

# Guide to therapy services for children and young people attending mainstream schools



This guide covers physiotherapy, speech and language therapy and occupational therapy in North Lincolnshire

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# Introduction

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The children's therapy team was formed in May 2012. This followed a re-structuring of therapy services which brought the speech and language therapists, occupational therapists and physiotherapists working with children together into one team for the first time.

As a new team, we have recently reviewed our services to mainstream schools with the aim of further improving partnership working and targeting our resources more effectively. Many thanks to all the parents, teachers and other professionals who participated in the consultation process and helped to shape the final outcome.

In this guide we outline the services we now provide and explain how we will be working together with schools and families to make a real difference to the lives of children and young people in North Lincolnshire.

# Overview of the children's therapy team

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## Where does the team work?

The children's therapy team provides a service across a wide range of community settings, including mainstream schools, children's centres, special schools, early years provision, and the child development centre.

Staff work in a variety of locations and with a range of client groups.

## Who commissions children's therapies?

The CCG's (GP commissioning bodies) currently commission children's therapy services. However, the Local Authority – and some individual schools – also commission services from us to add to core NHS provision. The Children and Young People's Partnership, which has members drawn from the Local Authority and Health, has recently acknowledged the importance of having a 'joined up' approach to the commissioning of services and is committed to this in the future.

## Who is in the team?

We are a small team currently made up of approximately 7 full time equivalent speech and language therapists, 3 full time equivalent occupational therapists and 1.6 fulltime equivalent physiotherapists. In addition there are a small number of assistant practitioners / technical instructors who have specialised skills but work under the direction of a qualified therapist. These staff greatly extend the scope of the team. An explanation of their role compared to that of a therapist is set out opposite

## What are the aims of the service?

Our main aims are to provide high quality and effective therapy services which help children and young people to:

- Develop and make progress at school/nursery to the best of their ability
- Be as independent as possible and make choices for themselves
- Have satisfying relationships at home and at school
- Participate and feel confident
- Be free from discomfort, stay well and be safe

We are committed to providing services which are:

- Built around the needs of individual children and their families, and respect their views and choices
- Holistic – seeing a person not a patient
- Accessible to all
- Delivered in partnership with schools, families and children / young people
- Delivered by caring, approachable and skilled staff
- Effective, evidence based and good value for money

Role of the therapist	Role of the assistant practitioner / technical instructor
<ul style="list-style-type: none"> <li>• To assess children’s needs</li> <li>• To set therapy targets in partnership with the child, family and school staff</li> <li>• To reassess for progress</li> <li>• To write reports</li> <li>• To deliver therapy sessions where children have particularly severe and complex needs</li> <li>• To advise on strategies, equipment and resources</li> <li>• To deliver training packages for school staff</li> </ul>	<ul style="list-style-type: none"> <li>• To deliver therapy packages in partnership with parents and school staff</li> <li>• To assess how the child is responding and adapt activities week by week</li> <li>• To advise and train up school staff and parents through joint working</li> <li>• To adapt activities to meet the child’s needs and interests</li> <li>• To keep the therapist informed of progress or issues</li> <li>• To advise on strategies, equipment and resources</li> </ul>

The children’s therapy team manager has responsibility for the work of the team, and works closely with the Trust’s professional advisors in speech and language therapy, occupational therapy and physiotherapy.

## Quality assurance

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The children’s therapy team is part of Northern Lincolnshire and Goole NHS Foundation Trust. We are managed as part of ‘community and therapies’ which means we are part of a broader group of professionals such as health visitors, school nurses, community dieticians, community dentists and therapy colleagues working with adults.

Our therapists are all registered with the Health and Care Professions Council, and their professional bodies, and have regular clinical supervision, line management support, continuing professional development and annual appraisal. All members of the team have extended CRB / DB clearance and are subject to the organisation’s rigorous mandatory training programme, which includes regular child protection updates.

# The role of the different therapies

## Physiotherapy

### How do physiotherapists support learning and achievement?

Physical skills are important for all aspects of school life, both in and out of the classroom. Physiotherapists work to develop the child's skills, promote their independence and inclusion, and to reduce pain and discomfort which can interfere with children's ability to learn and impact on their wellbeing.

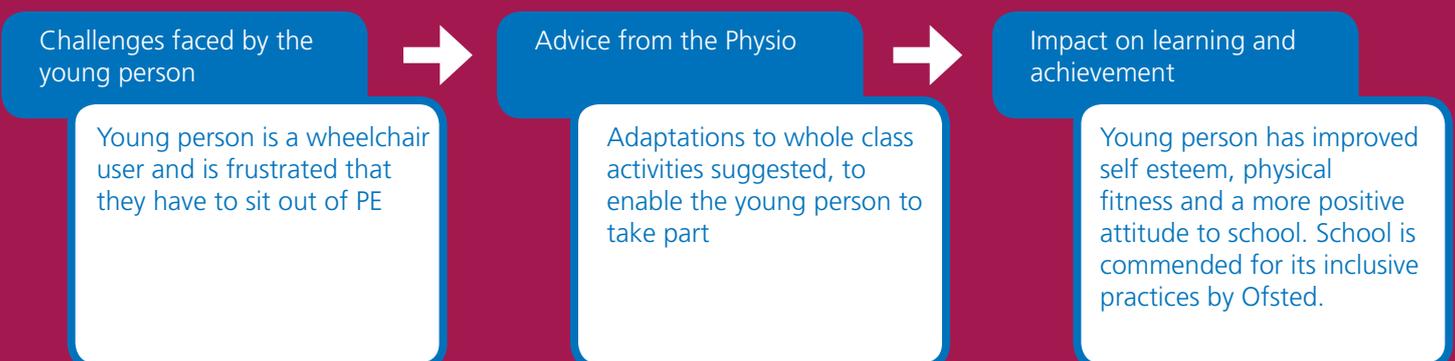
### Who do physiotherapists see?

Children seen by paediatric physiotherapists have a wide variety of conditions or complaints which affect their physical skills and development.

These include:-

- Neurological conditions such as Cerebral palsy or head injury
- Degenerative conditions such as Muscular dystrophy
- Congenital complaints such as 'club foot' or Spina bifida
- Juvenile arthritis
- General joint and muscle complaints such as joint hypermobility
- Developmental delay
- Complex physical and learning needs

Examples:



### What do physiotherapists do?

The physiotherapy team provide one or more of the following:

- Assessment and advice e.g. how to move and handle individual children with physical disabilities, how to promote a child's gross motor development
- An individual physiotherapy programme for parents and school staff to implement (if appropriate)
- In a small number of cases, a block of 'hands on' therapy at the child development centre, in school or at home
- Expertise in the provision of equipment to promote gross motor development and helping children with physical disabilities maintain a good position.

The physiotherapists also attend joint clinics with the consultants in rheumatology, orthopaedics and neurology. They link with the physical disability specialist educational support service.

# Occupational therapy

## How do occupational therapists support learning and achievement?

Some children have physical, learning or psychological difficulties which interfere with their ability to do everyday activities such as dressing themselves, writing legibly, participating in lessons, getting involved in playground games. This can make it difficult for them to 'fit in', affect their self-esteem and impact on their educational achievement.

Occupational therapists work with the child, their parents and school staff to minimise the difficulties children face and help them get the most out of life.

## Who do occupational therapists see?

Occupational therapists see children with a wide variety of conditions which affect their functional skills and independence. These include:

- Motor co-ordination difficulties
- Sensory and perceptual problems
- Epilepsy
- Autism
- Cerebral palsy
- Developmental delay
- Degenerative conditions, such as Muscular dystrophy
- Acquired problems e.g. resulting from a serious injury
- Complex physical and learning needs

Examples:



## What do occupational therapists do?

They work closely with the child or young person, their family and other professionals involved, and offer specialist assessment and advice, and a range of interventions:

- **Individual advice and therapy programmes** for parents and nursery or school staff to carry out e.g. to help a child learn to dress or feed themselves, to improve handwriting, to improve sensory integration.
- Expertise in the provision of **specialist equipment** to support children with physical disabilities in all aspects of their life e.g. seating, hoists, splints
- Expertise in **adapting the children's environments** at home and at school to support their care and independence e.g. getting up stairs, using the bathroom, participating in lessons.
- A motor skills programme, delivered through school staff, to support children with motor co-ordination problems.

Their involvement can extend across home and school and involve liaison with a wide variety of other professionals e.g. building services, social services, paediatricians, and school staff.

# Speech and language therapy

## How do speech and language therapists support learning and achievement?

The ability to communicate is an essential life skill. With effective communication skills, children engage and thrive. Without them, children will struggle to learn, achieve, make friends and interact with the world around them. Research shows that poor speech, language and communication difficulties can have an impact on educational attainment:

- Two thirds of 7 – 14 year olds with serious behaviour problems have language impairment.
- Only a quarter of children with speech, language and communication needs reach the expected levels for Maths at age 11.
- Only 6% get good GCSE's including Maths and English.

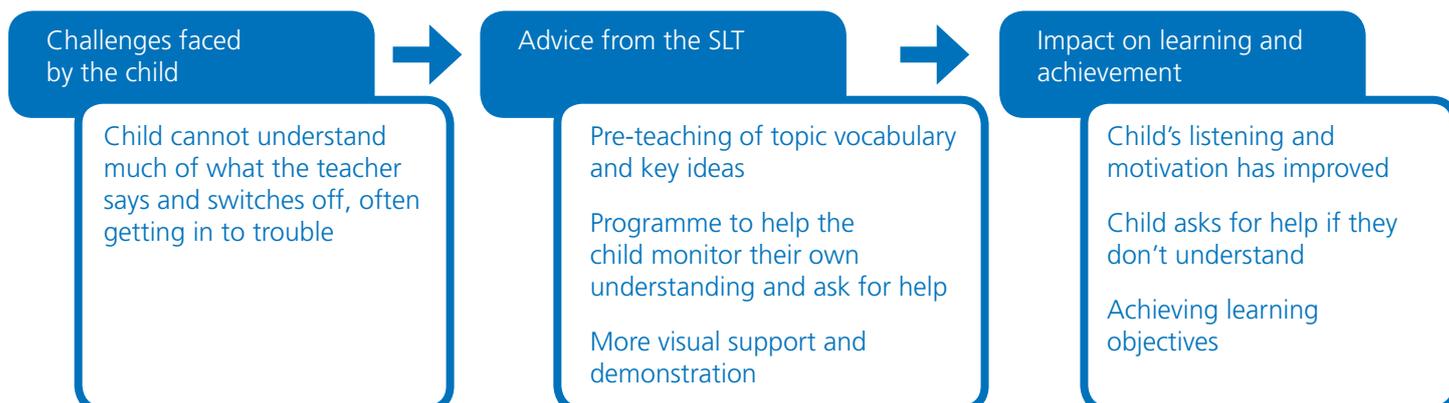
## Who do speech and language therapists see?

Speech and language therapists support children and young people with:

- Language difficulties including poor understanding
- Unclear speech
- Stammering
- Voice problems e.g. persistent hoarseness
- Feeding and swallowing difficulties
- Social skills/interaction difficulties

Speech and language therapy has been shown to improve children's outcomes:

Examples:



Some of these difficulties and areas may be associated with cleft lip & palate, hearing impairment, a range of medical diagnoses such as Down's syndrome and Autism, learning disability, and physical disability.

Some of the work undertaken by the team involves linking with others to prevent communication difficulties and spread good practice across the children's workforce and beyond. There are speech and language therapists working with:

- Children's centre staff
- Behaviour support
- Youth offending team

## What do speech and language therapists do?

Speech and language therapists provide individual assessment and advice and may also:

- Provide an individual speech or language programme for parents and school staff to implement
- Offer blocks of sessions in school, or in clinic, in partnership with parents and school staff
- Introduce alternative or augmentative methods of communication e.g. signing

Training to parents and colleagues is delivered as part of work with individual children, to skill up the children's workforce to support children's communication skills and identify any difficulties early on.

The team is involved in authority wide initiatives to promote children's communication skills e.g. speech and language 'toolkit' for schools, the 'Communication and Interaction Charter Mark', inter-agency strategy – 'North Lincolnshire Communicates!'

# Partnership working with children, young people and their families

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The children's therapy team supports a person centred approach as set out in the draft Code of Practice for special educational needs and disability. This involves:

- focusing on the child or young person, not their needs or diagnostic label;
- using ordinary language and images, rather than professional jargon;
- actively highlighting a person's strengths and capacities;
- strengthening the voice of the person, and those who know the person best to say what they have done, what they are interested in and what outcomes they are seeking in the future

Although our services will be delivered in school for many children and young people, parents continue to have a vital role to play. Involving parents means that children and young people get the right help at home as well as at school – and ensures that the impact on family life can be taken into account.

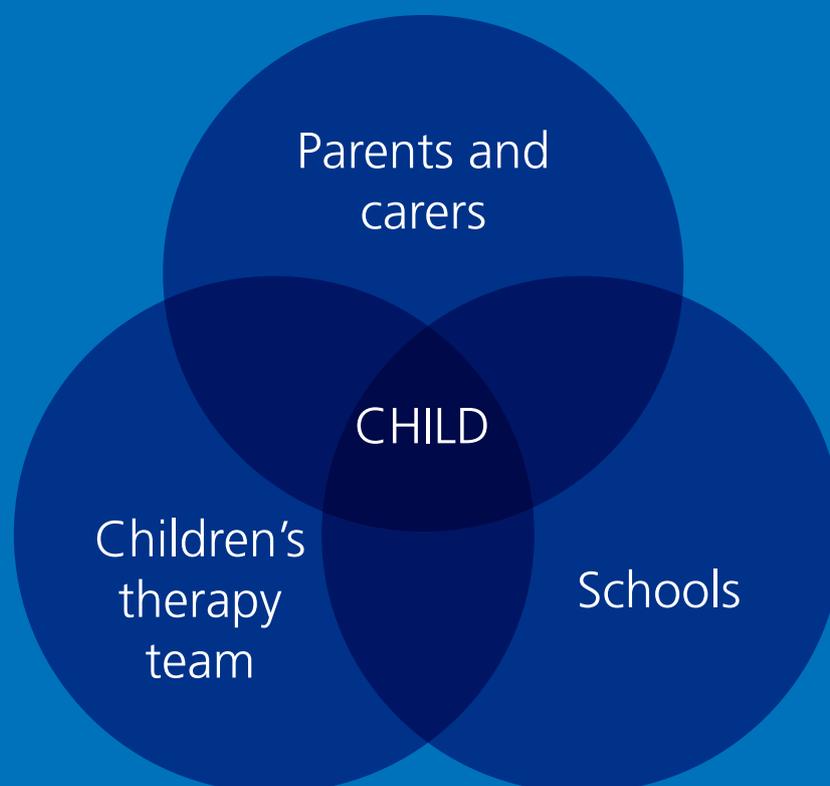


Figure 1: Partnership working – the child at the centre

# Partnership working in mainstream schools

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North Lincolnshire's Children and Young People's Plan (2013-16) sets out the ambition to:

'ensure a highly skilled workforce that, regardless of agency, follows a consistent approach to provide better outcomes for children and young people'

The role of the children's therapy team is to provide a graduated level of support for children, which takes into account what is already provided by schools and other agencies and gives mainstream staff the opportunity to develop further their skills and expertise.

'All teachers need to be equipped to teach children and young people with a diverse range of needs. Early years providers, schools and colleges should plan their staff training, development and support to ensure all teachers are able to do this' (draft Code of Practice for special educational needs and disability)

The children's therapy team has a particularly important role to play in relation to those children and young people who have a high level of need, or complex needs. These are the children and young people who are likely to need the most support, and/or a different approach to be taken in school. Pooling of knowledge and expertise is essential to ensure that this is provided effectively and that these children and young people are not unduly disadvantaged.

Collaboration at both a strategic and 'hands on' level underpins the work of the team. Our services for children with speech and language needs are delivered within the framework set out by 'North Lincolnshire Communicates –communication for language and life, pre-birth to 19 years' (Children's Trust Board, 2013).

This sets out how all local agencies will work together to ensure all our children and young people become effective communicators. For more information, visit <http://www.nlg.nhs.uk/services/childrens-speech-language/nlincs/>

The following table summarises what the children’s therapy team can offer from universal through to specialist level provision across the range of needs:

<p><b>Universal provision:</b></p> <p>To support the needs of all children</p>	<p><b>Training and ‘buy in’ packages</b> for schools</p> <p><b>Support for ‘best practice’</b> and inter-agency initiatives e.g. Communication and Interaction Charter mark</p>
<p><b>Targeted provision:</b></p> <p>To support children with mild to moderate or short term needs</p>	<p><b>Training and ‘buy in’ packages</b> for schools</p> <p><b>Support for practitioner networks</b> e.g. schools using ‘Language link’</p> <p><b>Resources to support identification of needs</b> and give ideas/strategies for school staff to use e.g. Madeleine Portwood Programme, Speech and language toolkit</p> <p><b>One off assessment and advice</b> to meet the needs of individual children</p> <p><b>A one off intervention for an individual child</b> e.g. block of sessions to address a specific need, an activity programme for school staff or parents to deliver. Following this, children will be discharged – with schools or parents free to request more input if necessary (a phone call to the team is all that is needed if within a year).</p>
<p><b>Specialist provision:</b></p> <p>To support children with a high level of need or complex needs</p>	<p><b>An integrated therapy plan</b> This is available for children with complex needs who need support from more than one therapist e.g. a physiotherapist and an OT. Therapists will work together with each other, the child or young person, school staff and parents to produce one therapy plan to support individual needs.</p> <p>OR</p> <p><b>A ‘high level need’ package</b> This is available for children who have a high level of need in one area. Therapists will have ongoing involvement until such time that it is agreed this is no longer needed. The package itself will include one or more of the following, according to need:</p> <ul style="list-style-type: none"> <li>• Blocks of therapy sessions</li> <li>• School visits</li> <li>• Home visits</li> <li>• Classroom observations</li> <li>• Planning meetings with school staff and parents</li> <li>• Joint working with school staff</li> <li>• An individual programme</li> <li>• Training for school staff and parents linked to individual needs</li> </ul>

Each child's needs are determined through assessment and discussions with parents, school staff and the child or young person themselves. Therapists consider the following factors when deciding on the level of support the child or young person needs:

- **Their overall pattern of abilities and needs**  
A child may have a severe and specific difficulty in one area of their development, which can act as a barrier to their overall progress.
- **The complexity of their needs**  
Children whose development is not typical - or where there is a specific medical diagnosis - may require a higher level of intervention in order to 'skill up' school staff and parents and/or adapt the environment.
- **Transitions and changes in condition**  
The need for more intensive intervention may be triggered by a move between key stages, a change in school, or a change in support staff in school. Similarly, surgery - or another major event in the child's life such as moving into foster care - may mean that a block of more intensive input is required.
- **Current priorities for the child and their family.**  
For example, a period of ill health or bereavement may mean that priorities lie elsewhere for a period of time

- **Whether they have a statement of special educational need**

Children with statements will automatically be offered either the 'high level needs' package, or the 'an integrated therapy plan' package, whichever is more appropriate. This will continue until such time as there was an agreement that intervention should 'step down'.

- **The capacity of school staff and parents to implement a therapy programme**

It is important that therapy programmes are set up in partnership with the child, and his/her family and school. Therapy programmes need to reflect the capacity of those in daily contact with the child to carry out specific suggestions, and be realistic.

We recognise that at times there may be differences of opinion between school staff, children / young people, parents and therapists about the nature of a child or young person's needs and what will best meet these.

In these circumstances, we will endeavour to reach a consensus through discussion about the best way forward, but failing this will work with all parties to secure an independent opinion from outside the therapy team / school.



# How to access our services and what to expect

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All referrals are processed at our main administrative base, currently located at:

Epworth House  
Brumby Resource Centre  
East Common Lane  
Scunthorpe, DN16 1QQ

Tel: 01724 298100

When a child is referred, we will check the referral to make sure we have all the relevant information, it is appropriate and that the parents have given their consent.

If the child is known to someone in our team already, we will alert them to the referral and ensure that therapists liaise with each other about the child's needs. This may result in the child being offered an integrated therapy plan.

## Occupational therapy

Almost all schools in North Lincolnshire have now been provided with free training in the use and delivery of the Madeleine Portwood Programme (devised by Dr Madeleine Portwood – specialist educational psychologist). This is an evidence based resource which enables school staff to support children who have motor co-ordination difficulties which are affecting their ability to cope with everyday tasks e.g. getting dressed, writing legibly, organising themselves in practical lessons, participating in playground games and PE. The occupational therapy service supports the school staff who are delivering this service by trouble shooting and advising on the needs of individual children.

Some children will require the direct involvement of the occupational therapist. An open referral system is in operation which means that parents can refer as well as school staff and other professionals. This can be done over the phone by ringing our administrative base. Assessment may take place at home, in school or at the Child Development Centre, according to the needs of the child or young person. If required, intervention will usually be offered at home or in school (or occasionally at the Child Development Centre) and links made with school staff as appropriate).



## Physiotherapy

Children and young people will need to be referred by their GP or consultant in the first instance. This is to ensure that the physiotherapist has all the relevant medical information to assess the child or young person safely and effectively.

Initial assessment normally takes place at the Child Development Centre where a gym and specialist equipment is available.

Following this, the physiotherapist will decide with parents on the best course of action following assessment – and involve the school as appropriate. According to the child's needs, this could range from providing advice through to setting up a block of regular sessions, or visiting school to observe the child or young person in action and plan with staff.



## Speech and language therapy

The speech and language toolkit provides a resource for school to use to identify speech, language and communication needs and support children with their communication skills. For many children, using these strategies will be enough to get them back on track. However, if concerns persist a referral to speech and language therapy can be made using the referral form in the toolkit. Parents are not able to refer directly but should be encouraged to raise any concerns with school staff. If parents continue to be concerned even after the school has offered support – or the child / young person is highly anxious about their own communication skills – then schools should refer to the service without any further delay.

School aged children will almost always be seen in school. This is because it is usually schools that refer children of this age – and because this is usually in the best interests of the child by reducing disruption to their schooling and ensuring a 'joined up' approach.

Some children will already have been seen by a speech and language therapist when they arrive at school. If this is the case, the speech and language therapy team will be able to provide some information for school staff about the child's needs when they transfer in (as long as the parents are happy for this to be shared).

Once children have been assessed, they will be offered intervention if this is needed. Children who are in Foundation stage 1 (nursery) - and attending school part-time - may choose to be seen in the local clinic for sessions or to receive a solely school based service.

# Training and buy in packages

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If you would like more information about 'buy in' packages, please contact Vicky Whitfield (children's therapy manager) or discuss this with the therapist(s) working in your school.

Our training and packages are offered at cost price to cover staff time taken from clinical work. Some training is delivered free of charge under our service level agreement with the Local Authority, for example, supporting children with behaviour and communication needs.

We are currently offering the following but are also able to provide bespoke training for individual schools or groups:

- Conversations that Count
- Improving attention and listening skills
- Narrative skills for infants or juniors
- Vocabulary building
- Use of the speech and language tool kit
- Introduction to the Madeleine Portwood Programme
- Elklan training - certified courses in working with speech and language needs
- Makaton signing

We are part of the Teaching School Alliance which offers a range of courses, including those focused on supporting communication skills.

# Best practice in partnership working

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Separate guidance has been developed on how best to achieve successful partnership working in mainstream schools. This has been drawn up with staff from a range of different schools and key stages, (the parent involvement group), and members of the therapy team.

It is intended to provide guidance on how schools, parents and families can work together to get the best outcomes for children and young people. It provides a clear set of expectations for partners to have of each other.

# Feedback and service development

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We welcome feedback as this helps us to improve the service. If you would like to make a suggestion, complaint, or give a compliment, please contact the therapist(s) working in your school or the children's therapy manager.

You can also give feedback online, and make a formal complaint if required. Details of how to do this can be found at <http://www.nlg.nhs.uk/patients/feedback/>

