

**Children and Young People's Occupational Therapy Service  
Referral Guidelines and Form**

<b>Important</b>	<b>Yes</b>	<b>No</b>
Has the child/young person been seen by our service within the last 12 months?		
Have parents/carers and the child been informed about this referral and have they signed the box in <b>Section A</b> to indicate this?		
Is the child in their first term of primary school?		

**Please can you complete all relevant areas of the form fully to avoid delay and assist us in processing this referral.  
If the reason for referral is unclear, triage may be delayed whilst we seek further information. Thank you.**

**Referral Procedure**

A referral can be made by parents, health care professionals and education professionals e.g. allied health professional, school nurse, GP's, community child health paediatrician, teachers educational psychologists.

Referrals can be made for children / young people from birth to 18 years (19 if in education).

Referrals received will be triaged and a decision made whether or not the referral meets our service specification criteria.

Acknowledgement regarding referral acceptance/non acceptance will be sent to the referrer and patient/carer.

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.

**Referral Criteria**

Occupational therapists work with children and young people to enable them 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.

A child should not be referred solely because they have particular diagnosis, the child needs to present with **functional difficulties** that are **significantly** impacting upon performance with occupations (self-care, school / college skills and / or play / leisure activities) and which can be addressed to help them reach their full potential.

We accept referrals for children with:

- Physical disabilities – e.g. Cerebral Palsy, Spina Bifida, neuromuscular conditions, oncology, head injury and acquired disabilities
- Emerging developmental concerns where the child's difficulties are identifiable as **out of line with the child / young person's overall level of development**

- Motor co-ordination difficulties where the child's difficulties are impacting on performance, engagement and participation in life roles

Children must be having difficulties with performance and/or participation in one or more of the following areas:

- Self-care tasks (e.g. feeding, washing, dressing, grooming etc.)
- Tool use (e.g. pencil, scissors, ruler etc.)
- Play / leisure activities
- Pre-writing skills; and/or
- Recording written information
- Access to their educational setting due to physical difficulties

### Sensory Difficulties

As occupational therapists we know that sensory needs can affect children's participation in the activities they need, want or are expected to do but there are different ways to address these. The Royal College of Occupational therapists position is that sensory approaches that help children and young people manage their sensory needs by modifying the task and/or environment are a better fit with our occupational focus than approaches that attempt to change the person.

- We currently offer advice and parent education workshops to support the development of children and young people who are experiencing sensory difficulties
- Please complete **Section A - G** of this form to make a referral
- Sensory Integration Therapy is currently not commissioned for this service

### We do not accept referrals for:

- 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 who require advice and assessment for equipment and/or adaptations for home. These referrals should be directed to the relevant Social Service's Occupational Therapy Team for:
  - Telford Local Authority, Family Connect tel no: 01952 385385
  - Shropshire Local Authority, First Point of Contact tel no: 0345 678 9044
- Sensory Integration Assessments
- Children with Pica or behavioural eating difficulties

### Traded Services

Head Teachers can now choose to purchase added value school health support by selecting from a range of extended services provided by our teams of trusted NHS professionals.

Our latest brochure of services is available on our trust webpage:

<https://www.shropscommunityhealth.nhs.uk/childrens-occupational-therapy>

The demand for occupational therapy is high and we would therefore ask if 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/reports 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

## Children and Young People's Occupational Therapy Service Referral Form

<b>A. Child's Details</b>			
Child's Full Name:			
Date of Birth:		NHS No:	
Resident address and post code:			
Parent's/Carer's Name(s):			
Mobile No:			
Home No:			
Email Address:			
Other Parent/Carer Name and address (if different from child):			
Mobile No:			
Home No:			
Email address:			
Name of Parent/Carer(s) with parental responsibility:			
Does the child have a learning disability?	Yes	No	Don't Know
<b>Informed</b>	<p>a. Under the General Data Protection Regulation (GDPR) we are required to inform our patients and service users of how their information will be used. We have done this through a Privacy Notice which is available on the Shropshire Community Health Trust Website:  <a href="https://www.shropscommunityhealth.nhs.uk/">https://www.shropscommunityhealth.nhs.uk/</a></p> <p>I _____ (parents/carers full name) agree that my child, identified above, can be referred to the Children's Occupational Therapy Team. I have been made aware of the Shropshire Community Trust Privacy notice.</p> <p>b. I agree to receiving correspondence / documents by email.</p> <p>Preferred email address: _____</p> <p><b>Parents/Carers signature</b> _____</p> <p><b>Date</b> _____</p>		

Is the child/young person a Looked After Child?	Yes	No
Is the child identified as a Child in Need?	Yes	No
Is there a Child Protection Plan?	Yes	No

<b>B. Referrer Contact Details</b>			
Referrer Name:			
Job Title:		Dept/Organisation:	
Referrer Address:			
Tel No:		Mobile:	
Email Address:			
Date of Referral:			
<b>C. School Details</b>			
School/Nursery / Early Years Placement Name:			
Address (Inc. postal code):			
Tel No:			
SENCO:			
<b>D. GP and Consultant Details (If appropriate)</b>			
GP Name:		Consultant Name:	
Address:		Address:	
Tel No:		Tel No:	
<b>E. Reason for Referral and Outcomes</b>			
<p><b>Briefly describe why are you referring this child and what do you want the outcome of our involvement to be?</b> (There is opportunity to describe your concerns in more detail later on.)</p>			
<b>F. Diagnosis</b>		<b>YES</b>	<b>NO</b>
Does the child/young person have a diagnosis? (This may include a specific learning difficulty or general learning delay.)			
If yes, please give details:			



## H. Previous Interventions

**Please identify any strategies and advice already tried:**

## I. School Referrals

### **SCHOOL/SENCO REFERRALS ONLY:**

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

Please provide a reading age assessed within the last term:

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

Please attach evidence of strategies used e.g. I.E.P and school based interventions. Please let us know if you have tried OT supported strategies within school such as: Cool Kids Program, OT Resource pack, Speed up Program. Please give reasons why strategies used have not worked and/or what additional support you now require:

**If you would like to provide us with any additional information, please attach.  
Alternatively, please complete the remaining sections J through to L.**

<b>J. Other Relevant Information</b>	<b>YES</b>	<b>NO</b>
Are there any relevant birth difficulties?		
Did the child/young person achieve developmental milestones?		

If no, please describe difficulties:

**K. Other Professional Involvements**

Please can you provide details of involvements and copies of any recent reports from other professionals involved e.g. Social care professionals, Learning Support Advisory Teacher, Educational Psychologist, Emotional and wellbeing services.

Name:		Name:	
Profession:		Profession:	
Tel No:		Tel No:	
Name:		Name:	
Profession:		Profession:	
Tel No:		Tel No:	

Have any other referrals been made?

**L. Information Regarding Reason for Referral**  
Please complete the section relevant to your reason for referral. This may be one or more sections.

**Physical Skills**

Difficulty	Tick	Difficulty	Tick
Mobility indoor/ outdoor/ stairs/ trips and falls		Balance/co-ordination/posture	
P.E.		Movement skills/ climbing/ walking pattern/ moving on and off floor	
Ball skills			

Please describe main concerns for therapist to address:

**Independence Skills**

Difficulty	Tick	Difficulty	Tick
Eating/ Using cutlery/ Drinking		Dressing	
Toileting		Brushing teeth/hair	
Bathing		Positioning / Seating & Equipment	

Please describe main concerns for therapist to address:

**School Skills**

Difficulty	Tick	Difficulty	Tick
Organisation of Self		Pencil skills	
Hand dexterity and manipulation		Using Scissors	

Please describe main concerns for therapist to address:



**Occupational Therapy**  
**Advice Line**

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

**Contact us on  
Telephone 01743 450839  
Or email  
[shropcom.ot4kids@nhs.net](mailto:shropcom.ot4kids@nhs.net)**

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

**Thank you for completing this form**

Please return by email to: [Shropcom.childtherapyreferrals@nhs.net](mailto:Shropcom.childtherapyreferrals@nhs.net)

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 450 800 (option 2)

## 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.

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ NHS No.: \_\_\_\_\_

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