

Last updated: 27 June 2025

Ordinarily Available Inclusive Provision – Health Advice and Provision in Shropshire, Telford and Wrekin

Introduction

Ordinarily Available Inclusive Provision is the new name for ‘ordinarily available provision’ and is sometimes shortened to OAIP. The term ‘ordinarily available provision’ comes from the SEND Code of Practice and refers to the support that mainstream schools and settings should be able to provide for a child or young person through their agreed funding and resource arrangements.

Healthcare services are an important part of inclusive provision. Health care services work across universal, targeted and specialist services. There are many health care services that can advise and support children and young people without the need for referral to specialist services.

This document sets out the support that schools and settings can put in place to address health needs and indicates the support available from health services at universal, targeted and specialist levels. It should be read alongside Shropshire Council and Telford & Wrekin Council’s Ordinarily Available Inclusive Provision Guidance.

At the time of writing Shropshire’s OAIP is under review and Telford’s is under development.

Reasonable adjustments

The Equality Act (2010) states all organisations including education, health and social care must take steps to remove the barriers individuals face because of disability.

Reasonable adjustments are changes that organisations and people providing services must make if someone’s physical or mental disability puts them at a disadvantage compared with others who aren’t disabled.

This means schools have a legal obligation to support pupils who are disabled with reasonable adjustments, making sure they can benefit from what the school offers in the same way as a pupil who isn't disabled. In health and social care, organisations have a legal obligation to provide reasonable adjustments to make sure services are accessible to all disabled people.

In Health care reasonable adjustments may include:

- making sure there is good access for people who use a wheelchair in health care buildings
- providing plain English or easy read appointment letters
- giving someone a priority appointment if they find it difficult to wait
- offering a longer appointment if someone needs more time to make sure they understand the information they are given
- having a quiet space available for people waiting for their appointment
- making sure there is a hearing loop system in consultation rooms
- ensure there is access to a British Sign Language (BSL) interpreter to support at appointments or an internet video-link that could be used with BSL interpretation remotely
- using a communication chart to support a person who requires it during an appointment

SEND Code of Practice

The SEN Code of Practice provides practical advice to Local Education Authorities, maintained schools, early education settings and others on carrying out their statutory duties to identify, assess and make provision for children's special educational needs. All schools / settings must refer to the Code of Practice whenever decisions are taken relating to children with special educational needs (SEN) or disabilities.

The Local Offer

The SEND Local Offer is a single place for information about services and resources for parent carers of children and young people aged 0-25 with special educational needs and or disabilities and the practitioners who support them.

- [SEND - Local offer \(telfordsend.org.uk\)](https://telfordsend.org.uk)
- [The SEND local offer | Shropshire Council](#)
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Note of thanks: *Leicestershire County Council and Somerset Council's Ordinarily Available Provision/Graduated Response documents have been used as reference points when developing the structure and content of this document.*

All information was correct as of 27 June 2025 – please refer directly to service providers for detailed service criteria and subsequent updates.

The Four Domains

This document is separated into the four main areas of need set out in the Code of Practice.

- 1. Communication and Language**
- 2. Cognition and Learning**
- 3. Social, Emotional and Mental Health**
- 4. Physical and/ or Sensory.**

Children and young people may have needs across more than one category and certain conditions may not fall neatly into one area of need.

Whilst there is a wealth of suggestions and strategies, this is not an exhaustive list of the barriers that you might see and the provision that could be used to support children and young people but indicates the type of arrangement that should be typically available.

Communication and Language

SEND Code of Practice (2015)

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

Children and young people with autism, including Asperger's Syndrome and autism spectrum disorder, are likely to have difficulties with social interaction. They may also experience difficulties with language, communication, and imagination, which can impact on how they relate to others.

Code of Practice, 6.28. and 6.29.

The following table describes different needs and the support and resources available.

| What does it look like? | Inclusive/universal support | Resources Available | Provision that is 'additional to' or 'different from' the schools' Universal offer (Targeted) |
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| <p>Expressive Language (expressing themselves or talking)</p> <p>The child may:</p> <ul style="list-style-type: none"> • have a limited range of vocabulary • simple sentence structure • only talk about the here and now, rather than things in the past or future • use simpler forms of words e.g. 'geen' instead of 'green' • swap some sounds e.g. 'bish' instead of 'fish' • have difficulty responding to the whole of a sentence | <ul style="list-style-type: none"> • Say their name and check back for understanding • Simplify language and give increased processing time • Instruction tasks chunked and visually supported if appropriate (gesture, pictures, objects of reference) • Emphasise key words in your comment or instruction • Explicit teaching of active listening (not necessarily requiring eye contact). • Modelling - adults to model and scaffold appropriate language and conversation skills | <p>Advice is available for parent carers and practitioners through the SLT Advice line 01743 450800 Option 4</p> <ul style="list-style-type: none"> • Children's Speech and Language Therapy Service Our Training • Childrens SLT Service Handbook • Resource library for educators - Speech and Language UK: Changing young lives • Guidance to help improve SLC in the early years (gov.uk) • Pre Teaching vocabulary – (free to access) | <p>Whole school approaches to supporting children with SLCN include: -Reception Baseline, Teacher/Teaching Assistant, Primary Talk.</p> <p>Telford: Elklan's Communication Friendly Settings programme (CFS), supports the communication and language development of children thus achieving a Communication Friendly Setting status.</p> <p>Talk Boost interventions can help children improve their speaking and understanding. NELI to develop vocabulary, narrative, listening and phonological awareness for 4–5-year-olds, (the Nuffield Early Language Intervention).</p> |

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| | | <ul style="list-style-type: none"> • YouTube links for Whole Class demonstration for Year 4 and Year 6 • Access to PDF Vocabulary Manual for the explicit teaching of vocabulary. <p>More information about support for SLCN is listed on the Healthier Together website</p> | <p>Universal Support for SLC is available through the children's SLT Advice Line 01743 450800 Option 4</p> <p>Targeted Support for children with identified Speech, Language and Communication Needs in school includes locally used evidence-based screening tools. Children's Speech and Language Service Screening tools</p> <p>Follow up care may include: First Assessments where children have met the threshold; Further training and/or coaching for parent- carers or education settings; Direct Speech and Language Therapy where the clinical evidence indicates this will specifically add value to the child's progress. Children's SLT service referrals</p> <p>The Children's SLT service provides targeted and specific support for SLC for children with moderate to high needs of all ages.</p> <p>With colleagues from other professional groups in the CDC, Children's SLT provides targeted/specific social communication support for children with moderate to high needs up to 5 years old.</p> |
| <p>Receptive language (understanding)</p> <p>The child may:</p> <ul style="list-style-type: none"> • find it difficult to follow instructions or make choices • need more time to understand what has been said | <ul style="list-style-type: none"> • Use visual support strategies • Use quiet spaces to support concentration • Reduce distractions in the environment • Use real objects and sensory experiences to generate new | <p>Advice is available for parent carers and practitioners through the SLT Advice line 01743 450800 Option 4</p> <p>Children's Speech and Language Therapy Service Our Training</p> | <p>See above</p> |

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| <ul style="list-style-type: none"> • over rely on non-verbal communication • have high levels of anxiety or withdrawal • ask questions to clarify understanding • copy peers • echo back question or last part of the sentence they have just heard • repetition of words or whole phrases from familiar TV programmes, stories and conversations | <ul style="list-style-type: none"> • vocabulary and make learning more meaningful • Say their name and check back for understanding • Simplify language when necessary • Children need a reason to communicate, plan resources and opportunities to support this • Follow the child's lead, comment on their play or interests. • All practitioners try to use the same word/phrase rather than using a range of words to describe the same activity | Childrens SLT Service Handbook Resource library for educators - Speech and Language UK: Changing young lives Guidance to help improve SLC in the early years (gov.uk) More information about support for SLCN is listed on the Healthier Together website | |
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| What does it look like? | Inclusive/universal support | Resources Available | Provision that is 'additional to' or 'different from' the schools' Universal offer (Targeted) |
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| Social Communication The child may: (in different situations/with different people) <ul style="list-style-type: none"> • find it difficult to take turns in conversations, or listen to others e.g. may dominate or withdraw • may find it difficult or not want to change topic of conversation and repair conversation where it goes wrong • need support to understand, build and maintain friendships • need support with changes in routine unsettling • need support to understand/recognise facial expression, non-verbal cues and prompts and body language | <ul style="list-style-type: none"> • Minimise visual distractions and background noise • Realistic expectations for individual children • Opportunities to answer questions in different ways (white boards, non-verbal) • Social stories and Comic strip conversations • Visual supports • Encourage simple interaction and turn taking with high interest toys (bubbles, noisy toys) • Unstructured playtimes, extra-curricular groups, | Advice is available for parent carers and practitioners through the SLT Advice line 01743 450800 Option 4 <ul style="list-style-type: none"> • Children's Speech and Language Therapy Service Our Training • Childrens SLT Service Handbook • Resource library for educators - Speech and Language UK: Changing young lives • Guidance to help improve SLC in the early years (gov.uk) Community based opportunities (outside school) where children can develop social communication skills | Shropshire and Telford Local Authorities provide Educational Psychology (EPS) support to schools/settings in some circumstances. Shropshire EPS Telford and Wrekin EPS In Shropshire the Educational Psychology team offer support to educational settings in relation to Neurodiversity and Social, Emotional & Mental Health difficulties. This support may be part of their traded service . With colleagues from other professional groups in the CDC, children's SLT provides targeted/specific social communication |

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| <ul style="list-style-type: none"> • need support to give context, detail, adjust speed of speech and tone of voice • not always ask for help, or feel able to express their needs • have an increased need for concrete, precise language. For example, someone may misunderstand jokes and sarcasm, idioms, synonyms | <p>circle of friends, friendship bench</p> <ul style="list-style-type: none"> • Repeat and revisit activities to offer reassurance and build confidence | <p>alongside peers are run by community organisations and are listed on the Healthier Together Website</p> | <p>support for children with moderate to high needs up to 5 years old.</p> |
| <p>Attention and listening:</p> <p>The child may</p> <ul style="list-style-type: none"> • have difficulties following multi step instructions • appear not to hear, may not respond to their name • avoid eye contact • fleeting attention and difficulties sustaining attention, easily distracted • not be able to listen and do something at the same time • demonstrate dysregulated behaviour e.g. avoidance, disruption, upset, anxiety, withdrawal • appear to be on their own agenda and it may be difficult to get them to engage in adult led interactions | <ul style="list-style-type: none"> • use calm colours and be aware of noise levels • consider seating position to promote attention and listening • carefully plan where areas are placed in the room e.g. the book area away from the door. • be aware of throughfares. • offer a range of sensory experiences to engage the child • consider sensory diet and movement breaks • ensure appropriate daily routines are in place • know about and follow the child's current interests or motivators • use communication strategies listed above to support engagement. | <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Advice is available for parent carers and practitioners through the Children's OT Advice line 01743 450800 option 2 or shropcom.OT4kids@nhs.net</p> <p>Website Children's OT Sensory Information provides information and support including</p> <ul style="list-style-type: none"> • 'What are our Senses' Information about our senses • Links to sensory questionnaires • sensory processing video for parents, carers and professional <p>Children's Occupational Therapy Sensory Resources</p> <ul style="list-style-type: none"> • strategies and activities to help children to regulate their sensory needs • Information about How to book onto a sensory webinar. | |

Cognition and Learning

SEND Code of Practice (2015)

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Code of Practice, 6.30. and 6.31.

The following table describes different needs and the support and resources available.

| What does it look like? | Inclusive/universal support | Resources Available | Provision that is 'additional to' or 'different from' the schools' Universal offer (Targeted) |
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| <p>Generalised learning difficulties, e.g. difficulties across the curriculum but with some areas of strength</p> <p>A child may show a slower rate of progress than their peers. This could be due to a range of factors for example developmental delay or the impact of life events.</p> <p>The child may show:</p> <ul style="list-style-type: none">• poor memory skills• an inability to retain basic skills and concepts and need lots of practise and repetition• poor concentration• difficulties with joint attention• repetitive play skills• difficulties with understanding | <p>A learning difficulty can be overcome through changes to learning styles, the presentation of information, or giving children more time to understand and complete tasks. For example:</p> <ul style="list-style-type: none">• clear and simple instructions• breaking down longer instructions and giving one at a time• visual timetable• visual cues and prompts• social stories• give time before response is needed | <p>See OAIP documents for Shropshire Council and Telford and Wrekin Council (status at June 2025: being developed)</p> | <p>Shropshire and Telford Local Authorities provide Educational Psychology (EPS) support to schools/settings in some circumstances. This may include an assessment for cognition and learning.</p> <p>Shropshire EPS Telford and Wrekin EPS</p> <p>A learning disability is different from a learning difficulty as it affects a person's global learning and intellectual ability and requires ongoing support from others to enable the child to function in all aspects of day-to-day life.</p> <p>There is currently no commissioned learning disability assessment pathway in Shropshire,</p> |

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| <ul style="list-style-type: none"> • difficulty generalising skills • difficulty sequencing • difficulties understanding and recalling routines • over reliance on adults | <ul style="list-style-type: none"> • pre-teaching – e.g. help prepare the child for the new learning • differentiated resources <p>See also support for Receptive Language Difficulties and Attention and Listening above.</p> <p>The child’s rate of progress may increase over time through high quality teaching and in class support at a universal level.</p> <p>It is important to check hearing and vision prior to consideration of or assessment for cognition and learning barriers.</p> | | <p>Telford and Wrekin. However, some professionals will diagnose/apply the ‘learning disability’ descriptor to a child’s health record including Community Paediatricians where a child is already on their caseload for medical needs and the BeeU LD service where children meet their service criteria and an LD assessment is clinically indicated.</p> <p>Young people over 14 years identified as having a learning disability should be signposted to Learning Disability Annual Health Checks via their GP.</p> |
| <p>Specific learning difficulties affecting one or more specific aspect of learning, e.g.</p> <p>difficulties with:</p> <ul style="list-style-type: none"> • phonological awareness skills • numeracy • development of reading and spelling skills • writing and recording • working memory (Executive function skills) • processing information | <p>See OAIP documents for Shropshire Council and Telford and Wrekin Council (status at June 2025: being developed)</p> | <p>There is no particular health provision for children with specific learning difficulties, however health professionals will work closely with Education and Educational Psychology</p> | <p>Shropshire and Telford Local Authorities provide Educational Psychology (EPS) support to schools/settings in some circumstances. This may include an assessment for cognition and learning.</p> <p>Shropshire EPS Telford and Wrekin EPS</p> <p>Children’s Occupational Therapy services and the Community Paediatric Service would assess and provide advice for children and young people who may have Developmental Coordination Disorder.</p> |

Social, Emotional and Mental Health

SEND Code of Practice (2015)

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Code of Practice, 6.32

The following table describes different needs and the support and resources available.

| What does it look like? | Inclusive/universal support | Resources Available | Provision that is 'additional to' or 'different from' the schools' Universal offer (Targeted) |
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| <p>Social, Emotional and Mental Health These could include, but are not limited to:</p> <ul style="list-style-type: none"> • Anxiety • Emotional Based School Avoidance • Attachment difficulties • Bereavement • Adverse Childhood Experiences <p>Social, Emotional and Mental Health A child may:</p> <ul style="list-style-type: none"> • have difficulties planning and organising themselves • have difficulties regulating their emotions • be withdrawn, overactive or have poor concentration • have triggers that they respond to that lead to disruptive behaviour or emotional outbursts • have a reduction in attendance, being late, patterns of non-attendance, and/or difficulties with transition • struggle to make and maintain healthy peer relationships and friendships • difficulties with sleep, eating, self-care and independence • show a change in demeanour and/or appearance | <ul style="list-style-type: none"> • use of whole setting approaches to promote wellbeing and resilience • understanding anxiety in children • trauma informed approach and restorative practice • understanding of patterns of behaviour and that behaviour is a form of communication • use of home-setting communication book • know the child and what their motivators/interests are • seek the child's voice • identify key person who can recognise needs and meet and greet <p>Use of the following strategies where appropriate for individual child needs:</p> <ul style="list-style-type: none"> • calm spaces • movement and sensory regulation breaks • sensory/calm box available (may include favourite activities) • allow a child to build up the time engaged slowly • use of a comfort object from home to help them feel safe and secure • nurture groups | <p>Where health needs are identified, the Health Visitor or School Nurse Team will either identify and complete a targeted piece of work, or refer into appropriate services who are better designed to meet the needs. They will also continue to support the family in waiting well.</p> <p>Every school and educational setting in Shropshire, Telford and Wrekin should have a designated lead for Mental Health. The designated mental health lead can be contacted for advice and help about supporting a child in school.</p> <p>BeeU work in partnership with some schools in the region as part of the Mental Health in Schools and Colleges programme to:</p> <ul style="list-style-type: none"> • deliver evidence-based interventions for mild-to-moderate mental health difficulties • support the school or college to develop a whole school approach to mental health • give timely advice to educational staff, and liaise | <p>There are a range of organisations/processes than support SEMH needs:</p> <ul style="list-style-type: none"> • Use of Family Support Plan/Early Help • Support from the Health Visitor or School Nursing Services • Professional consultation with the Mental Health in Schools Team (MHST) if an MHST school • Professional consultation with CAMHS Single Point of Access (BeeU) • Consultation with Safeguarding teams • Education Psychology Service - Shropshire EPS Telford and Wrekin EPS • Inclusion Outreach Services – Telford Inclusion Outreach • Social Prescribing – Shropshire Social prescribing Telford Social prescribing |

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| <ul style="list-style-type: none"> • show a change in attitude to learning and/or motivation to engage • have low confidence and/or self-esteem, including fear of failure, risk avoidance, negative self-talk • may partake in self-harm activities | <ul style="list-style-type: none"> • social stories • visuals • buddy systems • direct teaching of calming/self-regulation strategies (yoga, meditation, breathing exercises) • zones of regulation and emotion coaching • substitute self-harming behaviours – e.g. biting – replace with Chewelry, • individualised reward system linked to the child’s interests • give an element of control – controlled choices • give the child responsibility for certain task | <p>with specialist services to help children get the right support</p> <p>Information about BeeU services and other services children, young people and families can directly access can be found on the BeeU website</p> <p>One such service is Kooth, an online emotional wellbeing community for children and young people aged 11 to 25, where they can access free, safe, and anonymous support without a referral.</p> | |
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Physical and/or Sensory

SEND Code of Practice (2015)

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Information on how to provide services for deafblind children and young people is available through the Social Care for Deafblind Children and Adults guidance published by the Department of Health

Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.

Code of Practice, 6.34 and 6.35

The following table describes different needs and the support and resources available.

| What does it look like? | Inclusive/universal support | Resources Available | Provision that is 'additional to' or 'different from' the schools' Universal offer (Targeted) |
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| Physical Needs These could include, but are not limited to: <ul style="list-style-type: none"> • Cerebral palsy • Spina bifida • Hypermobility • Duchenne muscular dystrophy • Loss of limb(s) • Degenerative disease • Rheumatoid arthritis • Acquired brain injury • Developmental / motor impairment / delay | Consider the following: <ul style="list-style-type: none"> • alternative routes around the school • changing classroom locations to increase accessibility • changing door handles, providing foot boxes, and handrails on steps • leaving lessons early or later • enable access to IT equipment e.g. computers, tablets. | Where health needs are identified, the Health Visitor or School Nurse Team will either identify and complete a targeted piece of work, or refer into appropriate services who are better designed to meet the needs. They will also continue to support the family in waiting well. Visit the Local Offers for Telford and Shropshire to be aware of local support groups and activities to signpost parent/carers Local/ National Charities IHCP Templates Managing Medical Conditions in schools/ settings. Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk) | Referral to Children's Physiotherapy Service – for assessment of needs if not already known to services: <ul style="list-style-type: none"> • Exercise programmes to target functional difficulties – training in delivery of programme for school staff • Advice on access to the curriculum e.g. P.E., forest school • Advice on the child's physical abilities to support schools with writing their own risk assessments and manual handling plans • Identification of suitable equipment to support with a |
| Physical access needs | | | |

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| <p>The child may:</p> <ul style="list-style-type: none"> • seek adult support to move around the school • refrain from moving between areas of the school • struggle to open doors • require additional support to evacuate a building in case of emergency • require physical support to negotiate the school site | <p>Develop an Individual Healthcare Plan in partnership with parent carers, the child and the relevant healthcare professional.</p> <p>Ensure relevant plans and policies are in place:</p> <ul style="list-style-type: none"> • Evacuation Plans • Accessibility Plans • Health and Safety/ Safe Lifting Policy • Managing Medications Policy | | <p>child's active transfer needs, e.g. Ross Re-turn, Sara Steady, wheeled stools</p> <ul style="list-style-type: none"> • Advice and training for school staff on the use of postural management equipment such as standing frames • Advice and training on the use of mobility aids, such as k-walkers and Grillo walkers. <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy Referral Form 14429.pdf</p> <ul style="list-style-type: none"> • Support for Accessibility assessment in post 16 in educational settings • Moving & Handling advice • Positioning advice • Environmental Adaptations • Use of equipment • Use of compensatory approaches • Inclusive approaches • Risk assessment support • Support for wheelchair use • Promoting independence skills • Disabled Students reports for university • Access to work support for referrals • Referral to Regional Driving Centre • Reports for supported internships |
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| | | | <p>Referral to Community Paediatrics can be made by another health professional for assessment of previously undiagnosed motor difficulty or for ongoing management of medical needs.</p> <p>Neuromuscular conditions (including Muscular Dystrophy) will be assessed and managed by the Neuromuscular service in Robert Jones and Agnes Hunt Orthopaedic Hospital RJAH</p> <p>Orthopaedic services may be involved in care and provision of appropriate equipment and aids.</p> |
| <p>Personal care needs</p> <p>The child may:</p> <ul style="list-style-type: none"> • require adult assistance with cleaning themselves occasionally • require adult support to change their clothes/ pull clothes up/ down for toileting • be unable to get on and/or off toilet • demonstrate poor balance on the toilet • be unable to reach sink • be unable to use taps/soap dispenser/ dry hands | <p>Provide reasonable adjustments and commercially available equipment such as:</p> <ul style="list-style-type: none"> • installation of rails • provision of bath-steps or stools • change taps to levers or automatic sensor • Lower height of soap dispenser • provide toilet seat with arms • toilet seat insert <p>Develop an Individual Healthcare Plan in partnership with parent carers, the child and the relevant healthcare professional.</p> | <p>Where health needs are identified, the Health Visitor or School Nurse Team will either identify and complete a targeted piece of work, or refer into appropriate services who are better designed to meet the needs. They will also continue to support the family in waiting well.</p> <p>ERIC, the Children's Bowel and Charity provides</p> <ul style="list-style-type: none"> • Clinically correct information and digital resources and a credible online shop for continence products • Training courses for health and education professionals • Support and information events for parent carers <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Advice is available for parent carers and practitioners through the Children's OT Advice line 01743 450800 option 2</p> | <p>There are a range of appropriate services which are designed to meet specific needs. Information theses services, and their referral details can be seen on the Shropshire Community NHS Trust website</p> <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Referral Form 14429.pdf</p> <ul style="list-style-type: none"> • Support for Accessibility assessment in post 16 in educational settings • Moving & Handling advice • Positioning advice |

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| | Ensure Personal and Intimate Care Plan in place and actions followed. | | <ul style="list-style-type: none"> • Environmental Adaptations • Use of equipment • Use of compensatory approaches • Inclusive approaches • Risk assessment support • Support for wheelchair use • Promoting independence skills <p>External health agencies may be involved for more complex care needs e.g. catheterisation</p> |
| <p>Sitting and seating</p> <p>The child may:</p> <ul style="list-style-type: none"> • appear to be fidgeting/leaning in their chair • appear to be distracted/taking longer to complete tasks in comparison to their peers • complain of pain or falling off their chair • demonstrate poor quality of work, such as poor handwriting, longer time to eat • struggle to maintain posture throughout the school day • struggle to sit | <p>Consider introducing:</p> <ul style="list-style-type: none"> • chairs in different heights, with backrest and some with arm rests • Ensuring that when the child is seated they are positioned 90/90 • Foot blocks • Tables of different heights, or height adjustable tables • wobble cushions or wedge cushions. • writing slope • working in different areas of the classroom • different positions for working; high kneeling, standing etc | <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Advice is available for parent carers and practitioners through the Children's OT Advice line 01743 450800 option 2 or shropcom.OT4kids@nhs.net</p> | <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Referral Form 14429.pdf</p> <p>Referral to SCHAT Children's Occupational Therapy Service / Physiotherapy service for positioning advice and specialised assessments for postural seating</p> |

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| | <ul style="list-style-type: none"> • alternative workstations to allow flexibility • additional time for activities • regular mobility/movement breaks and rest periods | | |
| <p>Co-ordination and other mobility needs</p> <p>The child may:</p> <ul style="list-style-type: none"> • not be meeting physical milestones • require occasional, low-level support to mobilise in the setting • have difficulties sitting on the floor and/or getting up from the floor • have difficulties changing positions • struggle to coordinate movements in PE • have falls/trips frequently in the playground • have difficulties navigating around the classroom e.g. bumping into furniture/people have difficulties throwing/catching • have poor timing and sequencing of movement | <ul style="list-style-type: none"> • | <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Advice is available for parent carers and practitioners through the Children's OT Advice line 01743 450800 option 2 or shropcom.OT4kids@nhs.net</p> <p>Where health needs are identified, the Health Visitor or School Nurse Team will either identify and complete a targeted piece of work, or refer into appropriate services who are better designed to meet the needs. They will also continue to support the family in waiting well</p> | <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy Referral Form 14429.pdf</p> <p>Assessment and intervention to support difficulties with functional skills related to motor coordination difficulties e.g. dressing, self-care, use of tools, learning new skills e.g. riding a bike.</p> <p>Access to specialist assessments for Developmental Coordination Disorder to support diagnosis where appropriate - please see referral criteria.</p> <p>Traded Services – training workshops for schools to support staff with understanding motor co-ordination difficulties. Please contact shropcom.tradedservices@nhs.net</p> <p>Children's Occupational Therapy services and Community Paediatric Service would assess and provide advice for children and young people who may have Developmental Coordination Disorder</p> |

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| <ul style="list-style-type: none"> • have difficulties learning new motor skills e.g. swimming, riding a bike/trike • have difficulties with balance | | | Orthopaedic serviced may be involved. |
| <p>Fine motor skills</p> <p>The child may:</p> <ul style="list-style-type: none"> • have difficulties with handwriting • copying from the board • using tools and small objects | See OAIP documents for Shropshire Council and Telford and Wrekin Council (status at June 2025: being developed) | <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Advice is available for parent carers and practitioners through the Children's OT Advice line 01743 450800 option 2 or shropcom.OT4kids@nhs.net</p> <p>Access to OT Resource Pack directly from our website https://www.shropscommunityhealth.nhs.uk/content/doclib/14174.pdf</p> | Orthopaedic services may be involved in some cases |
| <p>Hearing Impairment</p> <p>Could include, but are not limited to:</p> <ul style="list-style-type: none"> • hearing loss which is not aided (such as glue ear or single sided hearing loss) • has a fluctuating hearing loss • requires equipment to support their listening, for example hearing aids, cochlear implant <p>The child may</p> <ul style="list-style-type: none"> • not turn their head and smile, look up, and respond verbally to their name • not have enough hearing to fully access spoken language | Conversation with the parent carers if concerns. Check when last hearing check took place and whether any health professionals are involved such as a Clinical Audiologist and/or Ear, Nose and Throat Consultant. | <p>Shropshire Deaf Children's Society (SDCS) assists children and young people with hearing impairments by providing specialised equipment to improve listening in classrooms and homes. They also provide information and contacts for further help and host a variety of social activities and informative talks to support parents and carers.</p> | <p>The Sensory Inclusion Service (SIS) supports children and young people with hearing and/or visual impairment, or a multi-sensory impairment and their families, from birth to 25 (if they're still in further education). They offer:</p> <ul style="list-style-type: none"> • Assessment and identification of needs • Advice, support and training to educational settings • Working 1:1 with children and young people <p>SIS is a joint service between Shropshire Council, Telford & Wrekin Council and health and accepts referrals primarily from health agencies.</p> <p>sendandinclusion@telford.gov.uk</p> |

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| <ul style="list-style-type: none"> • have delayed language and communication skills • make less than expected progress in phonics / in the curriculum • mishear and misunderstand • have difficulty in starting a task after instructions • lose focus or be more often distracted in comparison to peers • have difficulty expressing needs clearly or are difficult to understand if context is unknown • have difficulties with social interactions • have difficulty adapting to environments with high levels of background noise • find it difficult to listen in background noise | | | |
| <p>Visual impairment</p> <p>The child may:</p> <ul style="list-style-type: none"> • hold reading materials very close or at an unusual angle • adopt a poor or unusual posture when reading • not respond to non-verbal instructions | <p>Conversation with the parent carers if concerns. Check when last eye check took place and whether any health professionals are involved such as a Consultant Ophthalmologist.</p> | <p>The Sensory Inclusion service has a Visual Impairment Resources Library for the use of parents/carers of children/young people with a visual impairment.</p> | <p>The Sensory Inclusion Service (SIS) supports children and young people with hearing and/or visual impairment, or a multi-sensory impairment and their families, from birth to 25 (if they're still in further education). They offer:</p> <ul style="list-style-type: none"> • Assessment and identification of needs |

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| <p>such as facial expressions</p> <ul style="list-style-type: none"> lose their place when reading, skip lines or struggle to find text on a page struggle to copy information from the board or from a peer next to them lack confidence in group activities be hesitant when walking or bump/knock into things walk with an unusual gait have difficulty finding dropped items have a short attention span when reading or writing have poor hand/eye co-ordination | <p>Provide reasonable adjustments and commercially available equipment such as:</p> <ul style="list-style-type: none"> increasing text front, adjusting lighting, use of blinds to reduce glare. for glasses wearers suggest a spare pair for use within the setting. low-tech and high-tech equipment such as task lighting, magnifiers etc computers, laptops or iPads with accessibility software. electronic dictation and browse aloud software. <p>See also mobility sections where relevant.</p> | | <ul style="list-style-type: none"> Advice, support and training to educational settings Working 1:1 with children and young people <p>SIS is a joint service between Shropshire Council, Telford & Wrekin Council and health and accepts referrals primarily from health agencies.</p> <p>sendandinclusion@telford.gov.uk</p> <p>Hospital Ophthalmology Services may be involved with some children and young people, usually referred via GP, Opticians, Health Visitors or Paediatricians.</p> <p>They work with an NIB Eye Care Liaison Officer who can offer practical and emotional support to people living with sight loss and their families & carers.</p> |
| <p>Sensory Needs</p> <p>Can include but not limited to:</p> <ul style="list-style-type: none"> appearing withdrawn. limited attention and listening skills may respond to pressure such as weighted blankets may avoid certain textures | <p>Consider:</p> <ul style="list-style-type: none"> sensory environment audit complete sensory profile access to sensory diets flexibility/ reasonable adjustments with uniform policy flexible approach to transitions | <p>Where health needs are identified, the Health Visitor or School Nurse Team will either identify and complete a targeted piece of work, or refer into appropriate services who are better designed to meet the needs. They will also continue to support the family in waiting well.</p> <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Advice is available for parent carers and practitioners through the Children's OT Advice line 01743 450800 option 2 or shropcom.OT4kids@nhs.net</p> | <p>Shropshire Community Trust Children's OT Service Children's Occupational Therapy</p> <p>Parents and carers can book a place on a group webinar with an Occupational Therapist for support for developing sensory processing strategies and approaches at home. To book at place please contact shropcom.OT4kids@nhs.net</p> |

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| <ul style="list-style-type: none"> • may appear to have sensory overload when they are feeling overstimulated • Chewing or eating of non-food objects • Not coping with unexpected touch/ touching others to the point of irritation • Not coping with noise/ making lots of noise at inappropriate times • Emotional over-reactions/ Meltdowns • Not coping with feeling of certain clothing textures • Restricted/ limited diet • Constant need to move/ fidget | <ul style="list-style-type: none"> • Flexible approach to meal/ snack options • access to a safe place strategy to help support the child's sensory needs. • keep things simple to avoid over-stimulation • Consider visual stimuli in classroom (for example: wall displays too busy/ colourful) • provide opportunities for rhythmical movement – jogging, swimming, climbing, dancing. • offer alternatives which are safe to mouth, for example Chewelry, sucking through sports bottle etc. • be aware of contents of items such as plants, soil, paint, playdough – are these safe? • individual risk assessments where necessary | <p>Their website Children's OT Sensory Information provides information and support including</p> <ul style="list-style-type: none"> • 'What are our Senses' Information about our senses • Links to sensory questionnaires • sensory processing video "Introduction to Sensory Processing" for parents, carers and professional <p>Children's Occupational Therapy Sensory Resources</p> <ul style="list-style-type: none"> • strategies and activities to help children to regulate their sensory needs • Information about How to book onto a sensory webinar. | <p>Traded Services – training workshops for schools to support staff with understanding sensory differences and environmental adaptations that can support. Please contact shropcom.tradedservices@nhs.net</p> |
| <p>Medical Needs These could include, but are not limited to:</p> <ul style="list-style-type: none"> • Epilepsy | <p>Knowing the child and the condition is vital.</p> | <p>Where health needs are identified, the Health Visitor or School Nurse Team will either identify and complete a targeted piece of work, or</p> | <p>External agencies may include specialist services such as Diabetes Nurse Specialist, Palliative Care</p> |

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| <ul style="list-style-type: none"> • Diabetes • Tracheostomy • Gastrostomy • Oxygen dependent • Severe allergies • Haemophilia • Osteogenesis imperfecta • Severe asthma • Children with cancer • Children with life-limiting conditions • Metabolic disorders • Incontinence conditions • Catheterised conditions • Cystic fibrosis • Hydrocephalus • Heart conditions <p>Children may tire easily and appear unwell.</p> | <p>Develop an Individual Healthcare Plans in partnership with parent carers, the child and the relevant healthcare professional.</p> <p>Ensure relevant plans and policies are in place:</p> <ul style="list-style-type: none"> • Evacuation Plans • Accessibility Plans • Health and Safety/ Safe Lifting Policy • Managing Medications Policy | <p>refer into appropriate services who are better designed to meet the needs. They will also continue to support the family in waiting well.</p> | <p>Teams, Out of Area Specialist Teams such as Robert Jones and Agnes Hunt Orthopaedic Hospital, Hospice Provision.</p> |
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