Children and Young People's Occupational Therapy (OT) Service
Referral Guidelines and Form

Important	Yes	No
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 **Section A** to indicate this?	☐	☐

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**
- Where Motor co-ordination difficulties are impacting on the child's functional skills and impacting on daily activities

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 education workshops to support the development of children and young people who are experiencing sensory difficulties. Please visit our website sensory resources and to find links for our sensory workshops and resources.

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.
- Referrals for children who require advice and assessment for equipment and/or adaptations for home. These referrals should be directed to the relevant social care Occupational Therapy service. More information can be found on the local offer websites.
  Contact details are:
  Telford Local Authority - Family Connect Tel no: 01952 385385
  https://www.telfordsend.org.uk/site/index.php
  Shropshire Local Authority – Compass Tel no: 03456 789021
  https://next.shropshire.gov.uk/the-send-local-offer/
- Sensory Integration Assessments
- Children with Pica or behavioural eating difficulties

Traded Services – Training for Educational Settings
Education settings can purchase additional support from a range of extended services provided by our teams. For more information, please contact us via: shropcom.tradedservices@nhs.net or see 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.

A. Child's Details			
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:			
Is the child/young person • a Looked After Child? • Has a child protection plan? • Has a disabilities plan? • Identified as SEND support? • Has an EHCP?	Yes ☐ No ☐ Don't know ☐ Yes ☐ No ☐ Don't know ☐ Yes ☐ No ☐ Don't know ☐ Yes ☐ No ☐ Don't know ☐ Yes ☐ No ☐ Don't know ☐		
Home Languages:	Interpreter needed Parent: Yes ☐ No ☐ Interpreter needed Child: Yes ☐ No ☐		
Does the child have a learning disability?	Yes ☐	No ☐	Don't know ☐

Informed

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: https://www.shropscommunityhealth.nhs.uk/

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.

b. I (parents/carers) agree to receiving correspondence / documents by email.

Preferred email address: _____

Parents/Carers signature _____ **Date** _____

B. Referrer Contact Details (the person completing this form)

Referrer Name:			
Job Title:		Dept/Organisation:	
Referrer Address:			
Tel No:		Mobile:	
Email Address:			
Date of Referral:			

C. School Details	
School / Nursery / Early Years Placement Name:	
Address (inc post code):	
Tel No:	
Email address:	
SENCO:	

D. GP and Consultant Details (if appropriate)			
GP Name:		Consultant Name:	
Address:		Address:	
Tel No:		Tel No:	

E. Reason for Referral and Outcomes

Briefly describe why are you referring this child and what do you want the outcome of our involvement to be? (There is opportunity to describe your concerns in more detail later on.)

F. Diagnosis

Does the child/young person have a diagnosis? (This may include a specific learning difficulty or general learning delay.)	Yes ☐	No ☐

If yes, please give details:

G. Previous interventions

Please identify any strategies and advice already tried:

H. School referrals – information needed from school

SCHOOL / SENCO

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. Please complete the remaining sections I through to J.

I. Other relevant information

Are there any relevant birth difficulties?	Yes ☐	No ☐
Did the child/young person achieve developmental milestones?	Yes ☐	No ☐

If no, please describe difficulties:

J. 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?

K. 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:			

Sensory Difficulties			
Please indicate if the child has difficulty with any of the following:			
Noise	☐	Clothing	☐
Touch	☐	Movement	☐
Tastes	☐	Change of environments	☐
Lights	☐	Are they highly active or passive?	☐
Smell	☐	Seeking or avoiding sensory input	☐
Please describe **main** concerns:			
Please describe the sensory difficulties seen and how they affect day to day function/activities: *(please be specific – what tasks are difficult, what did you observe?)*			

How have these issues been addressed? In school –
At home –

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 450800 (option 2)
Or email
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

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)

Shropshire Community Health
NHS Trust

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
- ☐ British
- ☐ Irish
- ☐ Any other White background (please write in)

B: Mixed
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed background (please write in)

C: Asian or Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background (please write in)

D: Black or Black British
- ☐ Caribbean
- ☐ African
- ☐ Any other Black background (please write in)

E: Chinese or other ethnic group
- ☐ Chinese
- ☐ Any other (please write in)