



Integrated Children's Disability Service Occupational Therapy (ICDS-OT) Policy for Receiving Referrals and Undertaking Assessment

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1.0 Context

- 1.1 The Integrated Children's Disability Service Occupational Therapy (ICDS-OT) team provides specialist assessment for disabled children and young people resident in Nottinghamshire up to the age of 18, who have a permanent and substantial disability which has an adverse effect on their ability to carry out normal day to day activities within the home environment.
- 1.2 Occupational Therapy aims to provide support and intervention to help children and young people with disabilities develop to their full potential, taking into account the stage of development the child/young person has reached. It can assist with overcoming practical problems and maximising a child/young person's independence in their own home, as well as supporting parents/carers to care for their disabled child/young person safely.
- 1.3 The ICDS-OT team employs Service Organisers, Occupational Therapy Assistants (OTAs) and qualified Occupational Therapists (OTs) who all may be involved in the assessment of children and young people.
- 1.4 Qualified Occupational Therapists are registered with the [Health and Care Professions Council](#) (HCPC) and to maintain this registration comply with HCPC's '[Standards of Conduct, Performance and Ethics](#)', '[Standards of Proficiency](#)' and '[Standards of Continuing Professional Development](#)'.
- 1.5 This policy complements the [Nottinghamshire Safeguarding Children Partnership](#) (NSCP) safeguarding procedures and guidance and [Nottinghamshire's Pathway to Provision](#).

2.0 Policy scope

- 2.1 The purpose of this policy is to set out the procedure that should be followed when the ICDS-OT team receive referrals and undertake assessments, aiming to ensure that the service offered by the team is consistent.
- 2.2 Whenever the words 'child' or 'children' are used within this document this should be taken to read 'child or young person' or 'children or young people'.
- 2.3 Whenever the words 'family' or 'families' are used within this document this should be taken to read 'parent(s) and/or carer(s)'.
- 2.4 Where documents are sent to families this may be via post or via secure email (Cryptshare).
- 2.5 Occupational Therapy equipment and adaptations cannot be prescribed:
 - As an alternative to adult supervision or where it would be reasonable to expect those with parental responsibility to provide a safe environment in relation to developmental norms e.g. garden fencing; window locks/restrictors; stairgates; cupboard locks.
 - As an alternative to strategies and programmes aimed at managing challenging behaviour.
 - As a means of achieving general household repairs or maintenance which under normal circumstances would be the owner/landlord's responsibility e.g.

replacing rotten window frames; broken window panes; repair to driveway/paths.

- 2.6 It should be noted that if the ICDS-OT service becomes aware that a family is using restrictive practices, further assessment will be required.
- 2.7 This policy is supported by the [Countywide Children's Occupational Therapy Criteria for the Provision of Equipment](#) and the [Countywide Children's Occupational Therapy Criteria for the Provision of Adaptions](#) (both documents currently under review). It also interacts with other organisation's policies including those of the Integrated Community Equipment Loan Service (ICELS) and the policies of the seven local District Councils within Nottinghamshire, particularly in relation to adaptations and housing.
- 2.8 In instances where the family do not agree with the outcome of a referral, an assessment or the recommendations made, or where the family are unhappy with the assessment process, the OT Manager or Senior Practice Consultant will make contact with the family in attempt to agree a way forward. The family can pursue the Council's [complaints process](#) if they feel this is required.

3.0 Legislation and guidance

Children's Occupational Therapists working within Local Authorities are governed and guided by specific legislation and guidance. This includes but is not limited to the following:

3.1 [The Children Act 1989](#)

- Part III s.17 contains a general duty to safeguard and promote the welfare of children in need in the area and extends the provisions of the Chronically Sick and Disabled Persons Act 1970, the Disabled Persons Act 1986 and any other relevant enactments to cover disabled people under the age of 18 years.
- A child in need is defined to include not just a disabled child, but also a child whose health or development is at risk. A disabled child is defined as described in the National Assistance Act 1948 s29 ("*persons who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed*").
- Part III subsection 17A refers to the duty to provide a Direct Payment to meet assessed needs.
- Part III s.27 states that if it appears to a local authority that another authority (social services, NHS, housing, education) could help in the exercise of any of their functions under Part III they may request the help of that other authority specifying the action in question. That authority must comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions.
- Schedule 2 states "Every local authority shall provide services designed a) to minimise the effect on disabled children within their area of their disabilities; b) to give such children the opportunity to lead lives which are as normal as possible, and c) to assist individuals who provide care for such children to continue to do so, or to do so more effectively, by giving them breaks from caring".

3.2 [The Chronically Sick and Disabled Persons Act 1970](#)

- Section 2 states that where a local authority have functions under Part 3 of the Children Act 1989 in relation to a disabled child and the child is ordinarily resident in their area, they must, in exercise of those functions, make any arrangements within subsection (6) that they are satisfied it is necessary for them to make in order to meet the needs of the child.
- Subsection 6 gives a list of services including “the provision of assistance for the child in arranging for the carrying out of any works of adaptation in the child’s home or the provision of any additional facilities designed to secure greater safety, comfort or convenience for the child”.

3.3 [The Children and Families Act 2014](#)

- Replaces Statements of Special Educational Needs with Education, Health and Care (EHC) plans.
- Requires that (s.37;e) “in the case of a child or a young person aged under 18, any social care provision which must be made for him or her by the local authority as a result of section 2 of the Chronically Sick and Disabled Persons Act 1970” is included in the plan.
- Requires the local authority to carry out a parent/carer needs assessment if they believe that a parent carer may need support, or they receive a request from a parent/carer and they are satisfied that the disabled child and family are eligible for support under the Children Act 1989. This assessment can be combined with one for the disabled child and could be carried out by the same person at the same time.

3.4 [The Care Act 2014](#)

- Applies to adult services and does not apply to children, other than in transitional provisions when a child is approaching the age of 18 years. Young people with likely needs once they turn 18 should be identified early.
- Gives a national eligibility threshold for adults with an increased emphasis on people's wellbeing and a formal duty to take steps to reduce or prevent care needs.
- Carers of adults have the same rights to assessment and support as those being cared for.
- Care and support of adults should continue without disruption if they move between local authorities.
- Better integration between social care, housing and the NHS for adults.

3.5 [The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards \(DoLS\)](#)

- The Mental Capacity Act 2005 was implemented in 2007 and applies to everyone involved in the care, treatment and support of people aged 16 and over who are unable to make all or some decisions for themselves.
- It is designed to empower people to make decisions for themselves wherever possible, and by protecting people who lack capacity.
- With the Deprivation of Liberty Safeguards, the Mental Capacity Act allows restrictions and restraint to be used for the support of a person aged 18 and over in a care home or hospital, but only if they are in the best interests of a person who lacks capacity to make the decision themselves.

- 3.6 [The Mental Capacity \(Amendment\) Act 2019 and Liberty Protection Safeguards \(LPS\)](#)
- The Mental Capacity (Amendment) Act received royal assent in May 2019 but has not yet been implemented and a Code of Practice has not yet been published.
 - It will replace the Deprivation of Liberty Safeguards with Liberty Protection Safeguards.
 - Liberty Protection Safeguards will apply to those aged 16 and over and can be used in hospitals, care homes and other settings (including family homes).
- 3.7 [Positive and Proactive Care: reducing the need for restrictive interventions 2015](#)
- This guidance was produced for services supporting adults and aims to ensure that restrictive interventions are used in a transparent, legal and ethical manner.
- 3.8 [Guidance on reducing the need for restraint and restrictive intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings 2019](#)
- This guidance is non-statutory and advisory and applies to local authorities responsible for providing social care to children with learning disabilities, autistic spectrum conditions and mental health difficulties.
 - Children with learning disabilities, autistic spectrum conditions and mental health difficulties are at greater risk of displaying behaviours that challenge and are therefore at heightened risk of experiencing restraint and restrictive intervention.
 - Restrictive intervention should only be used when absolutely necessary, in accordance with the law and clear ethical values and principles which respect the rights and dignity of children, and in proportion to the risks involved.
- 3.9 [The Human Rights Act 1998](#)
- Sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.
- 3.10 [The Equality Act 2010](#)
- Provides a legal framework to protect the rights of individuals.
 - Includes a duty on ‘controllers of premises’ (anyone who manages or rents out a property) to make reasonable adjustments for disabled people.
- 3.11 [The Carers \(Recognition and Services\) Act 1995](#)
- Entitles those carers of children under 18 who are providing a “substantial amount of care on a regular basis” to an assessment of their needs. This duty arises if a carer requests an assessment of their “ability to provide and continue to care for the relevant person”, when the person they care for is being assessed.
- 3.12 [The Health and Safety at Work Act 1974](#)
- Under s.3 of the 1974 Act, the employer has a duty to ensure, “so far as is reasonably practicable”, that people who may be affected are not exposed to risks to their health or safety.

- 3.13 [The Manual Handling Operations Regulations 1992 \(as amended\) \(MHOR\)](#)
- Requires employers; to ensure, so far as is reasonably practicable, the health, safety and welfare of all their employees while at work.
 - Aims to reduce musculoskeletal injuries as a result of manual handling at work. Employers must:
 - avoid, so far as is reasonably practicable, manual handling operations carrying a risk of injury; failing this,
 - assess the relevant manual handling operations and take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable.
- 3.14 [The Provision and Use of Work Equipment Regulations 1998 \(PUWER\)](#)
- Stipulates duties of inspection and maintenance of some equipment used at work.
- 3.15 [The Lifting Operations and Lifting Equipment Regulations 1998 \(LOLER\)](#)
- Places duties on people and companies who own, operate or have control over lifting equipment and requires that all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and, in many cases, subject to statutory periodic 'thorough examination'.
- 3.16 [Deaf Children: Positive practice standards in social services \(2002\)](#)
- This guidance includes standards for supporting Deaf children and their families.
- 3.17 [The National Framework for Children and Young People’s Continuing Care \(2016\)](#)
- Provides guidance for clinical commissioning groups (CCGs) when assessing the needs of children and young people whose complex needs cannot be met by universal or specialist health services.
- 3.18 [The Housing Grants, Construction & Regeneration Act 1996](#)
- Provides the legislative framework for Disabled Facilities Grants (DFGs). Since 1990, local housing authorities have been under a statutory duty to provide grant aid to disabled people for a range of adaptations to their homes. The maximum amount of grant available for a mandatory DFG is currently £30,000. A local housing authority does not have a duty to assist applicants with costs above this ceiling, however they may refer cases of hardship to the social services authority or consider providing discretionary assistance under The Regulatory Reform Order 2002.
 - Provides definitions of who may qualify for a DFG, irrespective of the type of tenure.
 - Sets out the purposes for which mandatory DFGs may be given.
 - Section 24 states that “a local housing authority shall not approve an application for a grant unless they are satisfied a) That the relevant works are necessary and appropriate to meet the needs of the disabled occupant, and b) That it is reasonable and practicable to carry out the relevant works having regard to the age and condition of the dwelling. In considering the matters mentioned in paragraph (a) a local housing authority which is not itself a social services authority shall consult the social services authority.

- 3.19 [The Regulatory Reform \(Housing Assistance\) \(England and Wales\) Order 2002](#)
- The general power under Article 3 of this order enables housing authorities to give discretionary assistance for adaptations. This can be given for a wide range of purposes including providing small-scale adaptations more quickly, providing top up assistance to mandatory DFG and assisting with the acquisition of alternative accommodation.
 - Adds providing access to a garden to the list of purposes for which a DFG may be given.
- 3.20 [The Housing Act 1985](#)
- Sections 8-10 set out the main powers and duties of local housing authorities. These sections allow them to directly fund council house adaptations.
- 3.21 [The Housing Act 1988](#)
- Allows the Housing Corporation to make grants to registered Housing Associations for approved purposes. This includes funding adaptations to enable Housing Associations to convert their existing stock to meet the needs of disabled residents.
- 3.22 [Delivering Housing Adaptations for Disabled People – A Good Practice Guide \(updated 2015\)](#)
- This good practice guide was published by the Home Adaptations Consortium and advises local authorities on how to establish first class adaptations services. It sets out key principles, legislative requirements, time targets and a good practice system review checklist.

4.0 Eligibility for assessment

- 4.1 To be eligible for assessment by the children's Occupational Therapy team the criteria are as follows:
- Child lives in Nottinghamshire and is under the age of 18.
 - Child has a severe physical disability.
 - Child has complex health needs.
 - Child has a severe learning disability.
 - Child has severe autism.
- 4.2 A child will be deemed to have severe autism if they are eligible for a service from the Children's Disability Service (Social Care) or is in receipt of one of the following:
- Short break in a specialist placement e.g. Minster View, The Big House, Contract Care.
 - Education at a Special School for autism.

5.0 Referral process

5.1 Referrals

- 5.1.1 Referrals requesting an assessment are taken directly through the Occupational Therapy Duty point which operates daily 08:45-16:30 (excluding Bank Holidays).

- 5.1.2 Referrals are accepted from families, children and professionals or people involved in their care.

5.2 Referral outcomes

- 5.2.1 When a referral is received a decision on whether the child is eligible for assessment will be made immediately by the Duty Worker in line with the eligibility criteria described in 4.0. If required, a referral may be tasked to the OT Duty Manager for guidance and this task will be responded to within 48 hours.
- 5.2.2 A Proportionate Assessment may be completed by the Duty Worker if it is needed to gather more information about the child and family's needs and/or assess:
- Whether a child is eligible for further assessment by the ICDS-OT team.
 - If a service is needed and if so, who should provide this service.
- 5.2.2 Outcomes of a referral may include:
- Signposting to other ICDS services. Where the referral indicates that a child has needs that would benefit from a graduated response the ICDS-OT team may recommend referral to ICDS Early Support to gain further information prior to undertaking Occupational Therapy assessment.
 - Signposting to universal, targeted or other specialist services. This may involve advice to the professional referrer/most involved professional to complete an EHAF.
 - Advice/guidance to family regarding non-specialist equipment available to purchase from high street retailers.
 - Referral to the [Multi Agency Safeguarding Hub \(MASH\)](#) where the referral indicates that Social Care involvement may be needed to promote the development and welfare of the child (s.17, Children Act 1989) or where there is reason to suspect the child is suffering or likely to suffer harm (s.47, Children Act 1989).
 - Further assessment(s) by the ICDS-OT team. More than one assessment may be progressed as an outcome of a referral (e.g. a Seating Assessment and a Proportionate Assessment).
 - Focused intervention by the ICDS-OT team.
 - Contribution to an Education, Health and Care plan by the ICDS-OT team.
- 5.2.3 Referrals considered eligible for assessment will be tasked to the OT Duty Manager to be progressed and this task will be responded to within 48 hours.

5.3 Communicating the outcome of referrals

- 5.3.1 The outcome of the referral should be made clear to the referrer at the point of referral. If applicable, an indication of how long they may have to wait for an assessment will also be given as well as details of how the ICDS-OT team proposes to keep in contact with them during this period.
- 5.3.2 Where it is likely that an assessment may lead to major adaptations or a Disabled Facilities Grant, or where the parent's expectation is that this may be the outcome, a copy of the ICDS-OT Disabled Facilities Grant Information Leaflet will also be provided.

6.0 Types of assessment / intervention steps

6.1 Proportionate Assessment step

- 6.1.1 Proportionate Assessments and Occupational Therapy Assessments cover broadly the same information but in different levels of detail.
- 6.1.2 Proportionate Assessments may be used in scenarios such as:
- Gathering further information about a child's needs.
 - Situations that are not anticipated to be complex where provision of simple equipment and/or minor adaptations are likely to meet the child's needs.
 - Situations that are likely to be complex but where simple equipment and/or minor adaptations may provide a short to medium term solution whilst awaiting further assessment; or a Housing Needs Assessment could be provided.
 - Assessment for specialist equipment for Deaf, deafened or hard of hearing children.
 - Focusing on one area of need (e.g. assessment for a showerchair) where the child is already known to ICDS-OT and other needs are addressed.
- 6.1.3 Proportionate Assessments may be carried out by the ICDS-OT Service Organiser, Occupational Therapy Assistants or qualified Occupational Therapists.
- 6.1.4 Depending on the circumstances, a Proportionate Assessment may be completed by:
- Telephone conversation with the family and/or referrer.
 - Video call through NCC approved software.
 - Consultation with other agencies to gather information.
 - Visiting the child at home.
- 6.1.5 Following a Proportionate Assessment, recommendations will be made to meet the child's needs. This may include one or more of the following:
- Signposting to other ICDS services such as Early Support.
 - Signposting to universal, targeted or other specialist services, or advice to the professional referrer or most involved professional to complete an EHAF.
 - Referral to Social Care.
 - Advice to family regarding non-specialist equipment available to purchase from high street retailers.
 - Provision of equipment and/or minor adaptations.
 - Further assessment by the ICDS-OT team. More than one assessment may be progressed as an outcome of a Proportionate Assessment (e.g. a Seating Assessment and an Occupational Therapy Assessment).
- 6.1.6 Once completed, a Proportionate Assessment will be tasked to a Senior Practice Consultant/OT Manager for authorisation.

- 6.1.7 If a Proportionate Assessment has been completed by the Duty Worker, the family will be sent written confirmation of the outcome of the assessment. A signed and dated copy of the Proportionate Assessment can be provided on request.
- 6.1.8 If a Proportionate Assessment relates to one area of need, a signed and dated copy of the Specific Area of Need document can be provided on request.
- 6.1.9 In other circumstances, following completion of the Proportionate Assessment the family will be provided with an electronically signed and dated copy of the assessment and careplan detailing the outcome of the assessment and the recommendations made, with a request to sign and return a copy. Work towards the agreed recommendations will commence once a signed copy of the Proportionate Assessment has been received from the family, or their verbal agreement with the needs and recommendations has been recorded in casenotes.

6.2 Occupational Therapy Assessment (OT Assessment) step

- 6.2.1 Proportionate Assessments and Occupational Therapy Assessments cover broadly the same information but in different levels of detail.
- 6.2.2 OT Assessments may be carried out by either an Occupational Therapy Assistant or a qualified Occupational Therapist.
- 6.2.3 OT Assessments are completed by visiting the child at home.
- 6.2.4 Following an OT Assessment, recommendations will be made to meet the child's needs. This may include one or more of the following:
- Signposting to other services.
 - Referrals to other services.
 - Advice and guidance.
 - Provision of equipment and/or minor adaptations.
 - Recommendation of major adaptations.
 - Further assessment by the ICDS-OT team. More than one assessment may be progressed as an outcome of an OT Assessment (e.g. a Seating Assessment and Intervention and a Moving and Handling Assessment).
- 6.2.5 Once completed, an OT Assessment will be tasked to a Senior Practice Consultant/OT Manager for authorisation.
- 6.2.6 Following completion of the OT Assessment the family will be provided with an electronically signed and dated copy of the assessment and careplan detailing the outcome of the assessment and the recommendations made, with a request to sign and return a copy. Work towards the agreed recommendations will commence once a signed copy of the OT Assessment has been received from the family, or their verbal agreement with the needs and recommendations has been recorded in casenotes.

6.4 Seating Assessment and Intervention / Seating Re-assessment and Intervention steps

- 6.4.1 The ICDS-OT team will complete a Postural Seating Assessment form within a Seating Assessment and Intervention/Seating Re-assessment and Intervention step in order to make provision of specialist seating to support postural needs.
- 6.4.2 Wherever possible, assessments and re-assessments of seating will take place at Seating Clinic in order to give access to refurbished stock and expedite provision.
- 6.4.3 Following provision of seating, a Seating Careplan will be provided which will illustrate how to manage the child's posture when seated.
- 6.4.4 For children aged under the age of 5 years at the closure of their seating intervention, a re-assessment will be offered after 6 months. If needed, families can request an earlier re-assessment via the OT Duty point.
- 6.4.5 For children 5 years old and over at the time their seating intervention is closed families should request a re-assessment when required by making a new referral to the ICDS-OT team via the OT Duty point.
- 6.4.6 Information on how to identify when a re-assessment is needed will be provided to families at the time the seating intervention is closed/closed to review.

6.5 Moving and Handling Assessment / Moving and handling Re-assessment steps

- 6.5.1 The ICDS-OT team will complete Moving and Handling Assessments (with Sling Assessments as needed) in order to provide advice, education and/or equipment to facilitate a child being moved or handled at home.
- 6.5.2 Assessment may need to take place in different environments and/or in collaboration with other agencies or teams.
- 6.5.3 Following assessment/re-assessment, a Moving and Handling Careplan will be provided which will illustrate how to move and handle the child.
- 6.5.4 Families should request a re-assessment when required by making a new referral to the ICDS-OT team via the OT Duty point.

6.6 OT Assessment for Residential and Short Breaks step

- 6.6.1 Occupational Therapy assessment or intervention relating to short breaks with Contract Carers should be commissioned from the ICDS-OT team prior to a referral being accepted.

6.7 Focused Intervention step

- 6.7.1 Focused Interventions may be used in scenarios such as the following:
 - To arrange repair/replacement of equipment which continues to meet a child's needs.
 - To arrange the loan of short-term equipment.
 - To joint work a case when an intervention is held by one worker who asks another worker to complete a defined piece of work on their behalf.
 - Completing a Property assessment form.
 - Completing a bed rail review.

- 6.7.2 Focused Interventions may be carried out by the ICDS-OT Service Organiser, Occupational Therapy Assistants or qualified Occupational Therapists.

7.0 Types of assessment form used within assessment / intervention steps

7.1 Property Assessment form

- 7.1.1 A Property Assessment is used to assess and document information about a potential property being considered for a child and family and the likelihood that it could meet a child's needs. This could be at the request of a family considering private purchase/rental, a housing authority or housing association.

7.2 Housing Needs Assessment form

- 7.2.1 A Housing needs assessment is used to document the environmental features a child would need from a property as a result of their disability in order to assist them/housing authorities/housing associations to identify a property suitable for them and their family.

7.3 Bed Assessment form

- 7.3.1 A Bed Assessment is used to assess whether a child needs a specialist bed, and if so, what features the bed should have.

7.4 Specialist Bed Rail Review form

- 7.4.1 A Specialist Bed Rail Review form is completed every 12 months for children who have been provided with specialist bed rails.

7.5 Assessment of Second Address form

- 7.5.1 An Assessment of Second Address is used to assess and document information about a second address used by a child.

7.6 Specialist Seating/Postural Assessment form

- 7.6.1 The Specialist Seating/Postural Assessment form sits within the Seating Assessment and Intervention/Seating Assessment and Re-intervention steps and is used to assess a child's postural needs in sitting.

7.7 Moving and Handling Assessment form

- 7.7.1 The Moving and Handling Assessment form sits within the Moving and Handling step and is used to assess the risks involved with moving and handling tasks.

7.8 Sling Assessment form

- 7.8.1 A Sling Assessment is used to assess what type of sling may meet a child's needs when being hoisted.

7.9 Restraint Risk Assessment

- 7.9.1 A Restraint Risk Assessment is used to identify risks as a result of behaviour, activity or situation and consider the options to reduce these risks.

7.10 Just Checking Agreement form and Just Checking Assessment Tool

- 7.10.1 Just Checking is an activity monitoring service including discreet door and movement sensors that can assist in the assessment of children.

8.0 Prioritisation and timescales for case allocation and assessment

8.1 Prioritisation of assessments

- 8.1.1 The OT Manager or Senior Practice Consultant will review the referral and if a child is eligible, will decide the priority of the assessment. Cases will be allocated in date order unless given a priority timeframe.
- 8.1.2 Examples of assessments indicating a priority timeframe include:
- End of life.
 - Some Looked After Children/safeguarding.
 - Children who require Occupational Therapy input in order to facilitate an adjustment to a current situation of piece of equipment which is having a severe detrimental impact on their health and wellbeing.
 - Unique exceptional circumstances – these should be agreed by two Senior Practice Consultants and/or OT Manager.
- 8.1.3 Priority timeframes can be 10 working days, 35 working days or other timeframe agreed by two Senior Practice Consultants and/or OT Manager on a case by case basis.

8.2 Timeframe for allocation

- 8.2.1 Below are the target timeframes from the date a referral is accepted to the date an assessment is allocated:

Focused Intervention	5 working days
Proportionate Assessment by Duty Worker	2 working days
Proportionate Assessment by OTA	20 working days
Proportionate Assessment by OT	35 working days
OT Assessment by OTA	20 working days
OT Assessment by OT	10 months
Seating Assessment / Re-assessment	35 working days
Moving and Handling Assessment / Re-assessment	35 working days

- 8.2.2 These target timeframes are correct at the time of publication however they are reviewed on a regular basis in line with team pressures and as such the timeframes listed on Procedures Online may not be up to date. Up to date target timeframes can be obtained by contacting the ICDS-OT Duty point.

8.3 Communicating with families

- 8.3.1 If an assessment has not been allocated within 12 weeks the family will be contacted to reassure them that they not been forgotten and to gather updated information, allowing the case to be reprioritised if necessary. This process will be repeated every 12 weeks until the case is allocated.

8.4 Timeframes for assessment

- 8.4.1 Below are the target timeframes from the date an assessment is allocated to the assessment being written up on the Mosaic recording system:

Focused Intervention	15 working days
Proportionate Assessment by Duty Worker	5 working days
Proportionate Assessment by OTA	20 working days
Proportionate Assessment by OT	20 working days
OT Assessment by OTA	20 working days
OT Assessment by OT	35 working days
Seating Assessment /Re-assessment	15 working days
Moving and Handling Assessment / Re-assessment	15 working days