**Children’s Occupational Therapy and Physiotherapy Service**

**Where do we provide our service?**

Lighthouse Child Development Centre, Snakes Lane, Eastwood, Southend-on-Sea, SS2 6XT.

**Who can refer?**

* Healthcare professionals s (GPs, Paediatricians, Speech and Language Therapists, Physiotherapists, Health Visitors, Nurses, Educational psychologist)
* Special Educational Needs Coordinators (SENCo) / Teachers
* Portage and Early Support Workers.

**How to refer?**

Referral forms can be located on the trust’s website and pages 2-3 of this document. The email address for submission of the referral is [epunft.childrensphysioandotreferrals@nhs.net](mailto:epunft.childrensphysioandotreferrals@nhs.net)

The referral form will prompt the referrer to document the child or young person’s specific functional difficulties. Every effort should be made to provide adequate clinical and background information in order to support clinical decisions.

Please note that parental consent is required prior to a referral being made. Referrals that do not contain sufficient information will be returned to the referrer.

All referrals are triaged and prioritised according to clinical need. We aim to see all children and young people referred to the service within a maximum of 18 weeks.

If you require further information or have any queries please email at the address above, or call on 0344 2573952 and follow the instructions/ options to be put through to Occupational therapy and Physiotherapy.

**CHILDREN’S OCCUPATIONAL THERAPY AND PHYSIOTHERAPY**

**REFERRAL FORM**

Please note fields marked\* must be completed. Any forms returned with one or more of these fields incomplete will be automatically rejected and returned to the referrer.

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| --- | --- | --- | --- | --- |
| **Person Making Referral** | | | | |
| \*Name: | | \*Address: | | |
| \*Job Title | | | | |
| \*Telephone | \*Email: | | | |
| **Consent** | | | | |
| **\*Has the parent/carer given consent for this referral Yes / No**  **\*Does the parent/carer of the child/ young person consent to this information being made available to other NHS Services that care for the child/ young person Yes / No**  **\*Has the parent/carer given consent for communication via email Yes / No**    **\*Has the parent/carer given consent for communication via text message Yes / No** | | | | |
| **Child / Young Person’s Details** | | | | |
| \*Child/ Young person’s First Name: | | | | \*Child Young person’s Surname: |
| \*Date of Birth: | \*Gender | | | \*NHS Number |
| \*Full Address: | | | | |
| \*School / Nursery / College: | | | | |
| \*Parent/Carer Name: | | | \*Parent’s/Carer’s Email Address: | |
| \*Parent/ Carer’s Mobile: | | | \*Home Telephone: | |
| \*Preferred Language: | | | | |
| \*Interpreter required: **Yes / No** | | | | **\*Language?** |
| \*GP Name: | | | | |
| \*GP Address / Surgery: | | | | |
| **Service the child/ young person is being referred for:** | | | | |
| Occupational Therapy Physiotherapy | | | | |

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| --- |
| **Reason for referral:** |
| Functional skills Balance and Coordination Postural management  Gross motor skills Neuromuscular/ Neurological Developmental Delay  Musculoskeletal Sensory |
| **Referral Information** |
| **\*What are the main concerns about this child/ young person: (include diagnosis if known)** |
| **\*What are the parent/ carers concerns:** |
| \***How does this affect the child/ young person and impact on their life?** |
| **\*Does this child/ young person have any known medical conditions e.g.? Yes / No**  **\*If Yes, please give details:** |
| **\*Does the child/ young person receive extra help for learning? Yes / No**  **\*What form does this help take?** |
| **Is this a Looked After child? Yes / No**  **Is this a Child in Need/Safeguarding concerns? Yes / No**  **Is this child on a Protection Plan? Yes / No**  **Are there any special family circumstances we should be aware of? Yes / No**  If Yes, please give details |
| **Name of other Professionals / Agencies involved, if known** |

**Please return the completed referral to:** [**epunft.childrensphysioandotreferrals@nhs.net**](mailto:epunft.childrensphysioandotreferrals@nhs.net)

**Children’s Occupational Therapy Referral Criteria**

**Inclusion criteria:**

* Children must be aged from 0-18 years.
* Registered with a GP in Southend, Castlepoint and Rochford, within the South East Essex.
* In the reason for referral, please identify and provide detail of **functional concerns**, e.g. getting dressed, using cutlery and preparing simple meals, grooming tasks, playing, using scissors, etc.
* When completing the referral you will need to be **specific as to how these functional difficulties are impacting on the child’s ability to participate in their daily living activities** (e.g. child needs assistance to feed himself during lunch, child is unable to get dressed for PE, child is unable to engage in play due to distress to the textures, difficulties manipulating toys, etc.).
* We are able to accept re-referrals for children previously known. If they are being **re-referred, evidence of a new functional concern or a change in the previous identified functional difficulties are required.**
* Prior to completing the referral, please consider if these functional difficulties are within what is age appropriate for the child.
* Behaviour difficulties in isolation related to a child’s diagnosis (e.g. repetitive & stereotypical behaviours, flapping, biting, lack of danger awareness, etc.), will not meet the threshold for OT assessment or input.
* If referring from mainstream schools where the child is experiencing coordination and functional difficulties, please ensure universal strategies have been considered and trialled for a minimum of 2 school terms prior to referral. If further clarification is required, please contact the Occupational Therapy team on 0344 2573952.

**Exclusion criteria:**

* Fine motor difficulties that are not impacting the child’s ability to carry out daily tasks.
* Walking, mobility and gross motor skills in isolation – please refer to physiotherapy.
* Sensory processing difficulties that are not impacting the child’s ability to carry out daily tasks e.g. does not like loud noises, but is able to cope within the environment with minimal help.
* Motor coordination difficulties that are not impacting the child’s ability to carry out daily tasks.
* A child who is managing activities of daily living regardless of their diagnosis.
* Emotional and behavioural management.
* Social communication and interaction difficulties – please refer to speech and language therapy team.
* Advice and recommendations relating to home adaptations and housing needs – please refer to social care occupational therapy team.
* Wheelchair and buggy provision – please refer to Southend Wheelchair service.

**Children’s Physiotherapy Referral Criteria**

**Inclusion Criteria:**

* Children aged 0-18 years (except musculoskeletal conditions 0-16 years).
* Registered with a GP in Southend, Castlepoint and Rochford, within the South East Essex
* The child has a physical need that physiotherapy can help with, including (but not restricted to):
* Neuromuscular and neurological conditions
* Developmental delay due to prematurity and non-neurological causes
* Torticollis/ plagiocephaly
* Erb’s Palsy
* Toe-walking
* Pain in muscles and joints
* Growth related MSK conditions such as knee and heel apophysitis (e.g Osgood Schlatters disease
* Scoliosis
* Neck and back pain – in the absence of paediatric red flags
* Difficulty with co-ordination and balance
* Hypermobility
* Chronic Fatigue Syndrome
* Functional neurological impairment
* Please note that we do not accept referrals for children whose conditions do not impact on their day to day functioning.

**Exclusion Criteria:**

* Referrals for acute referrals from Southend Hospital (including accident and emergency, fracture clinic and post-operative intervention following orthopaedic surgery)
* Referrals from Rheumatology for acute flare up of inflammatory condition (JIA) or following joint injection.
* Referrals for first time or mild-moderate ankle sprains (an exercise and information leaflet will be sent)
* Acute oncology
* Patients who have already received a course of treatment within the service for the same condition within 6/12 period from point of discharge- unless significant deterioration in pain or functional status.
* Referrals for talipes/ clubfoot (please refer to orthopaedics)
* Referrals for respiratory intervention
* Referrals for monitoring development of premature babies, unless presenting with neurological difficulties
* Referrals for insoles or Orthotics
* Referrals for normal variant gait abnormalities:

Young children often present with bowing of legs, knock knees, in-toeing or pigeon toes, curly toes and flat feet. These are normal variations and will resolve naturally as the child grows. Children with the above presentation need to develop their movement skills through outdoor play activities. Physiotherapy or leg splints/insoles will not alter their leg appearance.