

7th July 2017

CCS Children's Occupational Therapy Service

Dear Colleague,

The occupational therapy service continues to review all its pathways in order to maximise efficiency and effectiveness and to ensure service delivery is based on current evidence.

In particular, we would like to draw your attention to further changes we have made for children whose function may be affected by their difficulties with sensory processing/sensitivities. Our input will focus on an integrated approach to supporting families. We will be joining the SCILS Programme with effect from September 2017 and have already joined the Cygnet Programme.

SCILS (Social Communication, Interaction and Learning skills) is a seven week parent programme designed to support parent/carers understanding of their child's needs and their learning and development. See www.cambridgeshire.gov.uk for more information regarding referral and criteria.

Cygnet Programme is a seven week group parent training and support programme, designed for parents of children with Autism Spectrum Conditions. The course runs for 7 consecutive mornings (3 hour long sessions) and is a multi-agency initiative, led by staff from SENDSS, CAMH and Children's Community services, including speech and language therapy, occupational therapy and the 0-19 service. Different sessions will be led by different professionals depending on the content of the sessions.

Eligibility:

- Parents of primary school age children who have recently been assessed in the social communication clinic.
- Children need to have been assessed as having ASD or as having significant social communication difficulties as their main difficulty
- The course is aimed at children who are verbal or have some functional language.

We will also be offering a single Parent Talk (for parents who do not attend SCILS or Cygnet) to support parents to help their children to join in everyday activities which are important and meaningful to them and to their overall well-being. Parents are welcome to invite a school representative or other supporting adult to join them.

Children will not be seen individually concerning sensory assessment/intervention either at school or at a clinic base. In addition, no input into Education & Health Care Plans will be provided for sensory assessment/intervention.

Children would still be seen whereby our input would help to make the child's environment safe within their home or where they have functional difficulties where this is out of line with their developmental level.

Updated: 27.3.2018

Information to referrers to Cambridge Community Services Children's Occupational Therapy Service

The Children's Occupational Therapy (OT) Service works with children and young people referred to the service with a developmental difficulty or medical condition which impacts on their ability to participate in everyday activities. The Occupational Therapists (OTs) and support staff provide an integrated family centred approach to therapy provision.

The aim of therapy is to make sure that parents and others supporting the child can manage safely and have the necessary skills and knowledge to help the child in achieving their potential with regards to participation and independence. Areas of concern may relate to a variety of settings including home and school.

We require adequate information about a child, including family background/home setting, academic ability and social functioning. It is essential that details are included of assistance and intervention that has already been put in place to support the child. This will allow us to be confident that the child meets our acceptance criteria and to determine the correct service pathway for the child.

- All referrals to our service must be completed using the OT referral form which is attached with this Information sheet.
- All sections of the referral form must be completed and any incomplete forms will not be accepted and will be returned to the referrer. Once fully completed, the form can be re-submitted as a new referral.

For children in the Early Years Foundation Stage (0-5) with neurodevelopmental difficulties there is a clear pathway for referral through Early Support Services. For the Occupational Therapy service to be involved, a completed referral form along with the child's Common Assessment Framework (CAF).

Completed referral forms and any available additional information can be sent by post to:

Children's Therapy Admin, The Peacock Centre, Brookfields Hospital Campus
Mill Road

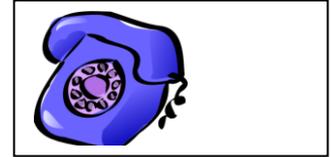
Cambridge CB1 3DF. Tel: 01223 218065

Electronic copy of this form can be sent to : CCS-TR.therapyreferrals@nhs.net

Guide for Referrers

Who should you refer to Children's Occupational Therapy?

What support might they receive?



A telephone consultation may be offered where:

- The child is re-referred and the underlying area of difficulty has not changed significantly. Additional advice for self-management will be provided.
- A child has mild physical disabilities, motor co-ordination or perceptual difficulties with a specific functional problem and telephone advice is a suitable intervention method.
- A child is re-referred where underlying area of difficulties may be related to sensory processing - Parents/Carers may be invited to attend a second series of Workshops to address new issues.
- There is insufficient evidence to support that parents/carers have been using and implementing advice previously given.

Fine Motor Skills



Children may be offered an appointment with an occupational therapist (OT).

The OT will assess and give advice regarding fine motor skills where there are specific significant difficulties with manual dexterity or handwriting and in addition, at least one of the following;

- The child's difficulties have a significant impact on their ability to access the educational curriculum e.g. handwriting, using tools such as scissors, ruler, etc.
- The child's difficulties have a significant impact on their ability to record written work. There may be a need for the OT to complete standardised assessments with the child or to give advice for examinations.
- If appropriate, the school will have already considered use of ICT before referring to the OT service.
- Parent/Carers/Child/School may feel that consideration for an Educational and Health Care Plan (EHCP) should be made to the Local Authority. An OT can be asked to provide an assessment and give advice in cases where there is evidence to show that the child's difficulties are having a *major impact* on their access to the curriculum, functional abilities, development and/or well-being
- Where the child has OT provision in a statement or EHCP.
- School have already implemented school-based interventions and more specialist assessment and advice is needed.

- The child's difficulties are having a significant impact on their well-being and self-esteem as a result of poor hand function.
- The child's difficulties are having a significant impact on their independence skills such as managing cutlery, dressing skills, hygiene, etc

We wouldn't be able to accept a referral if;

- The level of the child's fine motor skills ability appears to be broadly in line with the level expected for their age, developmental level and diagnosis/disability
- There is no evidence that universal strategies (wave 1, 2 and 3) have been tried by school staff.
- The difficulty could be expected to be resolved or improved with intervention from other service providers (eg specialist teaching service or educational psychologist) and the identified needs do not fall within our area of specialism and associated core offer.
- There is insufficient evidence that any underlying difficulty is having a **major impact** on the child's access to the curriculum, functional abilities, development and/or well-being.
- The child is in Reception or Year 1 and the request is for a handwriting assessment.

Children with Co ordination difficulties



A joint occupational therapy and physiotherapy Motor Skills Workshop for Parents followed by an individual appointment with the child and his/her parents where

- the child has broad difficulties across manual dexterity, ball skills, balance and ability to organise movements
- the Movement ABC checklist has been completed by school and parents and scored in the red range.
- The child has an unusually high number of bumps and falls for their stage of development
- School have tried school-based interventions with the child and a more specialist assessment and advice is needed.

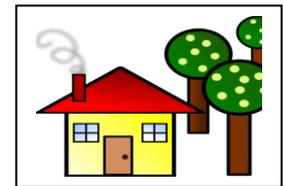
Motor skills are also having a:

- Significant impact on the child's ability to access the curriculum e.g. handwriting , manual dexterity, accessing PE, changing for PE
- Significant impact on the child's well being and self esteem
- Significant impact on independence skills such as managing cutlery, dressing skills, hygiene, etc
- Significant impact in school or community participation (ability to join in at play time, lunch time, bike riding, accessing extra curricular activities etc)

We wouldn't be able to accept a referral if;

- The level of the child's motor skills ability appears to be broadly in line with the level expected for their age, developmental level and diagnosis/disability
- There is no evidence that universal strategies (wave 1, 2 and 3) have been tried by school staff.
- The difficulty could be expected to be resolved or improved with intervention from other service providers (eg specialist teaching service or educational psychologist) and the identified needs do not fall within our area of specialism and associated core offer.
- There is insufficient evidence that any underlying difficulty is having a **major impact** on the child's access to the curriculum, functional abilities, development and/or well-being.

An assessment of a child's needs relating to housing will be offered where there are:



- Significant housing needs where the child does not have safe and appropriate access to bedroom, bathroom, toilet, main family living area, garden, in/out property.
- Significant risks for the child (or child putting other family members at risk) around the house and garden where specialist advice is required relating to the physical environment.
- Significant difficulty accessing the kitchen to participate or prepare food appropriate to the child's age and developmental level
- There is evidence that physical rehabilitation interventions have been tried and would not be expected to resolve the underlying need.
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We wouldn't be able to accept a referral if;

- The concern relates to repairs to Disability Facility Grant (DFG) equipment and as such remains the responsibility of the parent. In these circumstances, a warranty is included in DFG during the first 5 years and parents are responsible for service and repair of equipment after the first 5 years. If the parent is needing advice, they should contact the Home Improvement Agency (telephone number).
- The concern relates to a need for repairs to property e.g. fencing, pathways and, as such remains the responsibility of the parent.
- The concern relates to equipment which is widely available (eg by searching on-line) and could be expected to resolve the difficulty.
For example: mainstream high chair, mainstream toilet step, window locks
- There is no evidence to suggest that behaviour management interventions (or other parental interventions have been tried.
- The housing needs originate from overcrowding and as such would not meet the criteria as set out in the Disabled Facilities Grant (DFG).



A sensory Talk for Parents/Carers plus a significant other will be offered.

- Following receipt of a referral by a healthcare professional or school SENCO who have identified sensory differences which may be affecting the child's everyday function.
- The child has high levels of negative reaction or behaviour in response to sensory experiences, or has a highly disrupted ability to process and regulate sensory information **and** there is evidence that this is having a major impact on their access to the curriculum, functional abilities, development and/or well being.

We wouldn't be able to accept a referral if;

- There is insufficient evidence that the child is experiencing high levels of negative reaction or behaviour in response to sensory experiences or has a highly disrupted ability to process and regulate sensory information.
- There is insufficient evidence that the child's difficulties as you have described them are having a major impact on their access to the curriculum, functional abilities, development and/or well being.
- The information provided suggests that there are other non-sensory related factors which are likely to be primarily responsible for causing disruption to the child's daily functioning for example, anxiety, emotional issues, behavioural management problems, learning difficulties, or attention difficulties etc.
- The primary reason for referral is for assessment of weighted equipment for example, weighted blanket, weighted vest.

An assessment will be offered to a child with significant Physical disability where;



- There are significant housing needs where child does not have a safe and appropriate access to bedroom, bathroom, toilet, main family living area, garden, in/out property. This includes promoting safety for carers or the child's independence.
- Provision and/or advice on specialist equipment is required to improve postural care, promote independence or ensure safety.
For example: Specialist bath seat, specialist seating to enable eating or play, specialist toilet seat for a child that cannot maintain a seating position, sign posting for car seat, specialist feeding equipment, post-surgery equipment.

- There is significant motor impairment affecting the child's ability to access daily living , play or school activity which cannot be managed with mainstream strategies and require specialist advice.
For example: Moving and handling assessment and intervention, fine motor assessment and advice, specialist advice on increasing independence for a child with hemiplegia (dressing, eating), specialist advice on accessing the school environment and activities for a wheelchair dependent child (eg accessing the sand pit, the toilet or the science lab).

We wouldn't be able to accept a referral if;

- The concern relates to equipment which is widely available (eg by searching on-line) and could be expected to resolve the difficulty.
For example: mainstream high chair, mainstream toilet step, window locks
- Repairs to Disability Facility Grant equipment (Parents are responsible for service and repair of equipment after the first 5 years. A warranty is included in DFG during the first 5 years)
For example: Referral received to repair a piece of equipment out of warranty
- When the needs of the child has not changed, and no specific reason is given for referral
For example: A child has received a diagnosis since he was last seen but his needs have not changed.
- Referrals will not be accepted if significant OT related needs identified (for example, a request for an introduction to the OT service). Referrals will not be accepted when the child's physical ability is in line with their overall learning ability.