

**Information for 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 can be found on our website
* 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.

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

Children’s Therapy Admin

Peacock Centre

Brookfield’s Campus

351 Mill Road

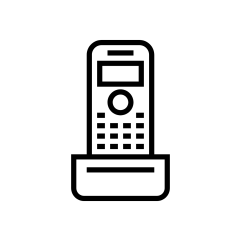
Cambridge

CB1 3DF

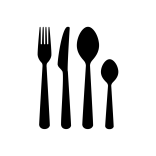
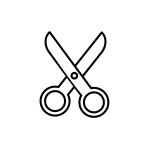
An electronic copy of this form can be sent to: [CCS-TR.therapyreferrals@nhs.net](mailto:CCS-TR.therapyreferrals@nhs.net)

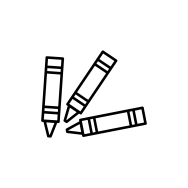
**Guide for Referrers**

**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 a specific functional problem and telephone advice is a suitable intervention method.

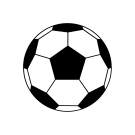
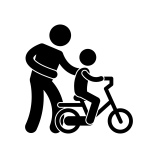


**A clinic assessment appointment may be offered where:**

* 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.
* 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 and hygiene.

**We wouldn’t be able to accept a referral if;**

* There is no evidence that universal strategies have been tried by school staff.
* The difficulty could be expected to be resolved or improved with intervention from other service providers (e.g. 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 evidencethat 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.

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**A joint Occupational Therapy and Physiotherapy clinic appointment may be offered where;**

The child has difficulties with their co-ordination:

* Parents/Carers have accessed the advice and strategies given on our website for a minimum period of 3 months
* Parents/Carers have continued concerns regarding their child and have completed the appropriate forms on the website
* The Movement ABC checklist has been completed by school and parents and scored in the red range.
* School have tried school-based interventions with the child and a more specialist assessment and advice is needed.

**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 have been tried by school staff.
* The difficulty could be expected to be resolved or improved with intervention from other service providers (e.g. 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 evidencethat any underlying difficulty is having a ***major impact*** on the child’s access to the curriculum, functional abilities, development and/or well-being.

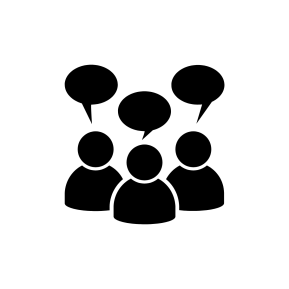
The child has a complex physical disability

* Provision and/or advice on specialist equipment are 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.

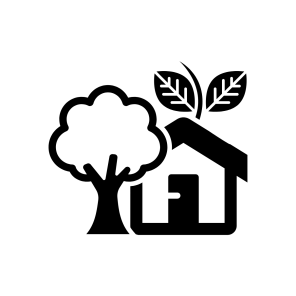
* There is significant motor impairment affecting the child’s ability to access daily living, play or school activity which cannot be managed with mainstream strategies and require specialist advice.

**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 (e.g. accessing the sand pit, the toilet or the science lab).

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**An invitation to a small group parent forum (facilitated by an occupational therapist) to further discuss their child’s needs related to sensory differences**:

* Parents/Carers have accessed the advice and strategies given on our website for a minimum period of 3 months
* Parents/Carers have continued concerns regarding their child and have completed the appropriate forms on the website

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**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 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
* There is evidence that physical rehabilitation interventions have been tried and would not be expected to resolve the underlying need.

**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 needs advice, they should contact the Home Improvement Agency in the first instance.
* 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 (e.g. 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.