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Leicestershire Procedure for Practice Standards and Guidance for Occupational Therapists in Disabled Children's Service

Applies to-

All disabled children referred to the service

Practice Standards and Guidance for Occupational Therapists in Disabled Children's Service

This work is under-pinned by Section 2 of the Chronically Sick and Disabled Person's Act 1970 and Section 17 of the Children Act, 1989.

Referrals for Occupational Therapy Assessment

Referrals for an occupational therapy assessment are received from First Response. First Response create the child's details on Mosaic and complete a checklist of basic information. This is then sent to the Occupational Therapy Team Manager (OTTM) to Triage and select the appropriate outcome (usually the OT Single Assessment).

Occupational Therapy Single Assessments

When allocating a child where there is a significant concern/risk (e.g. where there are concerns about moving and handling or child has life limiting condition) to an Occupational Therapist (OT) a discussion should take place between OT and the OT Team Manager.

The discussion will be recorded on MOSAIC as management oversight and should include the nature of the concerns and complexity of the assessment required including specific current and historical factors that need to be taken into account.

For urgent/priority cases contact with the family should be made on the day of allocation. Contact with the family needs to be made in the 10 working days after allocation to arrange a home visit for non-urgent/priority 3 cases.

The timescale for all assessments will be a maximum of 45 working days.

Reviews of the progress of the assessment will be completed within case work supervision and recorded on the child's records as a case note, following social care guidance on record keeping, with case notes being written 'to' the child. Reviews will consider:

- the child has been seen appropriately and their voice is clearly obtained.
- the age of the child and ability to communicate; observation will be used to inform assessment; consideration of the use of communication aids e.g. PECS, talking mats.
- any issues that remain unresolved or specific complexities and work that needs to be completed in response.
- the identification of any barriers to progression and how these should be dealt with.
- review the timescale for completion to a maximum of 45 days.
- any immediate safety plan or services that is required to meet the child's needs or reduce risk during the process of the assessment work, such as the provision of equipment /adaptations as an interim measure e.g. bringing the bed downstairs.

All assessments will be carried out using the Occupational Therapy Single Assessment, which is based on LCC Signs of Safety format. This will include:

- The child as the focus of the intervention and tools used to gather their views to understand what life is like for them and what they need to feel safe and maximise their independence.
- All work will be completed in partnership with families unless to do so would place the child at risk of increased harm.
- All workers should be aware of the possibility that the Council may owe duties to children under s.17 of the Children Act 1989 and s.2 of the Chronically Sick and Disabled Persons' Act 1970, even when another authority has responsibility for work carried out after a disabled-facilities grant.

On the home visit the Occupational Therapist will: -

- Gather the families understanding for the reason for OT involvement and their views on the current situation.
- Share the reasons that have led to OT being involved, explain the assessment process and what this involves, provide information on complaints and seek consent. This should be recorded in the case records.
- Where needed, agree interim safety measures e.g. minor adaptations or equipment.
- Determine how the child's views will be obtained and when.
- Gather any additional information that is required to inform an understanding of the child's experiences of family life.
- Identify any other agency or family member that should be involved in the assessment and obtain consent to contact.
- Carry out OT functional assessment at home and school if necessary.
- Observe interactions between the parents and children/siblings.
- OT and team information should be left with the family to facilitate contact.

NB The child/young person must always be seen as part of the assessment.

At least one home visit must be carried out and observations of the child in their home environment must take place. This could be within foster carers home or residential school. Consent to see the child and liaise with other agencies should be obtained. If necessary, a school visit will also be carried out.

The assessment identifies and analyses the needs of the disabled child, the parent's capacity to meet those needs in the context of family and environmental factors.

A clear distinction should be made between reported and observed abilities/behaviours shown by the child on assessment. Occupational Therapy assessments involve an assessment of the functional abilities of the child within their home/school environments. OT assessments cannot be completed using parental report only.

The assessment activity will be recorded on MOSAIC using the OT Single Assessment template which will be used to record all of the information gathered. It should include an assessment of the needs and abilities of the child in their home environment (place of residency) and school if appropriate.

During the assessment process information should be gathered from a variety of sources to validate or challenge existing information.

Where there are worries that suggest the need for services to be put in place immediately, then this should not be delayed until the completion of assessment. This will be discussed with the OT Team Manager and agreement reached as to immediate action to meet need.

The assessment will include a record of the names, contact details and roles of family members, agencies and professionals that have contributed or were consulted in the assessment.

A chronology and genogram should be updated or started as part of the assessment so that assessment puts current information into context of any previous involvement with the child/family.

Where information has been requested as part of the assessment but has not been provided within timescales, then this should be noted and once received cross referenced with the assessment to inform any need for change to plans or priorities and recorded in the case notes. Management oversight should be recorded in supervision notes and/or case recording.

The assessment will be finalised once authorised by the line manager. The manager will record their comments on the assessment record and ensure the quality of the assessment meets the required departmental standards and decisions reached are based on a sound analysis of information and will safeguard the child and promote his/her welfare and independence.

The manager will ensure that the recommendations are clear and address the risks identified in the assessment.

The assessment will document that the child/young person and his/her parent/carer are informed of the outcome of the assessment and date when a copy of the assessment was provided and will be recorded as a case note.

The assessment should record any challenge or disagreement about decisions reached and an opportunity to correct any factual inaccuracies in the record. A record should be made of any difference of perspective or opinion, and if on reflection whether this has made a difference to the outcome.

Children placed in Leicestershire by another local authority need to be assessed by the OT from the placing authority.

Parents wanting adult social care to make an assessment of their own needs can self-refer to adult social care. The child/young person's assessment should distinguish the needs that arise from caring for the child/young person and the needs of the adult to access essential facilities in the home.

Occupational Therapy Plans

The Occupational Therapy Plan will detail:

- The actions required to achieve the recommendations made
- Any interim safety measures required
- Details of the work to take place with children and family
- Timescales for actions to be completed**,** either a target date or frequency, depending on the agency identified to meet the need
- Who is responsible for the implementation of the action

Where the actions in the plan remain the responsibility of the OT, an achievable and realistic timescale should be set.

The plan is prepared in consultation with the child/young person and his/her parent/carer and their views are recorded on the plan.

The objectives of the plan and how they will be achieved are discussed with all relevant family members, agencies and professionals and their details recorded.

The plan should be implemented by the identified professionals and family members.

The OT should ensure that information from other professionals is requested but family may be required to ensure that this information is provided e.g. information from child's consultant.

The OT may refer on to other agencies e.g. Lightbulb to progress adaptations to the property.

The OT should send out additional information about the adaptation process as part of the OT Plan.

The OT will clearly identify what the expectations of parents/carers would be in progressing the plan as well, particularly the role that parents/cares have in progressing adaptations to their own property.

The child/young person and his/her parent/carer are provided with a copy of the plan.

For re-housing requests, the OT will forward relevant information to the housing authority (provided consent is in place to do so) and the case will then be closed. Once a property has been identified, the OT can visit the property to assess whether it is suitable, however, a new contact must be raised.

If the outcome of the assessment is a recommendation for a major adaptation, this is passed on the Lightbulb Project, who administer the Disabled Facilities Grant in Leicestershire. Where there is a waiting list within Lightbulb, the case may be closed to OT DCS until the relevant technical officer has been allocated the case and is ready to do a joint visit with the OT. This decision should be made only after due consideration about whether the child requires any other services, including under Section 2 of the Chronically Sick and Disabled Person's Act 1970 and Section 17 of the Children Act, 1989.

Review of the OT Plan

Ideally, moving and handling reviews should take place every year and bedrails should be reviewed every 6 months. Please see the College of Occupational Therapy Guidelines (Appendix 1). Telephone reviews can be used as part of the review process. A telephone review questionnaire has been devised to gather the appropriate information (see Appendix 2) and that Team Manager reviews the information and may request a new assessment as an outcome to the review.

Plans should be reviewed by an occupational therapist in line with Practice Guidance and include those involved with the family and the child to ensure that the plan remains relevant. See Appendix 1.

The review should ensure any services being delivered are achieving the desired outcomes within agreed timescales.

Any new information received about the child is evaluated and, if appropriate, a new OT Single Assessment may be triggered.

Throughout the telephone review with a child and/or his/her family, it is important to develop a cooperative working relationship so that the family feels respected, informed and listened to and that professionals are working with them in an open and honest way.

Children who need to be re-assessed following a telephone review will be seen as a priority or placed on the OT waiting list depending on the nature of the identified

need. It is important that family members and other agencies/ professionals are engaged in the OT review process, as appropriate.

The episode on MOSAIC for the OT Review also has to be completed and the date of the review added. Once completed, the outcomes will either be Annual Service Review of new OT Single Assessment.

The DCS OT Team work in conjunction with health OTs to ensure that there is no duplication of reviews. Generally, the review should fall to the original prescribing OT service.

Case Recording

All work with the child and his/her parents/carers should be uploaded to MOSAIC and a corresponding case note recorded in the child's file. Case recording should be child focused and reflect their lived experience.

There should also be consideration of the child's voice including children who are non-verbal, and consideration about the use of appropriate communication tools to assist e.g. talking mats, PECS.

Case records are up to date within 24 hours where there are child protection concerns and within a maximum of 5 days for all other cases.

All case records reflect professional practice in particular:

- Use plain language rather than jargon
- Distinguish between fact and opinion
- Demonstrate a commitment to the principles of equality and
- valuing diversity
- Always remain respectful of the child/young person and his/her family
- Written as if 'to' the child.

Case notes will detail:

- The date of the contact
- The reason for the contact
- Who was present
- Details of the contact
- The outcome of the contact
- Whether the child was seen and spoken to
- An analysis of the contact
- Any further action to be taken arising from the contact

Professionals supporting the child and his/her family are referred to in the records by their full name and designation. Case records show when information has been shared and with whom and why. Case records are accurate and grammatically correct. Details of relevant agencies and family members are updated as appropriate.

NB OT case records will have the prefix "OT – ".

Case Supervision

All staff will have monthly supervision. High risk cases will be discussed on a monthly basis with all cases being discussed over a 2-month period.
Regular supervision is essential to safe occupational therapy practice. It should provide a safe but challenging space to oversee and review cases. All staff should be aware of the supervision policy and requirements.

Records of cases to be supervised should be reviewed by the OT Manager either prior to or during the case supervision
In order to effectively supervise a case, the OT Manager must prepare for case supervision by reviewing the child's record to appraise themselves of the up to date circumstances regarding the child, to quality assure the standards of practice and be reassured that the intervention with the child is outcome focused and complies with procedures.

A case supervision record is completed on MOSAIC each time the case is supervised and explicitly details:
- Review of actions from the last supervision
- Significant events since the last supervision
- Any key decisions made & effectiveness of OT plan
- Clinical reasoning
- Actions to be taken by OT
- Child's voice

More general reflection on the occupational therapist's practice will take place and be recorded in their personal supervision.

Case supervision demonstrates evidence of robust and effective management oversight and decision making. A copy of the case supervision record is stored in the child's electronic record.
Case supervision should be recorded on the child's file, either at the time of supervision or as soon as possible afterwards but no later than 7 days. Neither OT Team Manager nor OT should end supervision without being clear about the next course of action and timescales for achieving this.

Key Decision Discussion Meetings (KDD)

For cases where there are complex issues, for example where restrictive devices such as locks or stable doors have been requested, a Key Decision Discussion meeting should take place. This should be a multi-disciplinary meeting that may include the OT, OT Team Manager, allocated social worker, SW Team Manager, DCS Service Manager, Child Support Worker, CAMHS etc. Advice from Legal Services should be sought, and Legal Services should be invited to attend the KDD. The relevant issues and risks need to be discussed and a plan drawn up to meet the child's needs that must be the least restrictive and be in the best interests of the child. This is to be recorded in the child's case notes.

Taking students/Practice educators

We are now able to take students from Derby University on a regular basis. Some of the OTs have the APPLE accreditation and others are due to apply for this soon. This enables the OT's to provide good quality placement opportunities to students, whilst evidencing their own commitment to CPD and lifelong learning.

The students will have the opportunity to shadow visits to disabled children and their families to carry out assessments, progress provision and check outcomes. The student will have lots of opportunity to experience working with children with a variety of disabilities; some with very complex health needs, epilepsy, autism, challenging behaviour and children with a variety of communication abilities. This will include: assessments for major and minor adaptations, and for equipment such as specialist beds and hoists. The students will have the opportunity to be involved with assessing for and progressing major adaptations. This will include visits and discussions with architects, reading plans, visits with the Grants Officer, visits with suppliers to identify suitable equipment and showing families how to use ceiling track hoists and slings and complete a moving & handling plan. The student will be involved with reviewing moving & handling equipment.

Students will use IT systems to record information & request provision of adaptations and equipment. Students will be able to access Leicestershire County Council's Learning Hub to book on training courses and access online learning modules.

In addition, there will be an opportunity to shadow social workers and other staff within the team and to visit with other teams including Adult OTs, Lightbulb Team and the ICELS (Integrated Community Equipment Loan Service).

In the first few weeks students can visit and reflect upon the roles within the wider multi-disciplinary team, including specialist schools, children's hospice, paediatric community Occupational Therapy and Physiotherapy team. This will enable them to understand the role of the Disabled Children's Team within a wider context.

The student will be able to access both formal training / conferences and informal workshops provided by the OTs. The student will be guided and encouraged to reflect and discuss all learning opportunities.

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