



## Warrington Children's Occupational Therapy Referral Guidelines

### **What is Occupational Therapy?**

We look at everyday tasks that a child does. This can be things they like to do, want to and have to do! For example getting dressed, using cutlery, playing with toys, carrying out sports, hobbies and activities that they are expected of them at home and at nursery or school. We look at functional aspects of any of these activities of daily living.

### **What do we do?**

We look at difficulties doing everyday activities that have a significant impact on the child and their family. (Just because someone finds something difficult doesn't always mean it is a problem to them or their family). We will give advice and ideas on how to achieve these daily activities more effectively. This is often advice that is best carried out daily by those close to the child (parents/carers/schools)

### **How and where do we work?**

We carry out assessments and interventions in various settings, which is often at our base, the Child Development Centre on Sandy Lane in Orford. We complete assessments when appropriate, in schools, nurseries and in children's own homes. We carry out treatment individually and in groups and also work closely with other professionals e.g. physiotherapists in the above locations. We make recommendations for specialist equipment in nursery and school. We also give sensory awareness training. We accept referrals for children aged 0-16, who live in Warrington and/or have a Warrington GP.

### **What don't we do?**

We are a health funded service and do not provide the Social Care funded Occupational Therapy in Warrington. This is carried out by Warrington Borough Council who employs their own Children's Occupational Therapist. Examples of Occupational Therapy funded by Social Care are to provide equipment or assess for adaptations to children's own homes.

### **What information is needed?**

It is very important to get **signed consent** from the parents or the person with parental responsibly. However we do understand that in rare circumstances this isn't possible and therefore we do accept verbal consent. All sections need to be filled in as the questions help to inform us if Occupational Therapy is the right service to support the child. Page 2 must be completed.

The reason for the referral questions should help you explain why you feel the child need Occupational Therapy and is necessary information for our service.

Demographic information especially NHS numbers/DOB and telephone numbers are essential.

It is **VITAL** if the child does have a **diagnosis** that this is **included in the referral**. Who gave the diagnosis and when is also extremely useful. If this is not included our practice may be inappropriate. (If a child does not have a diagnosis this can be left blank).

It is important to tell us what has already been done to support the child's difficulties at home nursery or school and if other agencies are or have ever been involved. This includes if they have previously seen an Occupational Therapist.

Please discuss the referral details fully with the child (wherever possible) and with the parents and carers.

### **Who can refer?**

We currently accept referrals from any **health care professionals**. We also accept referrals via the complex case panel where multiple health professionals are felt to be needed.

### **The referral will be returned if information is missing**

Where an Occupational Therapy referral is not appropriate:

- When no functional difficulties have been identified.
- Problems with hand writing with no other functional difficulties
- When the child has been discharged from Occupational Therapy less than 12 months ago (this does not include children with a long term physical/neurological condition such as cerebral palsy)
- Difficulties with walking or the biomechanics of moving (a referral to Physiotherapy should be considered in this instance)
- Where the child has a difficulty that is NOT impacting on them day to day. Examples of this are:
  - When a child dislikes labels in clothes but when cut out this is resolved.
  - When a child has an unusual grasp for using cutlery, but they can feed themselves with no age appropriate difficulty.



**CHILDREN'S OCCUPATIONAL THERAPY PRE REFERRAL CHECKLIST**

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

Referral indicator/ Area of child's difficulty	18 - 24 months	2 - 3 years	3 - 4 years	4 - 5 years	5 - 6 years	6 - 7 years	7 years	over 8 years
Evolving complex needs or syndrome e.g. cerebral palsy & that is likely to affect function								
Unable to sit unaided at nursery								
Needs environmental assessment prior to starting school (e.g. ramps, toileting, seating)								
Needs assessment / review of equipment in school								
Unable to grasp and release objects								
Unable to grasp objects using a pincer grasp (thumb and index finger)								
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 (organising themselves or objects around them)								
Needs advice on promoting early self-care skills (dressing, feeding)								
Unable to finger/spoon feed themselves								
Unable to use cutlery to cut up food								
Unable to take of socks and shoes								
Unable to undress without help								
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								

Referral indicator/ Area of child's difficulty	18 - 24 months	2 - 3 years	3 - 4 years	4 - 5 years	5 - 6 years	6 - 7 years	7 years	over 8 years
Appears to have inappropriate sensory response which <b>significantly affects the child's ability to carry activities of daily living</b> in the following areas:								
Vision								
Hearing								
Touch								
Taste & Smell								
Body Awareness								
Balance & Motion								
Planning & Ideas								

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