**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 : GPs, Paediatricians, Speech and Language Therapists, Physiotherapists, Occupational Therapists, other Allied Health Professionals, Health Visitors, Community and Specialist children’s Nurses
* Education professionals: Educational psychologists, Special Educational Needs Coordinators (SENCo),Teachers, SEN panel
* 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

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 decision making.

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 ManagementGross 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**

**Children’s Occupational Therapy Referral Criteria**

**Inclusion criteria:**

* Children/ young persons must be aged 0-18
* Children/young persons must be registered with a GP in Southend, Castle Point and Rochford, within South East Essex.

All referrals should provide specific and detailed information demonstrating the children’s functional difficulties. The reason for referral should relate to motor and/or sensory difficulties which are significantly affecting the child’s performance in activities of daily living.

* Self-care activities including eating and dressing
* School work activities including handwriting, using tools and equipment
* Leisure activities including manipulation of play equipment, riding a bike or scooter
* Children/ young persons can be **re-referred if there is evidence of a new functional concern or a change in the previous identified functional difficulties are required.**

Referrals from mainstream schools for children that present with coordination and functional difficulties need to have evidence that universal strategies have been 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**.

Referrals from tertiary hospitals requesting support with facilitating discharge from hospital may be accepted if the essential needs can only be met by local therapy team.

**Exclusion criteria:**

**The following children should not be referred**

* When a child is managing activities of daily living regardless of their diagnosis and difficulties.
* Any child (with or without a diagnosis) who does not have a demonstrated developmental delay and/or functional deficit
* Referrals for children and young people with generalised developmental delay will only be accepted if their physical and sensory needs are significantly impacting on their daily living activities.
* Children and young people who present with primary emotional and behavioural difficulties not related to any underlying motor dysfunction.
* Children who present with behavioural problems related to parenting skills and stress with family dynamics.
* Referrals for social communication and interaction difficulties – please refer to Speech and Language Therapy
* Advice and recommendations relating to home adaptations and housing needs – please refer to Social Care Occupational Therapy
* Equipment for use at home such as seating and bathing equipment- please refer to Social Care Occupational Therapy
* Wheelchair and buggy provision – please refer to Southend Wheelchair service
* Referrals to facilitate discharge from hospital ( secondary care) including provision of equipment
* Referrals from Rheumatology for acute flare up of inflammatory condition (juvenile idiopathic arthritis) or following joint injection
* Referrals for acute conditions from Southend or Basildon Hospital (including accident and emergency, fracture clinic and post-operative intervention following orthopaedic surgery)

**Children’s Physiotherapy Referral Criteria**

**Inclusion Criteria:**

* Children/ young persons must be aged 0-18 years. For children with musculoskeletal conditions the age range is 0-16 years.
* Children and young persons must be registered with a GP in Southend, Castle Point 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
* Torticollis/ plagiocephaly
* Erb’s Palsy
* Toe-walking
* Pain in muscles and joints
* Growth related MSK conditions such as knee and heel apophysitis (e.g Sever’s and Osgood Schlatters disease
* Scoliosis
* Neck and back pain – in the absence of paediatric red flags
* Difficulty with co-ordination and balance
* Hypermobility

**Exclusion Criteria:**

* Referrals for acute conditions from Southend or Basildon Hospital (including accident and emergency, fracture clinic and post-operative intervention following orthopaedic surgery)
* Referrals from Rheumatology for the management of 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 inpatient management and discharge
* Re-referrals for patients who have already received a course of treatment from our 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
* monitoring the development of premature babies, unless presenting with neurological difficulties
* Referrals for enhanced developmental surveillance for children that were born premature
* Referrals for children whose conditions do not impact on their day to day functioning
* Referrals for insoles or Orthotics
* Referrals for children that present with normal variant gait abnormalities such as 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.