**Occupational Therapy Referral and Intervention Guidelines**

1. **What is Occupational therapy?**

Occupational Therapists work with children, young people, and their families to help them be more independent with everyday activities, such as self-care, schoolwork and play. This is referred to as a functional task. Occupational Therapists work in a variety of places such as clinics, schools and at home.

1. **Who can be referred? Referral criteria**

* The child or young people must be registered with a Manchester GP
* Aged between 0-18 or 19 if in a specialist school
* Consent from the parents or carers must be obtained.
* The child or young person has **functional difficulties** that are having a significant impact on them and are not in line with the child or young person’s developmental stage. (Please see appendix 2 for guidance)
* The child or young person is experiencing **sensory processing difficulties** that are impacting on at least two functional areas of daily living
* Please see additional referral forms to assist with the referral process. Appendix 3 for functional difficulties and Appendix 4 for sensory processing pathway.

Re-referrals will be accepted where there is a **new** OT need, and the child meets the referral criteria, as detailed above. Referrals for historic OT issues will be considered on a case-by-case basis, but only after a sufficient period of time to allow consolidation of strategies.

Please contact the re referral line on 0161 230 0301 on Tuesdays afternoons from 12:30- 14:30 to discuss referrals back into the service.

If the criteria are not met the referral will be declined.

1. **Referral prioritisation**
   1. **Category 1;** Referrals will be prioritised for children who are undergoing significant life change e.g., recently acquired brain injury, life limiting condition where change has occurred.
   2. **Category 2;** Referrals for a child or young person with a physical or neurological condition, such as cerebral palsy, where two areas of functional difficulties are identified.
   3. **Category 3;** A child or young person will have difficulties which are impacting on 6 or more functional areas.
2. **Who can refer for OT?**

* Health professionals working for Children Community Health Service (CCHS) who have ***active involvement*** with the child
* Occupational Therapists
* CAMHS
* Hospital paediatricians
* GP

***If a child or young person has previously been known to the community occupational therapy service****:*

In addition, children can be referred by:

* Parents or carers
* School

1. **How the service is provided**

The OT service interventions are delivered in episodes of care, once the episode is complete the child or young person will be discharged from the service. Children referred to the service will be placed on either of the following pathways depending on their OT needs.

The pathways are;

* **Face to Face Intervention**; this pathway is for a child and young person who have functional difficulties that are not in line with their developmental stage and are having a significant impact on them. We complete assessments and interventions in various settings, and we will provide advice and ideas on how to achieve these daily activities more effectively. This pathway is generally provided in person (face to face)
* **Sensory Processing Advice Pathway;** this pathway is for a child or young person with sensory processing difficulties that are impacting on at least two functional areas of daily living. The intervention consists of a training session for parents and/or a young people about sensory processing difficulties. They will have the opportunity to opt in for one-to-one telephone consultation for problem-solving.

1. **How to refer?**

Referrals from CCHS staff will be completed using the internal referral system on EMIS.

All other referrals will need to have a generic referral form completed (appendix 1) and the additional referral information relating to the appropriate pathway (appendix 3 or 4).

Referrals should be sent to:

Children and Young People’s Occupational Therapy

Baguley Clinic Hall Lane

Or emailed to the following email address:

[Referrals.cypt@nhs.net](mailto:Referrals.cypt@nhs.net)

**Children and Young People’s Services Referral Form**

**\* Starred fields are mandatory. If any of these fields are not completed the form will be returned.**

Please select the service you are referring to by marking “X” in **one** of the appropriate boxes below

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Link to services – click to service name and press Ctrl | | | | [Physiotherapy Service](http://www.cmft.nhs.uk/community-services/our-services/children-and-young-people%E2%80%99s-physiotherapy-service-(cypps)) |  | [Occupational Therapy](http://www.cmft.nhs.uk/community-services/our-services/children-and-young-people%E2%80%99s-occupational-therapy.aspx) |  | [Orthoptics](http://www.cmft.nhs.uk/community-services/our-services/orthoptics-service.aspx) |  |
| [Paediatrics](http://www.cmft.nhs.uk/community-services/our-services/community-paediatrics) |  | [Speech and Language Therapy](http://www.cmft.nhs.uk/community-services/our-services/speech-and-language-therapy-(children-and-young-people).aspx) |  | [Children’s Community Nursing Team](http://www.cmft.nhs.uk/community-services/our-services/children%E2%80%99s-community-nursing-team.aspx) |  | [Children's Continence Service](http://www.cmft.nhs.uk/community-services/our-services/childrens-continence-service) |  | [Children's Palliative Care Team (Star team)](http://www.cmft.nhs.uk/community-services/our-services/childrens-palliative-care-team-(star-team)) |  |
| [Podiatry](http://www.cmft.nhs.uk/community-services/our-services/children%E2%80%99s-podiatry-services-(feet)) |  | [Audiology](http://www.cmft.nhs.uk/community-services/our-services/audiology-and-newborn-hearing-screening-programme-(nhsp).aspx) |  | [Children's Epilepsy Service](http://www.cmft.nhs.uk/community-services/our-services/childrens-epilepsy-service) |  | [Children's Asthma Service](http://www.cmft.nhs.uk/community-services/our-services/childrens-asthma-service) |  | **Other – please state** |  |
| **Please send referral form to service via post/fax/email to nhs.net account**  **Referral details on CMFT website/Community/Referral Directory** [**CYPS referral directory**](https://cmft.nhs.uk/media/1844734/cyps%20referral%20directory%2008.17.pdf) | | | | | | | | | |

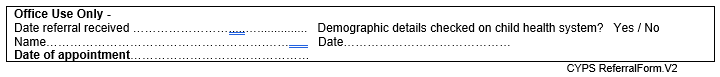
|  |  |
| --- | --- |
| **Surname:\***  **Forename:\***  **Previous Surname:**  **Address:\***    **Is copy appointment letter required:** Yes / No  **Please give details:** | **Date of Birth**:**\***  **NHS Number:\***  **Gender:\***  **Home Telephone:\***  **Mobile Telephone:**  **E-mail Address:**  **Reminder required for appointments (if available):**  **Text:** Yes/No |

|  |
| --- |
| **Language Spoken:\***  **Religion:\***  **Interpreter Required:\* Ethnicity:\***  **Preference for interpreter: Male Female**  **Access Needs:**  (Please delete as appropriate ) |

|  |  |
| --- | --- |
| **Early Help Assessment (EHA) Completed:** yes/no **\***  **Unique reference number (URN) :**  **Lead Professional:**  **Name:**  **Address:**  **Telephone:**  **Other Professionals Involved:** | **GP Name:**  **Practice Name:**  **Practice Address:**  **Nursery / School Attended:** |

|  |  |
| --- | --- |
| **\*Diagnosis / Reason for referral / treatment required:** | **Additional information (including test results or provide clinic letter as appropriate):** |

|  |  |
| --- | --- |
| **Referrer Name:**  **Designation:**  **Address:**  **Telephone:** | **Date of referral:**  **Have parents agreed to referral?** |





Appendix 2

**Children’s Occupational Therapy Pre-Referral Checklist**

Please use this checklist as a guide to help you decide the reason for the referral in the appropriate age column for the child. Where a column is shaded, it is not appropriate to refer that age.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| <https://www.cdc.gov/ncbddd/actearly/milestones/index.html> |  |  |  |  |  |  |  |  |
| Referral Indicator Area of Child’s Difficulty |
| Evolving complex needs or syndrome e.g. cerebral palsy |  |  |  |  |  |  |  |  |
| Unable to sit unaided at nursery |  |  |  |  |  |  |  |  |
| Unable to grasp and release objects |  |  |  |  |  |  |  |  |
| Unable to grasp objects using a pincer grip |  |  |  |  |  |  |  |  |
| Unable to manipulate small objects |  |  |  |  |  |  |  |  |
| Poor use of tools (cutlery, crayons, scissors etc.) |  |  |  |  |  |  |  |  |
| Poor development of play skills (gross and fine motor) |  |  |  |  |  |  |  |  |
| Poor organisational skills |  |  |  |  |  |  |  |  |
| Unable to finger/spoon feed themselves |  |  |  |  |  |  |  |  |
| Unable to use cutlery to cut up food |  |  |  |  |  |  |  |  |
| Unable to take off shoes and socks |  |  |  |  |  |  |  |  |
| Unable to dress without help |  |  |  |  |  |  |  |  |
| Unable to do up buttons |  |  |  |  |  |  |  |  |
| Unable to tie shoelaces |  |  |  |  |  |  |  |  |
| Unable to brush teeth efficiently |  |  |  |  |  |  |  |  |
| Unable to manage own toilet needs |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |
| Appears to have inappropriate sensory response which significantly affects the child’s ability to carry out activities of daily living in the following systems |  |  |  |  |  |  |  |  |
| Vision |  |  |  |  |  |  |  |  |
| Touch |  |  |  |  |  |  |  |  |
| Noise |  |  |  |  |  |  |  |  |
| Taste and Smell |  |  |  |  |  |  |  |  |
| Body Awareness |  |  |  |  |  |  |  |  |
| Balance and Motion |  |  |  |  |  |  |  |  |
| Planning and Ideas |  |  |  |  |  |  |  |  |



Appendix 3

|  |  |
| --- | --- |
| **Additional referral information for Occupational Therapy Face to Face Intervention**  Please provide information on functional difficulties impacting on the following areas, **which are not in line with the child or young person’s developmental stage.** | |
| Reason for Referral to Occupational Therapy for Face-to-Face Intervention. | |
| Feeding skills | Fine motor Difficulties |
| Dressing skills | Gross motor Difficulties |
| Attention/ concentration | Sensory Processing Difficulties |
| Personal care | Organisational skills |
| School academic |  |

Appendix 4

|  |  |
| --- | --- |
| **Additional referral information for Occupational Therapy Parent Sensory Advice Pathway**  Please provide information on Sensory Processing Difficulties, **which are not in line with the child or young person’s developmental stage**, which are impacting on the following Functional areas. | |
| **Reason for Referral for OT Parent Sensory Advice Pathway.** | |
| **Oral sensitivities.**  (E.g., Sensitivity to food Textures.  Chewing non-food items) | **Personal Care.**  (E.g., Sensitivity to Toothbrushing, cutting nails and hair care.  Sensitivities around Toileting (please consider the continence service if not sensory based)) |
| **Dressing**  (E.g., Difficulties tolerating the texture of clothing) | **Attention/Concentration**  (E.g., ‘needing to fidget’ or ‘distracted by noises’ which is impacting on engagement) |
| **Auditory**  (E.g., Easily distracted by noise. Struggling to tolerate noise) | **Body Awareness**  (E.g., Excessively seeking movement/physical Input) |