

Shropshire Children's and Young People's Occupational Therapy Service Guidelines for making a referral to Occupational Therapy.

The role of the occupational therapist is to enable children and young people to function to the best of their ability. Occupational therapists look at activities of daily living (occupations) including self-care, play, leisure and school based skills.

Referral Criteria:

Referrals are accepted for children / young people from birth to 18 years whose ability to participate in these areas of occupation is compromised by physical, motor and / or sensory processing based difficulties.

1. All referrals must clearly indicate the **functional** difficulties that are **significantly** impacting upon performance with occupations (self-care, school / college skills and / or play / leisure activities).
2. Children must present with impaired independence and/or participation in one or more of the following areas:
 - a. Self care tasks (e.g. feeding, washing, dressing, grooming etc.)
 - b. Tool use (e.g. pencil, scissors, ruler etc.)
 - c. Play / leisure activities
 - d. Pre-writing skills; and/or
 - e. Recording written information
 - f. Access to their school environment due to physical difficulties
3. The difficulties indicated must be **out of line with the child / young person's overall level of development**. Please include supporting evidence with the referral (e.g. LSAT reports, Educational Psychology report / relevant neurological or medical assessment (if available)).

Referrals are not accepted for:

- Children who are school aged (i.e. from reception onwards) with impairments that are in line with their general level of development
- Children whose primary area of difficulty relates to emotional and/or behavioural problems
- Children with co-ordination difficulties who are in their first term of school
- Referrals for children whose occupational therapy needs centre more on provision of equipment for home or home adaptations should be directed to the Occupational Therapist based within the relevant Social Service's Occupational Therapy Team.

Pre Referral:

Prior to referral please consider what strategies / approaches have already been tried and how effective were they.

Referral Procedure:

We accept referrals from parents, health care professionals and education professionals e.g. allied health professional, school nurse, GP's, community child health paediatrician, teachers educational psychologists.

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When making a referral please:

- Discuss the referral to Occupational Therapy with the child's parents/guardian (person with parental responsibility) and obtain signed consent for the referral to go ahead.
- Complete an Occupational Therapy referral form (see attachment). If insufficient information is provided your referral will not be accepted and will be returned for further information.

What happens next?

- Parents/ carer and the referring professional will receive an acknowledgement letter to confirm we have received the referral.
- Parents will be contacted by us to arrange an initial assessment appointment as soon as a place becomes available.
- Following the child's initial assessment appointment a report will be provided, with parents' consent to all the relevant people involved in the child's care.
- If a referral is felt to be inappropriate we will notify the referrer in writing.

Re-referrals:

The demand for occupational therapy is very high and we would therefore ask if very careful consideration is given before re-referring a child to the service. In general occupational therapy is not a long-term intervention and we would ask you to please note the following points: -

- Before re-referring a child please refer to previous discharge letter/report from the Occupational Therapist.
- Has the child /young person you are referring been seen by our service within the last 12 months?

If **no** then please complete a referral form.

If **yes** then please telephone the department who will discuss this with you.

- Only re-refer a child who has a **new** and/or **functional** difficulty by re-submitting the referral form.
- If you require any further information please contact the local Occupational Therapy Department via the Advice Clinic. Please see – details on the referral form.

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SHROPSHIRE CHILDREN'S OCCUPATIONAL THERAPY SERVICE REFERRAL FORM

Please complete sections **B – G** Referrals will not be accepted without parental consent.
Incomplete referrals will be returned.

Section A. For office use only

Date Received	Added to Waiting List	NHS Number
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Section B. CONSENT

This referral has been discussed with parents / carers? _____ Yes/No _____

Does the parent/carer consent to this referral and an initial assessment if required? No Yes

Parent/Carer Signature.....

Is the child aware of the referral? _____ Yes/No _____

_____ (parents/carers full name) give consent for my child

_____ (child's name) to be referred to Occupational Therapy.

Preferred Language _____ Interpreter needed? Parent Y/N Child Y/N

Parents/Carers signature _____ Date _____
(Person with parental responsibility)

Section C. CHILD'S DETAILS

Name of Child: _____ **Date of Birth:** _____ **Sex: M/F** **Age at Referral** _____

Address: _____

NHS Number (if known) _____ Parent/Carer Name(s): _____

Parent/Carer Address (If Different) _____

Parent Telephone Numbers (day time) _____ Preferred Contact Times _____

Parent contact email _____

GP Name and Practice address _____

Is this child known to Social Care? Child in Care? Yes No

Child Protection Plan? Yes No

Does your child have a Learning Disability? Yes No Don't know

Is this child /young person awaiting Hospital Discharge Yes No Date of Discharge _____

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Section D. EDUCATIONAL DETAILS

School _____ Tel No: _____

SENCO: _____ Class Teacher / Nursery Key Worker _____

Days/sessions attending nursery/school: _____

Support Stage: Schools Action/Schools Action Plus/Statement of SEN. Number of hours support received. _____

Section E. MEDICAL HISTORY

Medical Diagnosis: _____

Significant Medical History: _____

Please give names and details of any professional involved with the child (e.g. Psychologist, Portage, Health Visitor, Paediatrician, Physio/Speech & Language Therapist): _____

Please tell us if your child is awaiting an assessment by another service _____

Section F. REFERRER DETAILS

Referrer's Name (Please write in block capitals): _____

Relationship to child: _____

Address: _____ Phone No: _____

Signature of Referrer _____ Date of Referral _____

Section G. REASON FOR REFERRAL

What are the specific difficulties / concerns that you would like Occupational Therapy to help with?

What do you want the outcome of our involvement to be?

Has your child been seen by our service in the past - please give details.

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Section G.

REASON FOR REFERRAL cont;

Please have the child's Class Teacher or SENCO complete the following section if referral is for school based activities (e.g. handwriting, scissor skills etc.)

Please identify any strategies and advice already tried relating to school based areas of difficulty and **attach** evidence e.g. IEP:

Please provide a reading age assessed within the last term:

Please indicate if there is a mismatch between written and verbal skills

Does the child have specific learning difficulties (e.g. Dyslexia) Yes/No
If yes, please give details:

Please provide an indication of the child's overall academic ability in relation to their peers.

Please tell us what strategies / approaches have already been tried and how effective were they?

Explain specific strategies you have used (E.g. Cool Kids Program, Speed Up Program.)

Include how frequently they have been tried e.g. how many times a week the group was held/ individual support sessions were completed.

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Section G. REASON FOR REFERRAL cont;

Information from Other Professionals:

- Please attach any other relevant reports / documents with the referral.
- LSAT reports. These are required if the LSAT has recommended this referral.
- Recent reports please forward updated reports that you may have to keep us up to date.

Is there anything else we need to be aware of?

Please circle and describe your main concerns where there is a difference to peers for the child / young person in the relevant areas below:

Self Care Skills:

Eating and Drinking Toileting Washing Dressing Brushing teeth/hair

and please describe further the concerns you have circled.

Gross Motor Skills

Please tick areas of difficulty

1. Seems weaker or tires more easily than other children of similar age
2. Difficulty with hopping, jumping, skipping or running compared to others their age
3. Appears stiff and awkward in their movements
4. Clumsy or seems to not know how to move body, bumps into things
5. Tendency to confuse right and left body sides
6. Hesitates to climb or play on playground equipment
7. Reluctant to participate in sports or physical activity; prefers table activities
8. Seems to have difficulty learning new motor tasks
9. Difficulty moving self on swing; poor skills in rhythmic clapping games

Fine Motor Skills

Please tick areas of difficulty

1. Poor desk posture (slumps, leans on arm, head too close to work, other hand does not assist)
2. Difficulty drawing, colouring, copying, cutting, avoidance of these activities
3. Poor pencil grasp; drops pencil frequently
4. Pencil lines are tight, wobbly, too faint or too dark; breaks pencil more often than usual
5. Tight pencil grasp; fatigues quickly in writing or other pencil / paper tasks
6. Hand dominance not well established (after age six)
7. Difficulty in dressing; clothing off or on, buttons, zippers, tying bows on shoes

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Mike Ridley –Chairman
Jan Ditheridge - Chief Executive

"We welcome your Friends and Family feedback. You can do this by following the link <http://www.shropcommunityhealth.nhs.uk/fft-survey> or by filling in a feedback form available at clinics or from your health care professional."

Shropshire Community Health NHS Trust
Services for Children and Families
Coral House 11 Longbow Close, Harlescott Lane, Shrewsbury, SY1 3GZ



Play/Leisure Skills:

Playing with Toys Playing with Others Following Instructions Awareness of Safety
Clumsiness Tires easily Physical Skills

What are they like in the playground?

and please describe further the concerns you have circled.

Physical and Social Environment, including access:

Moving around the environment Moving and Handling Bathing Toileting Seating
Access to Community Resources Floor Time

Please describe further the concerns you have circled.

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Occupational Therapy
Advice Line

The O.T. Advice Line is available to answer queries that might arise

- Regarding a child or children's O.T. needs in respect of making a referral or re-referral to the service
- General queries regarding sourcing equipment or activity ideas related to occupational therapy

We are offering an email and telephone service for parents, teachers and Education staff in Shropshire and Telford and Wrekin

Contact us on
Telephone 01743 450839

Or email
ot4kids@shropcom.nhs.uk

(Please do not include any identifying information about the child/individual in emails)

Thank you for completing this form. A decision will be made as to whether or not this referral will be accepted. You will be informed of the decision in writing.

Please Return to:

**Tracey Bowen
Children's Occupational Therapy
Service for Children and Families
Shropshire Community Health NHS Trust
Coral House
11 Longbow Close
Shrewsbury
SY1 3GZ**

Tel no: 01743 450 839

Fax no: 01743 450 801

Please ensure you have completed all sides of the form fully to avoid delay and assist us in prioritising the child/young person's needs.

We cannot accept incomplete forms and these will be returned to the referrer.

THANK YOU.

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Collecting information about your ethnic group

In order to help the NHS understand the needs of patients and service users from different groups and to comply with the Race Relations (Amendment) Act 2000, we need to collect information about your child’s ethnic group. This information will be treated confidentially and will not be shared with any other organisation.

Everyone belongs to an ethnic group. By collecting this information the NHS will be able to identify those groups more at risk of specific diseases and their care needs and so provide better, and more appropriate services for you and your family.

The attached list of 16 ethnic groups are the standard categories. Using these codes will help us to compare information about the groups using our services and assist us in providing for our local population.

It is important that where possible your child is able to describe their own ethnic group. If this is not possible, then parents/carers should enter this information on behalf of their child.

Thank you for taking the time to provide this useful information.

✂-----
Name: _____ DOB: _____
NHS no: _____

Ethnic group	
What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box to indicate your ethnic group	
A: White	
<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other White background (please write in)
B: Mixed	
<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other Mixed background (please write in)
C: Asian or Asian British	
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background (please write in)
D: Black or Black British	
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Black background (please write in)
E: Chinese or other ethnic group	
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other (please write in)

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