

## **Guidance for NHS Grampian AHP staff – CSP**

### **(Coordinated support plan)**

#### **Content and process**

The following guidance was devised jointly with NHS Grampian and Education staff. The purpose of the guidance is to

- Provide NHS Grampian AHP staff with an overview of the CSP process.
- Clarify the expectation around the involvement from the AHP in the CSP process.

This guidance relates to qualified AHP staff who are required to contribute to a CSP. This should be shared with existing and new AHP staff as part of the induction process.

It may also be beneficial to share this with any therapy support worker staff who work with a child who has a CSP.

The following documents should also be read in conjunction with this guidance

Aberdeenshire Council – Assessment and Planning Co-ordinated Support Plans

- Book 1- An overview
- Book 2- Assessment and planning CSPs
- Book 3- Writing a CSP.

Available at: <http://asn-aberdeenshire.org/policies-and-guidance/>

#### **Setting the scene**

In order to ensure a co-ordinated multi-agency approach to meeting needs, it may be necessary to consider the preparation of a Co-ordinated Support Plan (CSP). A small number of children and young people have additional support needs arising from complex or multiple factors which require a high degree of co-ordination and support. A CSP is a legal document which sets out a statement of co-ordination. It does not secure additional resources for the child.

The purpose of the CSP is to ensure that support is co-ordinated effectively when at least one additional service is required which is not covered by what the local

authority provides as part of its educational functions e.g. services provided by NHS or social work.

If a child is considered for a CSP, AHP staff should be requested to contribute to the process for children who they are already seeing as part of their caseload. The AHP would be requested to provide information (evidence) for consideration as part of the process.

### **Legal implications**

As this process has statutory implications, if requested to contribute to a CSP an AHP would be required to do so.

### **Timescales**

Six weeks prior to the CSP review, a meeting date should be set and sent to all involved as well as the proforma for the paperwork that the AHP will be expected to complete. This paperwork should then be submitted in advance of the meeting. The paperwork can also be found online at <http://asn-aberdeenshire.org/planning-documentation/>

### **Expectations around AHP communication of information with regard to CSPs**

AHP staff are required to provide information to inform the decisions taken within the CSP process. The information describes the AHP involvement with that child and should include the therapy target and reflect the frequency, nature, intensity and duration of intervention. The ways in which this evidence can be communicated are as follows

- Via a proforma. The personal information section should already have been completed by the school and the AHP focus is on “Actions required by your agency to support learning”.
- Via a report
- Via attendance at a CSP meeting.

### **Significance of AHP Involvement**

When providing information about your involvement with a child you will be asked to comment on the significance of the involvement. Information regarding these terms can be found on page 7 of Book 1- An overview from Aberdeenshire Council – Assessment and Planning Co-ordinated Support Plans

“The use of the term “significant” signals the scale of the support provided, whether it is in terms of

- Approaches to learning and teaching (e.g. adaptation or elaboration of the curriculum) or
- Personnel (e.g. targeted support from a pupil support assistant) or
- Resources (e.g. specialist aid to communication or a special hoist) or

- A combination of these stands out from the continuum of possible additional support.

“Significant additional support may be provided to a child or young person with additional needs on an individual basis, in a group setting with others or through personnel working under the direction and guidance of those from the appropriate agency.”

From Supporting children’s learning Code of Practice (paragraphs 18-21)

<http://www.gov.scot/Publications/2011/04/04090720/8>

All intervention with a child is important. However, the CSP process requires all parties to determine the levels of intervention around the child. It may be that a child has three therapists involved, but the input is considered minimal and non-significant for each therapist. However, for co-ordination purposes, this may add up to a significant cumulative involvement overall and the CSP deemed appropriate. As stated before, the purpose of the CSP is to set out a statement of co-ordination and this thinking is what should be kept at the forefront. This should be reviewed each year and AHPs should carefully consider if their intervention remains significant.

The Education department will consider the overview of the child and based on the information provided, the Education service will decide if the criteria for a CSP has been met.

### **How to complete “Actions required by your agency to support learning” on proforma 1 (see appendix 1)**

We have included some examples of descriptors which may guide thinking when compiling information for a CSP. These are intended as a guide only, as all statements should be individualised for the child.

### **Objective of agency support**

The objective should be personalised and should set out what the child will achieve over the year. The objective should change each year or show maintenance of an important skill for learning. The objective should be SMART.

### Examples of objectives

.....will actively engage in the use of equipment to maximise her opportunities to participate in health, well-being and learning activities

.....will achieve the best possible position in a variety of equipment in order to facilitate participation in curricular activities

.....will communicate with appropriate support in order to express her emotions and participate in activities with her peers to develop meaningful friendships and relationships.

.....will functionally communicate with appropriate support in order to participate in classroom activities.

.....will functionally communicate with appropriate support in order to participate in school / community based activities

.....will functionally communicate with appropriate support in order to be included school / community based activities

.....will engage in opportunities with appropriate encouragement to develop her activities of daily living.

.....will communicate basic needs with appropriate support in a meaningful and appropriate way.

### **Frequency**

This is a reflection of how often the support is provided.

#### Examples of frequency

.....with have blocks of therapy, which would be 4- 6 weeks approx followed by a consolidation period of .....weeks/months

..... will have weekly therapy which will be reviewed after 3 months

..... will be reviewed termly

.....will receive twice weekly therapy

.....'s equipment will be reviewed annually/ termly/ bi annually or earlier if requested by parents / staff

.....will be seen weekly during term time

.....'s communication skills will be reviewed annually/ termly/ bi annually or earlier if requested by parents / staff

.....'s fine/ gross motor skills will be reviewed annually/ termly/ bi annually or earlier if requested by parents / staff

.....'s eating and drinking skills will be reviewed annually/ termly/ bi annually or earlier if requested by parents / staff

.....'s mobility / transfer skills will be reviewed annually/ termly/ bi annually or earlier if requested by parents / staff

## **Nature**

This should reflect the type of support which would include who is involved, specialist resources required and how to make the curriculum accessible. Consider which personnel will be involved and detail this i.e. education staff / family / carers. Learning teaching approaches – Identify what knowledge is required by the personnel to reach the educational objective?

### **Examples of nature**

Teacher and/or PSA will receive advice on an individual basis to model and support therapy

Teacher and/or PSA will receive advice on a group basis to model and support therapy

Teacher and/or PSA will receive dysphagia training in order to support .....’s eating and drinking.

Teacher and/or PSA will be offered postural management information in order to use equipment appropriately

Therapy staff (**please define who**) will attend school meetings to liaise and collaborate with education staff

## **Intensity**

This should reflect the degree of involvement of the AHP service whether in individual targeted sessions, small groups or large groups.

### **Examples of intensity**

..... will receive therapy on an individual basis

.....’s therapy will be delivered in a small group

.....’s therapy will be delivered in a whole class group

Teacher and/or PSA to deliver therapy directed programmes in collaboration with (PT, OT, SLT, therapy support worker...)

Teacher and/or PSA to deliver therapy directed programmes in consultation with (PT, OT, SLT, therapy support worker...)

Teacher and/or PSA to deliver therapy directed programmes jointly with (PT, OT, SLT, therapy support worker...) with a view to school taking this forward independently.

School to implement PT, OT, SLT recommendation in consultation with (PT, OT, SLT)

## **Duration**

This should reflect how long the input will continue for and should be specific. If a patient is discharged during the period of the CSP, this should be reflected in the discharge report clearly stating what the CSP objective was, how it has been met and the reason for discharge.

### **Examples of duration**

..... will undertake a programme of .....with the PT, OT, SLT and also practice this programme with teacher and/or PSA. It is anticipated that this programme will last ....weeks/months and will be subject to review.

..... will undertake a programme of therapy and practice with school staff over the course of the next 12 months. The support will be tailored to needs and delivered accordingly.

..... will undertake a programme of therapy for..... weeks/months at which point their progress will be reviewed and they may be discharged.

## **Recording of parental Involvement in CSP process**

Liaison and encouraging parental contribution is key to all our working practices.

Parental contribution is recorded within the CSP as detailed in the following example. The table below forms part of the completed CSP document which you will receive from Education staff. It is important that AHP staff check this for accuracy.

<b>Objectives</b>	<b>Additional Support Required</b>	<b>Persons providing Support</b>
<i>Educational objective is recorded here</i>	<i>Parental, Professional contribution is recorded here in this centre column</i> E.g. Occupational Therapist, Speech and Language Therapist and Physiotherapist to provide Regular monitoring / adjustment of the equipment for .....’s seating, eating and drinking and self-care. School to ensure That all equipment is maintained and used appropriately throughout the school day Parents (as part of the 24 hour postural management programme) to monitor .....’s posture and contact the therapists and school if any concerns	<i>In this section the staff involved are detailed by designation of post title not by name</i>