral is appropriate, this may be if it is within the realms of her/his area of competence. The OT, following assessment of the pupil, will then decide the course of action to take with regard to implementation of therapy programmes.
- If the OT judges that the basic standards of treatment cannot be met, then the referral or initiation of treatment must be declined.
- It may be necessary to place referrals on a waiting list- refer to RCOT guidelines.
- Priority system is as follows:-
 - Highest priority: pupils with OT clearly outlined in EHCP's will be on OT caseload.
 - Other: EHCP referring to OT related difficulties which have a significant impact on pupils' performance.
 - Urgency of need.

Assessment

- All pre-admission pupils referred to the Assessment Team will be assessed by the OT who will provide a Screening Assessment Report.
- All pupils on the OT case load will be reassessed as appropriate, e.g. either at the end of intervention periods or annually for Annual Review documentation.

Implementation of Occupational Therapy provision

- The nature of the referral to OT affects the approach of interventions chosen. This needs a very flexible system of working; the following are examples of these:
 - The OT will aim to take a collaborative approach. Intervention may be in the form of planned and shared delivery of lessons. Activities presented in the classroom situation e.g. in PE or DT/Food Technology may need to be analysed and undergo a task breakdown, then delivery to the pupil may be adapted to develop the specific skills required for that task.
 - Individual withdrawals. This may be the best way to teach and develop new motor or visual perceptual skills that cannot be addressed in the classroom e.g. specific therapies such as sensory integration therapy or visual-perceptual programmes. The OT will endeavour to change the timetabling of these at ½ term intervals so that the pupil will not miss curriculum areas.
 - Individual interventions may also be given in 'Blocks' of intervention e.g. 6 week blocks provided at a time with evaluation at the end of these intervals, this may be repeated at a later date.

- Shared interventions with other professionals e.g. Speech and Language Therapists (SLT's), Teachers, Teaching Assistants (TA's) and Residential Child Care Officers (RCCOS).
- Advice for specific needs e.g. independence in eating, seating, assessment for equipment etc., changing the environment, adaptation of equipment, or provision of a sensory diet.
- OT sessions will always be negotiated with the pupil's core team.
- OT programmes may be undertaken by others e.g. OTA, OT students, TA's under the supervision of the Occupational therapist.
- OT may be delivered to groups of pupils e.g. a 'Fun Fit' group, functional skills group, life skills, out and about group.
- Implementation through curriculum design.
- Deliver interventions that have a functional impact and that are outcome focussed, with outcome measures agreed for each pupil.
- Deliver interventions that are evidence based.
- Deliver interventions that are flexible and accessible and build upon the strengths of the pupil.
- Provide training for education staff to enable them to contribute to the effective delivery of interventions.
- Physiotherapy programmes will be delivered only with the focus on functional application (using the school gym, posture in lessons, etc) and with the ultimate responsibility for evaluation and monitoring residing with the Physiotherapist. Close liaison and demonstration of the programme by the Physiotherapist to school staff is strongly advised. These programmes can then be delegated to TAs and delivered by the TAs as appropriate.

Evaluation

- All OT programmes will be evaluated at half term intervals.
- Therapy programmes will be set using targets that are SMART, effectiveness of these programmes will be measured against these targets.
- The OT will continue to evaluate effectiveness of OT interventions, relevant approaches and programmes of therapy through a variety of methods. This may be by measuring outcomes of set targets, or through evidence based practice.
- Evaluate the achievement of agreed functional outcome measures for each pupil.
- Use outcome measures evaluation data to drive continuous service improvement.

Discharge

- Presently once the pupil has been accepted on the caseload of the OT, he/she stays on the caseload until he/she leaves school.
- Periods and types of intervention may change within that time, as the needs of the pupil changes with development and maturity. These periods of intervention will be clearly defined and focus on specific objectives, and will run for set periods of time or until objectives have been met.

Reporting

The OT will provide reports for:

- Initial assessment.
- Annual Reviews
- Specific assessments, e.g. regarding visual-perceptual testing and sensory profile.
- Termly Reports
- End of Year Reports
- End of intervention blocks.
- The OT will contribute to the pupils' joint EHCP reports, listing future targets and reporting on any necessary amendments to the stated need.

Note keeping

The recording of pupil contacts will be in line with standards of practice for Occupational Therapist as laid down by the RCOT.

Documentation and recording shall be in line with RCOT guidelines, the school policy and within the requirements of the Data Protection Act.

This is audited on a yearly basis as part of the Therapy Team Audit process.

The Occupational Therapists will:

- Hold an OT qualification Dip COT or Degree recognised by the Royal College of Occupational Therapists.
- Be registered with the Health and Care Professions Council (HCPC).
- Be a member of the British Association of Occupational Therapists.
- Be line managed by the Head of Therapy.
- Use an appropriate range of teaching media to assist with clinical support, supervision and teaching of other staff, for example, clients and carers, pupils, other disciplines, visitors and work experience where appropriate.
- Adhere to the College of Occupational Therapy Code of Ethics and Professional Code of Conduct, and Core Standards for Occupational Therapists.
- Participate in own appraisal by completing preparation documentation and actively partaking in the appraisal process. This will involve critical analysis and selection of appropriate methods of possible developmental opportunities.

- Participate in evidence based practice, undertake research to underpin service development and delivery and lead the team on research support.
- Comply with organisational and departmental policies and procedures and to be involved in reviewing and updating these as appropriate.
- Undertake own continuing professional development by demonstrating on ongoing reflective learning style in the workplace. This should be clearly and regularly documented in a personal portfolio. The outcome of learning opportunities should be appropriately applied to ensure fitness to practice.

Continuing professional development is required to ensure continued registration with the HCPC. Time must be allocated to this.

Professional development continues through a variety of learning opportunities as outlined in the HCPC guidelines. These include external courses, work shadowing, attending/delivering INSET training etc.

Liaison with and shadowing of OT's/OTA's from other I CAN establishments is encouraged.