




## **HERTFORDSHIRE CHILDREN AND YOUNG PEOPLE'S THERAPIES SERVICE OFFER**

Hertfordshire Community NHS Trust's (HCT), Children and Young People's Therapies Service provides Occupational Therapy, Physiotherapy and Speech and Language Therapy for children and young people within Hertfordshire.

The service is jointly commissioned by East and North Hertfordshire Clinical Commissioning Group, Herts Valley Clinical Commissioning Group and Hertfordshire County Council.

### **Children and Young People's Therapies Service**

		
Occupational Therapy	Physiotherapy	Speech & Language Therapy
<ul style="list-style-type: none"> <li>• Support children and young people with their independence in aspects of daily living</li> <li>• Provide advice on safe moving, handling and access for a child or young person in their home or educational setting</li> <li>• Make recommendations for specialist equipment to help in activities</li> </ul>	<ul style="list-style-type: none"> <li>• Support children and young people with physical disabilities or conditions affecting physical development</li> <li>• Provide advice regarding posture, mobility, motor coordination and gait.</li> <li>• Make recommendations for specialist equipment to support mobility or posture</li> </ul>	<ul style="list-style-type: none"> <li>• Support children and young people with speech, language and communication difficulties</li> <li>• Provide advice and assessment for children and young people with eating and drinking difficulties</li> <li>• Provide advice to establish communication friendly environments</li> </ul>

### **What is...**

#### **Occupational Therapy**

Occupational Therapy supports children and young people with their independence in aspects of daily living or their participation in activities at home and at school. The

service provides advice on new ways for a child or young person to complete a task, or how they could use adapted equipment to help them participate or be more independent.

Areas an Occupational Therapist may look at could be:

- Dressing skills, such as using zips or doing up buttons
- Using cutlery when eating or preparing food
- Fine motor skills such as cutting or handwriting
- Co-ordination of movements
- Sensory preferences
- Visual-perception skills, such as hand eye co-ordination or copying from the board
- Positioning, e.g. how they sit, to access a school table or desk
- Equipment needed to access activities

For children and young people with long term disability or chronic illness that significantly affects their daily living and access to their home environment, the Occupational Therapist may recommend equipment, minor or major home adaptations or rehousing. The service can provide advice on safe moving and handling techniques for children and young people with physical impairments.

## **Physiotherapy**

Physiotherapy supports children and young people with physical disabilities or conditions which impact on their physical development.

They can provide advice on:

- Posture
- Mobility
- Pain management
- Motor coordination difficulties
- Gait
- Physical development delay.

The service sees children and young people with genetic conditions such as neuromuscular disorders, those who have suffered an injury or illness such as a brain injury, those with long term conditions such as cerebral palsy and those with developmental difficulties.

## **Speech and Language Therapy**

Speech and Language Therapy Service support children and young people with speech, language and communications needs. The service also provides  
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assessment and advice for those children and young people with eating and drinking difficulties.

Areas a Speech & Language Therapist may look at include:

- Understanding of spoken language
- Creating and using sentences to explain their thoughts
- Vocabulary understanding and use
- Ability to communicate with those around them, including interaction skills
- Fluency of speech, such as stammering
- Ability to form sounds and use these in words
- Eating and drinking skills

## **OUR SERVICE MODEL**

Our service is provided through a three tier model



Specialist tier support is provided by a member of the therapy team, either a therapist or an assistant practitioner. The therapy team help children and young people develop their skills and overcome potential barriers so they can achieve the best they can and be as independent as possible. We work closely with those adults and professionals around the child or young person, keeping the child or young person in the centre of everything we do.

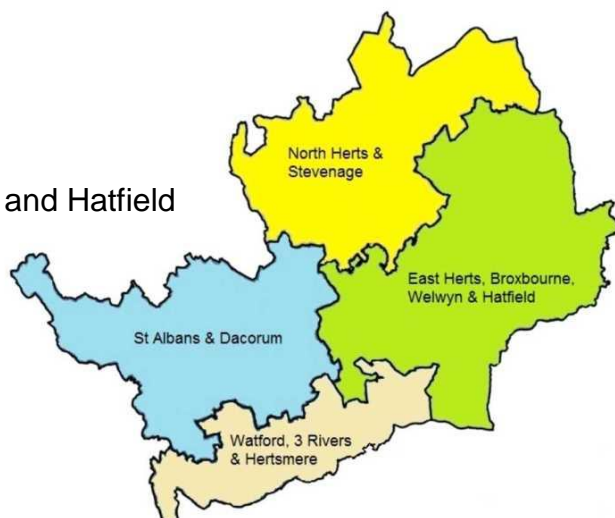
Targeted support is usually delivered by adults working with children and young people in their educational setting e.g. nursery, school or college, following advice from the therapy team or having received training on a specific programme or approach. There are opportunities for parents and carers to attend training too, enabling them to support their child at home.

Universal support may be delivered by a range of different people, including professionals in other services. For example, trained staff in Family Centres offer Early Talk parent advice sessions on communication development for toddlers.

## **OUR SERVICE TEAMS**

We have four therapy teams across the county:

- North Hertfordshire and Stevenage
- East Hertfordshire, Broxbourne, Welwyn and Hatfield
- St Albans and Dacorum
- Watford, Three Rivers and Hertsmere



Team Leads in each area can provide advice and information for families and settings if their query cannot be answered via our webpages, Advice Line or by contacting their settings link therapist or named therapist for the child or young person. Ways to get in touch are provided at the end of this document.

We have a specialist Occupational Therapy team who support families with home adaptations and accessing Disabled Facilities Grants. Parents and carers can self-refer to this team (see Section 3 for referral information). We have a specialist Speech and Language Therapy team who support multidisciplinary autism assessment pathways in Hertfordshire, accessed via Community Paediatric Services.

We work together with a range of Hertfordshire services and organisations:

- Hertfordshire County Council's Children's Disability Team
- Family Centre Service
- Social Care Team
- District Councils, housing providers and Hertfordshire Home Improvements Agency
- Special Educational Needs and Disability Team
- Integrated Services for Learning
- Hertfordshire Equipment Services
- East and North Hertfordshire Primary Care Trust, who provide Paediatrician Services and Audiology Services in this area
- Other Hertfordshire Community NHS Trust services, such as PALMS, Paediatricians in West Hertfordshire and Specialist Community Nursing

Should a child or young person require specialist equipment at home or within their mainstream educational setting, the Occupational Therapy Service or Physiotherapy Service can make a recommendation. Hertfordshire Equipment Service is commissioned to provide equipment for children and young people. Provision of a wheelchair is via Millbrook's Healthcare.

You can find out more about local services, organisations and support groups through Hertfordshire's Local Offer [www.hertfordshire.gov.uk/localoffer](http://www.hertfordshire.gov.uk/localoffer)

Information on all services offered by Hertfordshire Community NHS Trust can be found here [www.hct.nhs.uk](http://www.hct.nhs.uk)

## **REFERRALS**

The Children and Young People's Therapies service operates Monday to Friday, throughout the year, with core operational hours of 9am-5pm.

Referrals are triaged by the service within 5 working days to assess need and impact. Families and the referring professional will be advised of the next steps following triage. Following acceptance of a referral we aim to offer an assessment within 18 weeks, unless the referral is part of an Education, Health and Care needs assessment process where assessment is within 6 weeks of referral. Most families will be offered an initial consultation via telephone or video call after the referral has been accepted. Following this, if required, a face to face assessment may be arranged in a clinic, within their educational setting or at home.

Prior parental or legal guardian consent is required for any referral made by a professional or SEND officer.

### **Who can refer to the service?**

Occupational Therapy accept referrals from:

- Health, social care and educational professionals
- SEND officers as part of the Education Health and Care Plan process
- Parents and carers for advice regarding safe access to the home, equipment at home and home adaptations

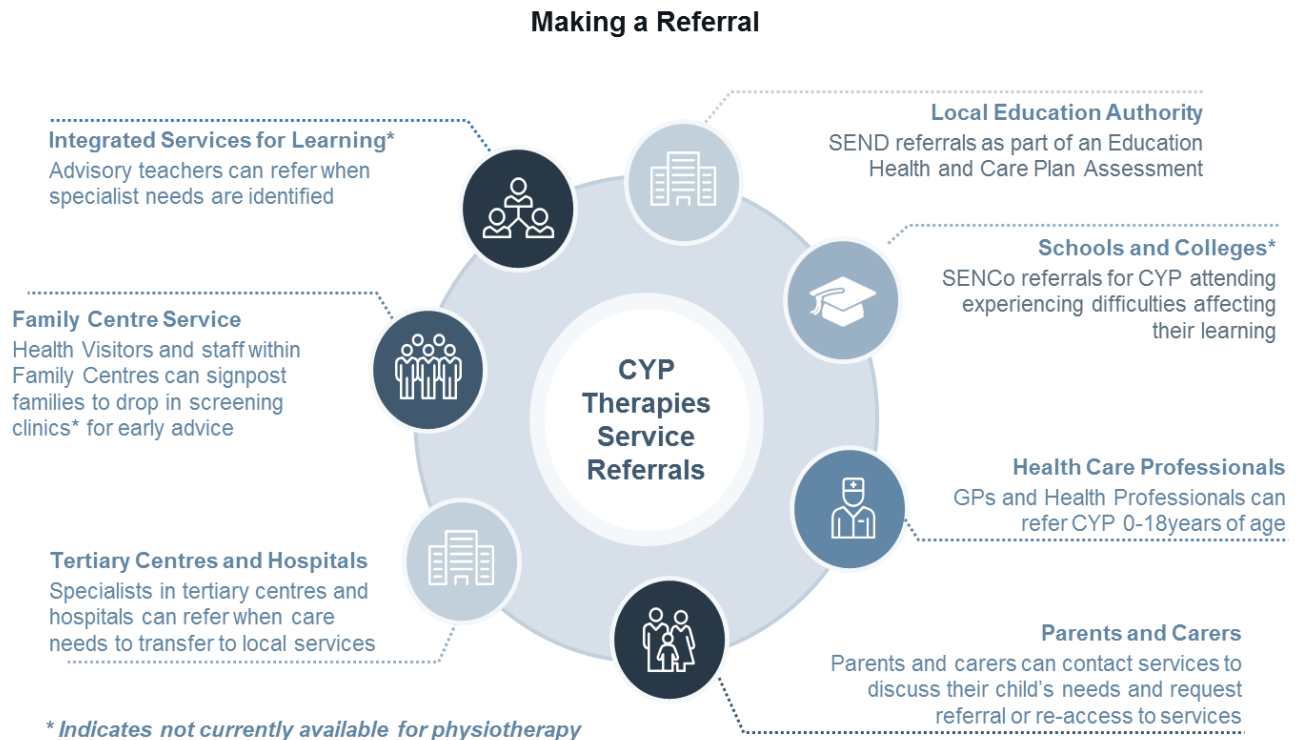
Physiotherapy accept referrals from:

- Health professionals
- SEND officers as part of the Education Health and Care Plan process
- Parents and carers at long-term condition clinics

Speech and Language Therapy accept referrals from:

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- Health, social care and educational professionals
- SEND officers as part of the Education Health and Care Plan process
- Parents and carers



## Who is eligible for the service?

Children and young people can be referred if they:

- Attend a Hertfordshire education setting and have either a Hertfordshire address or Hertfordshire GP (only Hertfordshire GP applies for Physiotherapy)
- Are aged 0-18 years (up to 25 years for Occupational Therapy and Speech & Language Therapy if as part of their EHCP)

We are not able to provide support for children and young people attending Hertfordshire settings with EHCPs from other Local Authorities. Settings and families are advised to contact the local authority for the area where the child or young person lives to discuss support in these instances.

Assessment and intervention may be provided for children and young people as part of a Hertfordshire Education Health and Care Plan, usually through referral by the Hertfordshire County Council's SEND Service.

## How to make a referral?

A referral form providing details of the child or young person's needs is required. This can be downloaded from our service webpage or accessed by health professionals through electronic health record systems.

Referrals for school aged children should be accompanied with assess, plan, do, review information to demonstrate the support that has already been implemented prior to requesting specialist support. In most instances this will be copies of progress/needs trackers. Where no additional information is provided and the needs of the child or young person are not clearly identified referrals may not be accepted or there may be a delay in offering assessment.

Parents and carers of children and young people wanting a referral for assessment of safe access, recommendation of equipment at home, home adaptations or rehousing are advised to complete a self-referral form, which can be accessed here <https://www.hct.nhs.uk/our-services/childrens-occupational-therapy/> Families must pay council tax within Hertfordshire to be eligible for this service. The child must have a diagnosed long term condition and be under 18 years of age.

For children and young people with an Education Health and Care Plan, or who are being assessed for a plan, referrals would usually be made by the SEND Officer in the Local Authority. Parents should contact their child's SEND officer if they would like a referral as part of this process, by contacting Integrated Services for Learning at Hertfordshire County Council.

Parents, carers and professionals can ring our Advice Line to discuss a child's needs if they are considering making a referral or are unsure whether a referral is required. The number is provided at the end of this document.

### **Re-accessing the service**

Our Advice Line service provides advice and support after a child or young person has been discharged. Parents and carers can use the Advice Line to discuss re-access to the service if they have concerns. Re-referrals from a health or educational professional would be triaged by the service to determine ongoing need and impact.

Parents and carers of children and young people with a long term condition wishing to re-access Physiotherapy can access the long-term conditions clinic without seeking a new referral from a Health professional.

## **HOW WE SUPPORT CHILDREN AND YOUNG PEOPLE**

Therapy teams work with children and young people in the most appropriate setting to promote and optimise functional skills, working alongside key adults wherever possible. We support early year's settings, mainstream schools, further education

colleges and specialist educational settings within Hertfordshire. We do not visit settings outside Hertfordshire unless specifically agreed for a child or young person with an Education Health and Care Plan. Children may be seen at home or in clinic according to clinical need. Appointments may be delivered virtually via video or telephone calls as appropriate for the needs of the child or young person. The nature of intervention sessions will be determined by the therapist based on a child or young person's individual needs and best practice guidance. Provision of intervention is determined by a clinician based on a child or young person's individual needs, rather than diagnosis-led or a set quota.

#### Features of Intervention:

- For younger children we provide child-led play based intervention, incorporating their interests. Older children and young people are encouraged to participate in goal setting and provide their views.
- Where a need has been identified, families will receive written intervention programmes and have a named contact for their child's care. We aim to provide written programmes within 4 weeks of needs being assessed and goals being set.
- Individualised advice and support to meet the child or young person's need that may include individual or group therapy sessions led by therapy team staff over an agreed time period. We work towards individuals, their families and key adults being able to self-manage.
- Regular goal-setting and progress reviews in collaboration with the child or young person, parents/ carers and education staff.
- Training and support when a specialist technique is recommended.
- Support for children and young people before/during/after transition between educational settings or Key Stages when there are identified functional needs.

Advice is given at the point of discharge on how to access further advice and support if needed, as well as agreeing who the therapy service is handing the care over to. Discharge will be at the discretion of the therapist, after discussion with the child or young person, parents/carers and other professionals involved.





Children and young people with an Education Health and Care Plan (EHCP) may have an assessment by a therapist. Following a request for assessment by the Local Education Authority the service provides a response within 6 weeks. Where therapy intervention is indicated in a child or young person's EHCP, this will be delivered by the therapy service in their educational setting according to the specified provision. Therapists contribute to annual reviews for children and young people with provision specified in their EHCP.

## **WORKING WITH FAMILIES**

Parents/carers are encouraged to either attend their child's appointments or arrange for a feedback session with the therapist following a school visit to enable joint goal setting. It is expected that families will work alongside the therapy team to continue their child's support at home. Written programmes and reports are shared with families, as well as other professionals supporting the child or young person. We aim to provide written reports in advance of any meetings where a child or young person's needs and/or progress are being discussed. Families will be provided with the name of the person delivering their child's care and details of how to contact them.

Recognition of cultural diversity is important and we work closely with families to support communication and understanding of their child's needs and care. We work with interpreters for families for whom English is not their first language or families who are British Sign Language Users. We work with education and health care professionals, family support workers, social workers and extended family members to ensure engagement with the service for all families.

We value the thoughts and views of families, children and young people. The service regularly asks for feedback from parents attending training, engagement events or when their child's care is complete.

We recognise that transition into adult services is an important part of a young person's care pathway and work with young people, their families and other services to facilitate a safe, smooth, co-ordinated, person-centred transition from children's services to adult services.






## **CONTACTING US**

**Web:** <https://www.hct.nhs.uk/our-services/children-young-peoples-therapies-service>

**Email:** [hct.cyptherapies1@nhs.net](mailto:hct.cyptherapies1@nhs.net)

**Telephone:** 01923 470680 (Option 2) Occupational Therapy and Physiotherapy  
01992 823193 Speech and Language Therapy

**Advice Line:** 01992 823093

 Website	 Telephone	 Advice Line	 Twitter	 Email
<b>Features:</b> <ul style="list-style-type: none"> <li>➤ Advice sheets and videos and links to helpful resources</li> <li>➤ Referral and service information</li> <li>➤ Calendar and booking links for training courses</li> </ul>	<b>Features:</b> <ul style="list-style-type: none"> <li>➤ Manned telephone line open during core service hours</li> <li>➤ Available for urgent queries or appointment booking</li> <li>➤ Messages passed on to appropriate staff members as required</li> </ul>	<b>Features:</b> <ul style="list-style-type: none"> <li>➤ Message service open to parents and professionals</li> <li>➤ Access to advice pre-referral or following discharge</li> <li>➤ Onward referrals made if required</li> </ul>	<b>Features:</b> <ul style="list-style-type: none"> <li>➤ Promotion of training and events</li> <li>➤ Sharing local and national information</li> <li>➤ Sharing examples of support and best practice</li> </ul>	<b>Features:</b> <ul style="list-style-type: none"> <li>➤ Available for more detailed queries which do not require an urgent response</li> <li>➤ Accessible for those for whom telephone services are challenging</li> <li>➤ Queries will be directed to most appropriate person</li> </ul>

**Feedback** We are keen to hear about your experience of our service. If you have already accessed the service and would like to provide feedback you can do so by contacting us directly. If you would like to raise a complaint or concerns please email [PALS.hchs@nhs.net](mailto:PALS.hchs@nhs.net)

## **CASE STUDIES**



### **Case Study: Finn**



1. After Finn started in Reception his teacher was concerned about his handwriting, dressing skills and ability to express his ideas clearly.
2. Finn's teacher spoke to the school's link therapists and was given some advice on ways to support Finn.
3. At the end of the first term Finn's teacher had noticed some progress, but was still concerned.
4. He spoke to Finn's parents and they agreed more support from the Occupational Therapy Service and Speech & Language Therapy Service would be helpful. The school's SENCo completed the referral.
5. The therapists visited Finn at school to carry out assessments and discussed the outcomes with Finn's parents and teacher.
6. Finn's parents and the teaching staff in his classroom worked on a number of activities over the next 2 terms and used strategies recommended by the therapists. Finn was able to make good progress and no longer found handwriting tasks, getting changes and expressing himself so difficult.



### **Case Study: Alex**



1. At 2years old, Alex's mother was worried about his early development and felt he was falling behind other children of his age
2. She was given some advice at their local Family Centre and attended some parent workshops to help her to feel confident in how to support Alex's development.
3. Alex's mother was still worried and spoke to his Nursery, who told her about the therapy drop-in clinics she could attend.
4. Alex's mother was able to choose where and when to attend a drop-in clinic and filled out some paperwork whilst they were waiting to be seen.
5. The therapist checked Alex's skills and reassured Alex's mother that his skills were developing within the expected range for his age. They gave her more advice on things to try at home and showed her where to find out more information in future.



## Case Study: Megan



1. Megan had been supported by her teachers at Primary School using strategies in the classroom, after they had sought advice from the Therapies Service. In year 6 they asked their link therapist for advice to help Megan with the transition.
2. Once term started Megan's new secondary school form tutor rang the Advice Line and was given some strategies to try by an Occupational Therapist to help Megan feel more comfortable in the busy school setting and some ideas on reducing language complexity by a Speech & Language Therapist.
3. She still found it difficult to keep up in lessons and was overwhelmed by the new people and environment so her tutor made a referral to the service.
4. A therapist visited Megan in school. After talking to her about how she was finding things and what she wanted to change the therapist created a goal plan for her.
5. At the end of the term the therapist reviewed the goal plan with Megan, her form tutor and parents.
6. They agreed on what was working well, what could be changed and where they could get more advice and support, including learning support.



## Case Study: Libby



1. When Libby was born she had a range of medical needs and neuro-disabilities
2. At 18months old her Paediatrician referred her to the therapies service for a multi-disciplinary assessment
3. Parents were invited to attend a clinic appointment where Libby was seen by an Occupational Therapist, Physiotherapist and Speech & Language Therapist
4. During the appointment Libby's family told their story once and were given opportunity to ask any questions. Everyone discussed what support Libby needed at that point and a joint therapy plan was agreed.
5. One report, describing the assessment and explaining Libby's needs was provided for Libby's family and any other professionals helping Libby and her family.
6. When Libby's therapy plan needed reviewing the therapy team came together again, along with Libby's parents and agreed the next steps.
7. When Libby was older, the therapy team worked together with education services to support Libby's Education, Health and Care Assessment.