



# **CCS SPECIALIST SERVICES CORE OFFER TO CHILDREN AND YOUNG PEOPLE ATTENDING SPECIAL SCHOOLS**

### ***Making a referral to all Specialist Services***

Informed consent must be sought from the legal guardian/parent and/or CYP (where appropriate) to request an opinion from a specialist service and this must be recorded on the relevant services' referral form. It is important, at this stage, that school staff make it explicit to families that they are requesting an opinion of the professional group but that direct involvement may not be required. Only referrals made on the relevant services' referral form will be considered. Please refer to individual services below as to where to send referrals to. Received referrals will be triaged and a decision made as to whether the service is appropriate and/or other advice/signposting would lead to the desired outcomes.

### ***Safeguarding***

“Safeguarding is everyone’s responsibility”.

Every individual working with children and families has a responsibility for keeping children safe. CCS Specialist Services Staff have a statutory responsibility to safeguard children as every child and young person has a right to be safeguarded from harm and exploitation. CCS staff will take appropriate action on any concerns they have regarding the safety and welfare of a child/vulnerable young person. All CCS Staff have undergone Level 3 Safeguarding Training and have current Enhanced DBS Disclosure.

The Community Paediatric Consultant Team offer a 9 – 5 weekday service for Child Protection Advice. This is accessed from The Peacock Centre 01223 218072. Head teachers and SENCOs can discuss any concerns with the Consultant on call.

### ***Delivery of Training***

All of the therapy services are able to offer whole school training in addition to child specific training. Needs should be discussed directly with the professionals working in the school.

Training can be delivered as after-school workshops or half /whole day as required.

CCS Nursing services are able to offer whole school training in addition to child specific training. Needs should be discussed directly with the professionals working in the school. This is currently delivered using a mixed approach utilising the web based Coventry & Warwickshire training

### CORE OFFER- CYP Speech and Language Therapy Service

**Referrals:**

Referrals should be made using the Request for Involvement form and discussed by the schools' link therapist and SENCo. These should be sent via email to: [CCS-TR.therapyreferrals@nhs.net](mailto:CCS-TR.therapyreferrals@nhs.net) or handed directly to the therapist following the discussion. Strategies and Interventions are identified to support the achievement of agreed outcomes. These will primarily be delivered by school staff as they will need to be incorporated into the curriculum. An intervention plan will be drawn up for each child receiving an episode of care outlining the support required.

Method of delivery	Type of concern	Frequency	Roles and responsibilities			
			School	Therapist	Therapy Assistant	Other
<b>Assessment</b>	Assessment of need	As per episode of care.	School to provide evidence of school based interventions trialled (from IEP). School based intervention to have been trialled for a minimum of 1 term before therapist referral	To assess, as appropriate and devise intervention plan Where appropriate write summary report with recommendations.	To assist Therapist, as required.	
<b>Training</b>	Meeting SLCN needs	Whole school training offered to each area special school to meet their specific requirements, as outlined in the SLT training offer for schools.	Cambridgeshire Area Special Schools are a specialist provision and as such have extended knowledge regarding appropriate modifications and some targeted interventions to support language and communication needs.	Training for relevant school staff to support specific children. Makaton training for parents according to need. To arrange specialist training e.g. using a high tech voice output device as appropriate.	To support SLT as required.	

	<p>Social communication difficulties (SCD)</p> <p>Speech disorder e.g. dyspraxia, dysarthria and other specific difficulties e.g. fluency, voice.</p> <p>Eating and</p>	<p>As per episode of care</p>	<p>need updating and to update where appropriate to do so.</p> <p>Cambridgeshire Special Schools are a specialist provision and as such have extended knowledge regarding appropriate modifications to support social communication difficulties e.g. legotherapy, social stories, talkabout, individualised PHSE goals.</p> <p>To follow protocols and</p>	<p>Where the specific support of SLT is required a referral can be made and assessment and advice package offered.</p> <p>Parents of pupils newly diagnosed with SCD will be offered a training and support package. A member of school staff is welcome to attend as well.</p> <p>To identify appropriate goals and therapy activities. To support school staff to carry out activities in the class.</p> <p>Routinely update eating</p>	<p>devices, and as time allows to support school with the updating of AAC materials e.g. symbol books.</p> <p>To offer more regular support as required by the SLTs.</p>	
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				<p>professionals, who can represent each other - Community paediatrician, school nurse ,SALT, OT and physiotherapist.</p> <p>To attend Multi-disciplinary meetings as prioritised with school.</p>		
<p>The SLT team will work closely with the schools to manage their time in the most appropriate way for the school, agreeing priorities together within the time available.</p> <p>The core offer reflects and replaces the document co-produced with special schools: Descriptors and Responses Complex Needs</p> <p>The SLT team aims to keep an active caseload and will close and re-open episodes of care according to need.</p>						

<p>Eg. Slings, seating, standing frame, walker</p> <p>NB: Acheeva plinths are educational provision only if no child-specific clinical need identified.</p>	<p>postural management</p>	<p>e.g. unable to fully access the school environment without specialist equipment.</p>	<p>equipment.</p> <p>Use equipment safely as per manufacturers instructions.</p> <p>Inform therapy team if equipment no longer in use.</p>	<p>equipment.</p> <p>Advise on appropriate equipment provision.</p> <p>To complete clinical reasoning for all equipment provision which is <u>authorised by equipment leads.</u></p>	<p>ICES (Integrated Community Equipment Store), to obtain quote and complete paperwork for authorisation by the local authority team.</p> <p>To set up appointments as required.</p> <p>To ensure timely review of equipment.</p>	<p>purchase and place order for new equipment. Specialist equipment Representatives to attend and advise in assessment as required.</p> <p>Parents invited to attend assessment appointments.</p>
<p><b>Equipment Servicing/maintenance</b></p>	<p>CYP requires equipment which is safe and fit for purpose</p>	<p>Annual Maintenance/ Service Check</p> <p>6 month sling check (LOLER)</p>	<p>To contact NRS (0845 121 3456) with regard to any identified equipment faults in school.</p> <p>To liaise with NRS (ICES) re: annual maintenance checks/6 month LOLER checks.</p>	<p>No involvement of Therapy staff.</p>	<p>No involvement of Therapy staff.</p> <p>To follow up on failed home contacts for equipment in the home.</p>	<p>NRS (ICES) to hold equipment and maintenance log for pupils home and school equipment.</p> <p>NRS (ICES) to liaise with school to arrange and carry out identified</p>

						unable to contact families, NRS to notify therapy service leads of failed home contacts.
<b>Assessment, review and provision of wheelchairs/buggies.</b>	CYP requires specialist wheelchair/buggy.	As clinically indicated and meeting wheelchair services criteria for provision.	<p>Hosting clinics on site, where appropriate.</p> <p>Provide observations to inform assessment and provision, as appropriate.</p>	<p>Referral to wheelchair services.</p> <p>Offer therapy opinion into assessment process, where appropriate (on/off site).</p>	To assist therapist as required.	<p>Wheel chair services: Send appointments to families and liaise with school RE appointment times/attendees (on site).</p> <p>Assessment and provision of equipment.</p> <p>Parents: To attend appointments and provide information to support assessment/provision (on and off site).</p>

<p><b>Moving and Handling (not hoisting)</b></p>	<p>CYP requires support in moving and handling.</p>	<p>At initiation of service and minimum of annual reassessment.</p> <p>More frequently if unexpected significant change or Medical deterioration of progressive condition.</p>	<p>Appropriate school staff to be available for demonstration of the task by Therapist.</p> <p>School to complete risk assessment for their staff and child to cover all environments accessed by the CYP whilst in the care of the school.</p>	<p>Demonstration of task to appropriate school staff/parents.</p>	<p>To assist therapist as required.</p>	<p>Parents: To attend appointment, as required.</p>
<p><b>Moving and Handling by use of a hoist system.</b></p>	<p>CYP requires support in moving and handling.</p>	<p>School to set their own review period in relation to Moving and Handling legislation.</p> <p>A model which works well is a 6 monthly clinic (school/NHS) to review the child's moving and handling/equipment needs. This will ensure each child is appropriately monitored/reviewed.</p>	<p><u>Key mover role</u> To complete relevant moving and handling risk assessment and write Protocol.</p> <p>To complete step by step Hoisting Passport.</p> <p>The legal responsibility for the risk assessment and the Plan (Hoisting Passport) sits with the employer (school).</p>	<p>Therapists to give recommendations to Key Mover for Hoisting Passport based on their assessment of the child.</p>		



<p><b>Intervention – Advice, Direct therapy and programmes</b></p>	<p>CYP with identified significant physical need.</p>	<p>As clinically indicated in relation to assessment findings and in addition to school-based interventions.</p>	<p>To follow therapeutic advice in the context of the school environment, as advised by the therapy team.</p> <p>To ensure appropriate school staff have constant access to written/video therapeutic information for specific CYP.</p> <p>To highlight concerns to therapy team on any aspect of carrying out the advice provided.</p> <p>To ensure appropriate staff are made available to take part demonstration of therapeutic advice, as appropriate.</p>	<p>Therapist to provide therapy advice, as appropriate, including 24 hour postural management.</p> <p>Therapist to support school staff in following this advice through liaison, written/video information and demonstration, as appropriate.</p> <p>To provide copies of any written advice to parents for home.</p> <p>To carry out direct therapy programmes working towards specified goals, where appropriate.</p>	<p>To carry out direct therapy programmes working towards specified goals under guidance from OT / Physio, where appropriate.</p> <p>To assist Therapist, as required.</p>	<p>Parents: To follow therapeutic advice in the context of the home environment, as advised by the therapy team.</p> <p>Parents: To highlight concerns to therapy team on any aspect of carrying out the advice provided.</p>
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<ul style="list-style-type: none"> <li>Hippo Therapy (horseriding)</li> </ul>				activities.		
<p><b>Meetings</b></p> <p><b>Multi-disciplinary working</b></p> <p><b>Reports</b></p>		<p>Minimum of report for annual review for each pupil on caseload.</p> <p>As clinically indicated.</p>		<p>Attendance at/input into CYP specific multi-disciplinary meetings, where appropriate, e.g. annual review, CIN, safeguarding.</p> <p>To attend multi-disciplinary meetings as prioritised with school.</p> <p>Report for Annual review (containing a summary of the years input and the plan for the forthcoming year).</p>		
<p>As part of the occupational therapy integrated working, occupational therapists work with CYP where there are safety issues, equipment and/or building adaptation needs at home applying relevant legislation and policies.</p>						

	<p>Bespoke pieces of work for identified physical issues e.g Support with continence issues – assessment and planning for home /school implementation of care</p>		<p>interventions as appropriate</p> <p>Identification of school staff to undertake theoretical training and competency assessments</p> <p>Release of time for theoretical training and competency based assessments as advised by team – including off site training as required. For more complex interventions this will include web based training and workbook</p>	<p>Provision of protocol if care is prescribed by CCS nursing team</p> <p>Support school in obtaining protocols from other services if unavailable from parent / carers</p> <p>Liaise with other health providers as appropriate for children with highly complex health care needs, to inform school planning</p> <p>Provide signposting to other agencies as appropriate.</p> <p>Act as keyworker for identified children and young people with high level, complex, physical health care needs if no Specialist Nurse / Paediatrician is involved.</p> <p>Assessment, planning and evaluation of bespoke pieces of work for individual</p>	
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				or discharged.	
Equipment Servicing and maintenance	For equipment provided through the CCN Service <b>only</b> e.g Suction machines; pulse oximeters	Minimum of annual training / competency assessment as required  Annual Maintenance/Service Check of equipment provided by CCN service	School to undertake risk assessments specific to child and equipment required  School to request supplies / consumables from parents  School to contact parent / carers or suppliers directly as needed for equipment not provided by CCN service e.g Oxygen concentrators / feeding pumps  School to contact CCN service if any concerns with equipment supplied by CCN service  School staff to follow training and protocols delivered by CCN service	Provision of theoretical training and competency assessment in use of equipment provided by CCN Service  Provision of protocol / care plan for care prescribed / initiated by CCN service  To support schools with risk assessments as required  To support schools if issues arise with equipment not provided by CCN service e.g feeding pumps	

**Core Offer: Community Paediatrics**

**Referrals for children in mainstream schools:** Please go to : <http://www.cambscommunityservices.nhs.uk/what-we-do/children-young-people-health-services/community-based-care/community-paediatrics>

Check referral meets criteria and fill appropriate form and return as instructed.

**Referrals for children in special schools** will be assessed at termly multidisciplinary team meetings or on an individual basis as needs arise and standard form on SystmOne will be used to log the referral and outcome from direct discussion.

Method of delivery	Type of concern	Frequency	Roles and responsibilities		Outcomes
			School	Community Paediatric services	
Assessment of complex physical disability.	Health and developmental concerns	Termly multidisciplinary meeting within each special school to discuss children with specific needs	To provide initial targeted support and assessment To provide input and information to the multidisciplinary meeting	Community paediatrician, school nurse and representative from SALT, OT and physiotherapist to attend the meeting	Signposting to other or appropriate single agency for review Multidisciplinary school medicals to be arranged for those requiring it
Assessment of children attending special schools	Children with specific health needs related to their disability over an above medical needs that would be provided by their GP (Down's syndrome, physically impaired, epilepsy, complex health needs, joining or leaving the school with particular health needs, transition)	Allocated to specific medical clinics within special school	To liaise with community paediatric services with any updates required.  To provide continued targeted support within school.	To complete assessment.	Appropriate referrals to other services as needed.