



COT/ BAOT Briefings

National Service Framework for Children Young People and Maternity Services 2004

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1. Introduction

One of the key elements in the government's *Change for children* reforms (Department of Health and Department for Education and Skills 2004) is the *National service framework for children, young people and maternity services* (Department of Health and Department for Education and Skills 2004a), which sets out standards and a ten-year plan for children's health and social care.

Occupational therapists working with children, young people, their families and carers who benchmark their service against the markers of good practice for every standard in the National Service Framework (NSF) will be able to determine how well their service is performing.

The NSF focuses on coordinated, multi-agency, multi-disciplinary, child and family centred services that support parents and carers and promote social inclusion. Joint planning and commissioning of services is essential if policies to improve children's services are going to be successful.

The *National child health and maternity service mapping exercise*, (Department of Health and Department for Education and Skills 2004b) aims to map current health resources for children and young people. Data is provided voluntarily from primary, secondary and tertiary health care providers and from independent and voluntary sector providers. It is hoped to expand it further to include social care and education. Further information can be found at www.childhealthmapping.org.uk/ accessed 23/03/2006.

This briefing gives an overview of the standards in this NSF that are relevant for occupational therapy staff working with children and young people.

2. Standard one: Promoting health and well being, identifying needs and intervening early

'The health and well being of all children and young people is promoted and delivered through a coordinated programme of action, including prevention and early intervention



wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities' (Department of Health and Department for Education and Skills 2004a, p21).

The delivery of the *Child health promotion programme* (Department for Education and Skills 2003) to all children includes a systematic assessment of their development and their family's needs by the time the each child is one year old, screening, immunisations, early intervention and the *Healthy schools programme* (Department for Education and Skills 2004).

It also includes targeted services for those children, young people and families that need them, physical and mental health promotion and early identification of problems followed by early intervention. Occupational therapists may be involved in identifying problems such as autistic spectrum disorder or developmental delay, and providing interventions and targeted services. Support is often required for school age children who are experiencing difficulties related to their health, development or ability to learn.

Markers of good practice are:

- Therapy services are available to all children and young people who need them.
- Systems that minimise waiting times for services.
- Professionals and other staff who assess children's and family's needs that work in partnership and share information using the common assessment framework (Department of Health and Department for Education and Skills 2004).

3. Standard two: Supporting parenting

'Parents or carers are enabled to receive information, services and support that will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe' (Department of Health and Department of Education and Skills 2004a, p65).

A full range of integrated services are provided to parents and carers including information, education and support. Services are to be provided in partnership with private and voluntary health and social care organisations. For parents whose children have specific needs, such as behavioural or learning difficulties, or long term conditions, occupational therapists may provide parenting classes on a one-to-one or group basis and information and support at times of transition.

Markers of good practice are:

- Provision of early support and intervention as required.
- This provision is identified in local strategic plans.

4. Standard three: Child, young person and family-centred services

'Children, young people and families receive high-quality services which are coordinated around their individual and family needs and take account of their views' (Department of Health and Department of Education and Skills 2004a, p87).



Every child, young person, parent or carer is to be actively involved in making decisions about their health and well being and that these decisions are based on good information and advice.

Services should be planned and delivered around the 'whole child', not just their problems and work in partnership with parents, children and young people. There should be close cooperation between agencies to share information about children or young people.

Workforce development is included in this standard. All staff working with children will need to have common core skills, knowledge and competencies, including:

- Child development;
- safeguarding;
- effective communication;
- supporting transitions;
- multi-agency working; and
- sharing information.

Markers of good practice are:

- Clear confidentiality policies;
- clear consent policies;
- agreed joint planning processes; and
- an identified senior lead for each organisation.

5 Standard four: Growing up into Adulthood

'All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood' (Department of Health and Department for Education and Skills 2004a, p119).

This standard aims to support young people make the transition to adulthood and to take responsibility for their own health and well being. Young people should be involved in the way services are planned and delivered.

Occupational therapists often provide targeted or specialist services to meet the specific needs of young people in special circumstances. This provision is particularly important for disabled young people or those with long-term conditions to help them access further education, training or employment. See standards six, eight and nine for further information.

Marker of good practice:

- There should be targeted support for young people in special circumstances or with additional needs.

6. Standard five: Safeguarding and promoting the welfare of children and young people

'All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children



who are being or likely to be harmed' (Department of Health and Department for Education and Skills 2004a, p145).

By April 2006 each local area should have established a Local Safeguarding Children Board (LSCB) in which key partners take part (Great Britain: Parliament 2004). All agencies are required to ensure that the LSCB is effective and all staff are trained and competent to be alert to potential indicators of abuse or neglect. All adults have a responsibility to ensure that children are not harmed and all staff must know how to act on their concerns about an individual child. LSCBs must ensure that disabled children are equally protected from harm.

7. Standard six: Children and young people who are ill

'All children and young people who are ill, thought to be ill, or injured have timely access to appropriate advice and to effective services which address their health, social, educational and emotional needs throughout the period of their illness' (Department of Health and Department for Education and Skills 2004a, p4).

Standard six requires comprehensive, integrated local services to be provided through managed local children's clinical networks. It reiterates the need for parents, children and young people to be central to decision making. Since April 2004 it has been government policy that children, young people and their parents should receive copies of relevant reports and communications.

For children and young people with a known medical disorder there should be a healthcare plan, which describes actions to be taken if there is deterioration in the child's or young person's condition. Copies should be lodged with relevant services.

The aim for children and young people with long-term conditions is to manage their care in such a way as to cause minimum disruption to their normal lives. They should be given the opportunity to become Expert Patients (Department of Health 2001). For more information go to www.expertpatients.nhs.uk/ accessed 16/06/2006.

Providing equipment is a vital component of caring for a child or young person at home. Joint plans between local providers and commissioners should offer timely assessments, provision and maintenance of equipment for both short term and long term use. Detailed planning for equipment provision may be required, for instance where a child is being discharged from hospital. Occupational therapy staff will assess and provide equipment, liaising with the local community equipment service to ensure a smooth hospital discharge (see also standard 8). For information about the provision of equipment go to www.icesdoh.org/ accessed 23/03/2006.

Children and young people with long term pain management needs should be taught different strategies to manage their pain. Occupational therapists may be involved with this.

Multi agency children's community teams offer essential support for children with ongoing healthcare needs outside of hospital and will include occupational therapy staff. These teams are multidisciplinary and will help prevent hospital admissions and help discharge children and young people from hospital more quickly.



Disabled children with complex health needs may require admission to hospital when additional complications such as chest infections occur. Hospital staff must plan to meet their needs and training will be essential, for example with help for eating and drinking, or how to deal with challenging behaviour. Occupational therapists can provide training, can ensure suitable equipment is available in the hospital and personal care plans are followed.

This standard recommends that each disabled child or young person has a multi-agency plan that can be used each time he / she is admitted to or discharged from hospital. This should be developed and agreed with the child, young person and family, and should indicate who is responsible for each part of the plan. Plans might include information from social services, health services, therapy services, schools and respite care services. This could be expanded into a record held by the family with a clinical summary of what is required, for example drugs, therapy, equipment, support for eating, drinking, toileting, bathing and communicating. Plans should be updated as circumstances change.

Markers of good practice are:

- Continuity of care between different services and in different settings; and
- a system for the timely sharing of relevant information.

8. Standard seven: Children in hospital

‘Children and young people receive high quality, evidence based hospital care, developed through clinical governance and delivered in appropriate settings’ (Department of Health and Department for Education and Skills 2004a, p9).

Standard seven focuses on hospital care. It highlights some implications for primary care and for coordinating health care, social care and education services. It stresses the need to treat children and young people in their own right, with respect and with care that is integrated around their particular needs and the needs of their family. Staff in hospitals must:

- Identify those who need extra support;
- meet their responsibilities to safeguard children and young people;
- ensure there is a clear discharge policy; and
- ensure appropriate support is in place at home before discharge from hospital.

Primary care providers must have policies and procedures in place to ensure:

- Records are kept accurately;
- confidentiality and rights are respected;
- children, young people and their parents are involved in decision making and that they are familiar with the concept of competence in giving consent; and
- clear policies and information are available about information sharing.

Hospital staff should be trained to deal with the particular needs of children and young people of all ages and hospital managers will need to be aware of their staff’s training needs. Occupational therapists might be asked to provide training and education to a range of staff working in hospitals and other care settings.

Many children have complex disorders that cross speciality boundaries and staff must collaborate closely in order to ensure that the children receive consistent and coordinated support.



Hospital care for children and young people should be provided in buildings that are easily accessible for buggies and wheelchairs, safe, suitable for the age range and for those with disabilities. Disabled children should be able to access play and recreational facilities with toys and equipment suitable for their age and individual needs. Occupational therapists can advise hospital planners about the environment and about appropriate play and recreational equipment.

9. Standard eight: Children and young people with disabilities and complex health needs

'Children and young people who are disabled or who have complex health needs, receive coordinated, high-quality child and family centred services which are based on assessed needs, which promote social inclusion and, where possible, enable them and their families to live ordinary lives' (Department of Health and Department for Education and Skills 2004a, p5).

Standard eight focuses on the complex needs of children and young people with disabilities and recognises the opportunity to improve the quality of NHS care for all disabled children without the need for legislation. Standard eight is being accelerated as a result.

9.1 Therapy services

Standard eight specifies the following:

- Therapeutic interventions are agreed and overseen by specialist paediatric therapists.
- Therapy is delivered in the most appropriate setting and every effort is made to synchronise appointments and keep them to a minimum to avoid undue absence from school and undue burden on parents or carers.
- Protocols are developed for the delivery of interventions by teachers and learning assistants.
- Local therapy services promote self-referral, develop simple systems for referral and discharge, develop simple care pathways and reduce excessive waiting times that may affect a child's development.
- Decisions about rehabilitation and provision of therapy are made in partnership with parents and have agreed goals.

Local therapy services must ensure a timely supply of therapy and rehabilitation that is sufficient and equitable to meet the needs of the children and young people. The capacity of therapy services to offer timely assessment and intervention will be based on a local needs analysis forming part of the *Children and young people's plan* (Great Britain: Parliament 2004).

Therapy services will need an organised infrastructure that works across all agencies to ensure services are coordinated. This will require:

- Clear information about what occupational therapy services offer;
- definitions of roles and standards;
- clear referral and re-referral process, prioritisation and discharge policy;
- criteria for review;
- common paperwork for reports and letters etc; and
- policies and protocols for information sharing and service user involvement.



9.2 Managed local networks

The NSF advocates the use of managed local networks. These are 'linked groups of health professionals and organisations from primary, secondary and tertiary care, and social services and other services working together in a coordinated manner' (Department of Health 2005 p8).

They aim to ensure that all agencies responsible for delivering care work together and have an agreed focus. They may be based on a geographical area, a specific service or specific group of service users, or on commissioning or clinical groups.

A toolkit has been developed to help people understand the advantages of working and planning services in this way. Further more information go to www.dh.gov.uk/assetRoot/04/11/43/68/04114368.pdf accessed 28/03/2006.

9.3 Criteria for provision of Social Services

Local authorities must work in partnership with health, education and voluntary sector providers to develop their threshold criteria for provision of services. Threshold criteria should be based on the impact a disability or complex health need has on the child, young person and family, with a view to providing services that will optimise the child's development and maximise participation in family life. These criteria should be transparent, published and shared with families and the voluntary sector and aim at including rather than excluding children and young people from receiving services. Decisions must be fair and consistent for all children and young people. Service users with similar needs should receive similar packages of care to achieve broadly similar outcomes.

9.4 Direct payments

Direct payments for social services must be offered to parents of disabled children and young people and to disabled 16 and 17 year-olds in their own right (Great Britain: Parliament 2001). The offer should follow an assessment using the framework for the assessment of children in need and their families.

Direct payments give people more choice, control and independence. They may be used to purchase services that would otherwise be provided by the local authority such as child care, personal care, short term breaks, equipment and access to educational or leisure activities.

For guidance about direct payments go to www.dh.gov.uk/assetRoot/04/06/92/62/04069262.pdf accessed 28/03/2006.

9.5 Housing, equipment, transport and leisure needs

Housing needs for disabled children, young people, their families and looked after disabled children and young people must be considered when services are commissioned. Local authorities are required to map local housing needs.

Disabled children and young people should be able to access and use all the equipment they need in all the places they typically spend their time. Equipment should be tailored to individual and developmental needs of children. Parents, carers, children and young people should be trained to use equipment and given contact information for maintenance and out-of-hours emergency cover where appropriate.

Community equipment services should be integrated across health, social services and education and multi-agency protocols developed for the assessment and provision of



equipment, including wheelchairs. Pooled budgets and the use of other Health Act 1999 (Great Britain: Parliament 1999) flexibilities can be used to help integrate and improve services.

Disabled Facilities Grants (DFG) are mandatory entitlements for disabled people living in all tenures to provide assistance with home adaptations. Means testing for DFGs was abolished in October 2005 for families with a disabled child or young person.

Occupational therapists will be involved in the assessment for and provision of suitable housing or housing adaptations and equipment. They may also be involved in training parents, carers and other staff as well as the children and young people in the correct use of equipment.

Services for disabled children include those that promote friendship and independence and offer a wide range of sport and leisure activities. All services, including parks, playgrounds, holiday play schemes and after-school clubs should be available to all children and young people.

Local transport that is accessible and flexible enables young people to get to local events and venues when they choose.

9.6 Early identification and intervention

Standard eight requires health visitors to work in partnership with early years staff to raise awareness and understanding of children's health and developmental needs and encourage early referral to primary care teams or other services, such as therapy services, if there are concerns about a child.

The standard recommends that diagnosis and assessment of need is carried out as close to the child's home as possible, in convenient settings such as the child's home or school, and that services are co-located where possible, for instance in Children's Centres.

Occupational therapists working in multi disciplinary teams may be involved in the early recognition, diagnosis and treatment of many conditions. Access to occupational therapy services should be timely and offer support in the community, if necessary before any diagnosis is confirmed.

Assessments and interventions should support optimal development and social inclusion for children and young people and include the parent's, sibling's and carer's needs for support. Consideration will be given to such things as the child's mobility, perceptual, motor coordination and communication needs, access to leisure, play and education, postural management, equipment, skills for daily living such as eating and drinking, housing and other requirements.

9.7 Early support programme

This is a programme to improve services for babies and very young disabled children and their families. The *Early support professional guidance* (Department for Education and Skills 2002) is essential reading for anybody who works with families with very young disabled children on a regular basis, including occupational therapists. The guidance explains what is involved in achieving standard eight, building on established good practice and families' views about the support they receive. For the *Early support professional guidance* go to www.earlysupport.org.uk/Default.aspx?tabid=160 accessed 28/03/2006.



9.8 Key workers

Families caring for a child or young person with high levels of need should have a key worker assigned to oversee and manage the services in place to support them. Key workers, or care managers as they are sometimes called act as a single point of contact for families. They work with families to make sure they receive the services they require.

For the new standards for key workers go to www.ccnuke.org.uk/skins/CCNUK/downloads/keyworker.pdf accessed 28/03/2006).

9.9 Lead professional

Occupational therapists may be required to take on the lead professional role. Where more than one practitioner is working with a family the lead professional will act as a single point of contact. They must be someone the family can trust, who will support them through making decisions and help them find their way through the system. The lead professional will be decided following the completion of a common assessment and will ensure that interventions are planned, appropriate, effective, well timed and that regular reviews take place.

Lead professional good practice guidance and more information about the differences between this and a key worker can be found at www.everychildmatters.gov.uk/files/1F7266BC0B5CA9758EC4F28A9F46C737.pdf accessed 10/06/2006.

9.10 Palliative care

Palliative care is essential for many disabled children and young people and is included in this standard as well as standards four, six and ten. Palliative care services should be easily accessible, timely and in a setting of the family's choice. High quality services should be available for all children and young people who need them and this includes the prompt availability of equipment to support care, and the provision of activities to promote quality of life for the child, young person and their siblings and parents. Occupational therapists are often involved in providing these aspects of palliative care.

A guide for commissioning palliative care services is available at www.dh.gov.uk/assetRoot/04/12/38/75/04123875.pdf accessed 28/03/2006.

9.11 Transition planning

Standard eight recommends putting in place a multi-agency transition group with representation from the Learning Disability Partnership Board, Connexions, social care, housing, education, the Learning and Skills Council, health, service user groups and voluntary organisations with the purpose of overseeing transition arrangements at strategic and operational levels.

Agencies should widen the opportunities for education, training and employment for disabled young people.

Occupational therapists have a great deal to offer young people in developing their skills for adult life including help with planning, training and practicing daily living skills, personal care and basic life skills, social skills, mobility, using of public transport and so on.

9.12 Markers of good practice

Each of the markers of good practice in standard eight has implications for occupational therapists. They are:



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- Disabled children and young people have access to all mainstream services.
 - All services promote social inclusion and active participation.
 - Child centred multi-agency coordinated services are provided from the point of referral, through identification and assessment to delivery.
 - Early identification and intervention is provided through clinical diagnosis and through the *Framework for the assessment of children in need and their families* (Department of Health, Department for Education and Employment and the Home Office 2000). This framework provides a systematic way of analysing and recording the developmental needs of children and young people within the context of their family and environment.
 - Following assessment services are provided from social services and other social care providers.
 - For children under three years old the *Together from the start guidance* should be followed (Department for Education and Skills and Department of Health 2003).
 - Interventions should support optimal physical, social and cognitive development and be provided as early as possible through multi-agency coordinated services.
 - Health interventions are to be delivered by staff with the right skills for diagnosis, assessment, treatment and ongoing support and care.
 - Family support services are appropriate, flexible and responsive to individual needs.
 - Children, young people and their parents are routinely involved in decision making about their own care and in shaping local services.
 - Local Safeguarding Children Boards (Great Britain: Parliament 2004) have policies and protocols in place to ensure disabled children and young people are protected from physical, emotional and sexual abuse and neglect and to provide guidance about invasive care, manual handling and management of challenging behaviour.
 - Transition planning is multi-agency and focuses on inclusive provision and maximising potential for education, training, and employment.
 - There should be a range of flexible, sensitive services to support people affected by the death of a child.

9.13 Exemplars and guidance relevant to standard eight

9.13.i) The exemplar *Complex disability* describes the journey of one disabled child from birth through to transition to adult services. It illustrates some of the key themes within this NSF and gives evidence and further references where possible.

For the exemplar *Complex disability* go to

www.dh.gov.uk/assetRoot/04/12/38/15/04123815.pdf accessed 28/03/2006.

9.13.ii) The exemplar *Autistic spectrum disorders*, which illustrates the journey of a child with autistic spectrum disorder from birth to transition into adult services is available at

www.dh.gov.uk/assetRoot/04/09/05/71/04090571.pdf accessed 28/03/2006.

9.12.iii) The exemplar *Care pathway for the discharge and support of children requiring long term ventilation in the community*, describes the challenges of setting up a home care package for children using long-term ventilation, including funding arrangements. For the exemplar go to www.dh.gov.uk/assetRoot/04/11/51/02/04115102.pdf accessed 28/03/2006.

10. Standard nine: The mental health and psychological well being of children and young people



'All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high-quality multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families' (Department of Health and Department for Education and Skills 200c, p4).

This standard requires that all staff working with children and young people are able to contribute to their mental health and well being. Local protocols should be agreed between all agencies for referral and support. Services must ensure that treatment interventions are based on the best available evidence and take account of individual needs and circumstances.

Child and Adolescent Mental Health Services (CAMHS) are organised in four tiers:

- Tier 1 is a primary level of care.
- Tier 2 is provided by specialist professionals working with staff in primary care.
- Tier 3 is a specialised multi-disciplinary service for more severe, complex or persistent disorders.
- Tier 4 is tertiary level services such a day units, highly specialised out patient teams and in patient units.

Disabled children, including those with learning disabilities, should have equal access to all four tiers of CAMHS. Partnership working between service providers will ensure that coordinated and integrated packages of care are available to all children and young people, including those vulnerable to abuse, with significant conduct disorders and those who are misusing drugs or alcohol.

Services in tiers two and three provide assessment and therapeutic support for infants, young children and families to promote parent / child relationships and address attachment difficulties and early problems.

The common assessment framework is to be used and services should be as near to home as possible. Information and self-referral must also be available.

Transition arrangements must be flexible and smooth and flexibility will help to ensure there are no gaps in service provision.

Markers of good practice are:

- The provision of appropriate environments for those who need hospital admission.
- For children and young people in need of urgent intervention to be able to receive care within 24 hours or the next working day.
- For agencies to develop agreed protocols for referral, support and early intervention.

11. References

Department for Education and Skills (2002) *Early Support Programme* London: DfES

Department for Education and Skills (2003) *Every child matters* London: DfES

Department for Education and Skills (2004) *Healthy living blueprint for schools* London: DfES



Department for Education and Skills and Department of Health (2003) *Together from the Start – practical guidance for professionals working with disabled children (birth to third birthday) and their families* London: DfES

Department of Health (2001) *The Expert Patient: a new approach to chronic disease management for the 21st century* London: DoH

Department of Health (2005) *National service framework for children, young people and maternity services A guide to promote a shared understanding of the benefits of managed local networks* London: DoH

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