



Title	Community Paediatric Occupational Therapy Service Request for Assistance Policy
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Intent

The aim of this policy is to ensure that requests to the NHS Borders Children & Young People's Occupational Therapy Service for assistance will be made by the appropriate route and that the criteria for requests will be met.

Introduction

Occupational Therapists aim to maximise a child's ability to carry out functional daily living activities such as, self-care, access to educational opportunities and play.

The policy has been developed in order to gather the required information for processing a request effectively and to minimise waiting time.

The Standard

The Children & Young People's Occupational Therapy Service has a clearly documented system for prioritising requests that recognises levels and degrees of need therefore all accepted requests will be prioritised appropriately and placed on the waiting list.¹

Request for Assistance Criteria

For a request to be considered by the Children & Young People's Occupational Therapy Service the following criteria must be met:

- The child/young person must be aged between 0 – 18 years
- The child/young person will have a permanent residence in the Scottish Borders, where NHS Borders is the main health care provider. Children/young people who are looked after away from home and are resident in the Scottish Borders can also access the Service.
- The child/young person must have difficulties in performing functional daily living activities such as self-care, accessing educational opportunities and play.
- Parents/carers must have given informed consent to the request and agreed to engage with the Occupational Therapy process.
- Requests are expected to contain sufficient information to enable decision making.

¹ Adapted from Professional Standards for Occupational Therapy Practice 2017

Procedures for Requests for Assistance to Children & Young People's Occupational Therapy Service

1 Requests for Assistance by Education Professionals

Education professionals can make requests for children aged 2+ who are attending nursery or school.

- On recognition of a child with functional difficulties, a Request for Assistance consultation will be requested with the local CYP Occupational Therapist.
- **Prior** to consultation school must obtain consent from the child/young persons parent/carer for information to be shared.
- The class teacher or Support for Learning teacher must have completed the relevant Occupational Therapy school questionnaire **prior** to the consultation.
- If there is agreement from the consultation to proceed with a request for assistance to Occupational Therapy a Request for Assistance form must be completed and submitted along with the completed school questionnaire, signed by the Occupational Therapist, direct to the Occupational Therapy service.

Incomplete forms or those lacking the school questionnaire will be returned.

- Once the request for assistance is accepted by the Occupational Therapy service it will be prioritised accordingly and placed on the waiting list.

2 Requests for Assistance by Healthcare Professionals

Whilst the preferred route is via the Educational Professionals process Health Professionals are able to request assistance for any child directly using the NHS Borders Occupational Therapy request for assistance form.

- Health professionals who identify a child with functional difficulties who is in the education system are encouraged to contact the child/young person's nursery/school to proceed with request for assistance to Occupational Therapy as outlined in Section 1.
- Health professional can submit a request for assistance using the relevant documentation if necessary.

All Request for Assistance Forms must be completed fully and sent via Task on EMIS, or sent by post to the Childrens Therapy Unit.

3 Direct access to the Children & Young People's Occupational Therapy Service for parents and carers.

- Parents and carers may Request Assistance directly from the service by telephoning an answer service on 01896 826033 or by email on Paediatric.OTEnquiries@borders.scot.nhs.uk
- All requests will be responded within 5 working days.

References

[“Professional Standards for Occupational Therapy Practice”](#) Royal College of Occupational Therapists 2017

Responsibilities

Role	Responsibilities
Erica Reid Nursing & AHP Director	Give agreement on Request for Assistance policy
Claire Scott Team Leader Children & Young Peoples Occupational Therapy	<ul style="list-style-type: none">o Ensure staff are aware of policy and procedures and complyo Review 2021
Clinicians	Ensure compliance

Implementation Plan

Forward to Erica Reid, Associate Director of Nursing and AHPs and Allyson McCollam, Child Health Commissioner & Associate Director of Public Health to secure agreement on Request for Assistance from Children and Young People’s Occupational Therapy Service.

Deliver to all partner agencies

- o Children & Young People’s Health colleagues: -
 - o Paediatricians
 - o Allied Health Professionals
 - o Health Visitors
 - o Child and Adolescent Mental Health Service
- o Education Department
 - o All Head Teachers
- o Social Work Department
 - o Children Affected by Disability Team
- o GP’s

Review biannually

Development Group

All Children & Young People’s Occupational Therapists & Technical Instructors

Appendix 1 – Request for Assistance from Education

CHILDREN & YOUNG PEOPLE'S OCCUPATIONAL THERAPY SERVICE
 Children's Therapy Unit
 Huntlyburn Terrace
 Borders General Hospital
 Melrose, TD6 9BS



This request for assistance can only be made following a consultation with an Occupational Therapist and must be accompanied by a completed school questionnaire and sent to the above address.

REQUEST FOR ASSISTANCE FORM FOR EDUCATION PROFESSIONALS

(complete in black ink)

Child's Name:	Requested by/name:
D.O.B.	Designation:
Address:	Address:
Main Parent/Carers Names:	Telephone No:
Telephone No: Mobile No:	
Name and address of other parent if different from main carer:	School/Nursery: Class:
	Class Teachers Name:
Telephone No: Mobile Telephone No:	G.P.: Health Visitor:

Relevant known previous/present Medical History
--

I agree to this request for assistance to Occupational Therapy and give permission for information regarding my child to be shared with other appropriate health professionals and education/social work colleagues.

I agree for information to be shared with father/mother if not at the same address.

Please tick box if you would be available for an appointment at short notice

Parent/Carer Signature:.....Date.....

N.B. No requests will be accepted without parent or carer signature. In the case of LAAC please ensure the carer with parental rights gives consent.

Requested by

Signature:.....Date.....

Appendix 2- Request for Assistance from Health Professionals



**CHILDREN & YOUNG PEOPLES OCCUPATIONAL THERAPY
REQUEST FOR ASSISTANCE
HEALTH PROFESSIONALS**

Please complete in black ink and send to: -

C&YP Occupational Therapy
Children's Therapy Unit
Huntlyburn Terrace
Borders General Hospital
Melrose, TD6 9BS

or as an EMIS Task to Paediatric OT

Child's Name:	Requested by/name:
D.O.B: C.H.I.:	Designation:
Address:	Address:
Parent/Carers Names:	Telephone No:
Telephone No:	G.P.: Health Centre:
Family Circumstances:	School/Nursery: Class:
Diagnosis (confirmed/unconfirmed/presenting primary problems) .	
Relevant previous/present Medical History (please attach clinic letters if available) 	
Reason for Request & Current Areas of Concern (For nursery/school age child please liaise with school prior to referral) Please explain what impact the child's difficulties have on their functional performance – i.e. how is the child's ability to participate in their activities of daily living (self care; play; school/ learning activities) affected?	

What strategies to manage the child's difficulties have already been tried at home and/or school prior to OT request being considered?

What is the desired outcome from the request?

Please ensure you have discussed this request with the child (as appropriate) and/ or parent(s)/guardian and gained their consent.

It is not appropriate for you to indicate the level of involvement or therapy that will be provided. That can only be decided once the therapist completes the assessment. The quality and relevance of the information given is important in order to process the request most effectively and to minimise waiting.

Functional concerns from parent(s)/carers

Functional concerns from school

Other professionals involved

Are there any Health and safety concerns for lone workers?

Is there a child welfare/protection concern?

Any further relevant information

Requested by

Signature:.....Date.....

**Children & Young People’s Occupational Therapy Request
Response Form**

Date referral received	
Name	
Address	
D.O.B.	
CHI No	
Referrer	

ACTION

- School consultation to be arranged
- Referral returned to referrer as deemed inappropriate
- Referrer is requested to provide more information

Signed _____ Date _____
Claire Scott, Children & Young People’s Occupational Therapy Team Leader

Appendix 4 -Request for Assistance Priority

A Priority

Acute rehabilitation needs, crisis situation and terminal illness, who require assessment and/ or intervention. Initial contact will be made within 2 weeks.

B Priority

Children requiring assessment and/or intervention for functional difficulties e.g. Functional abilities e.g. dressing, eating, toileting etc, Schools skills e.g. pencil control, access to the environment, attention and concentration, Play skills, Sensory regulation ,Gross and fine motor skills and Routines.

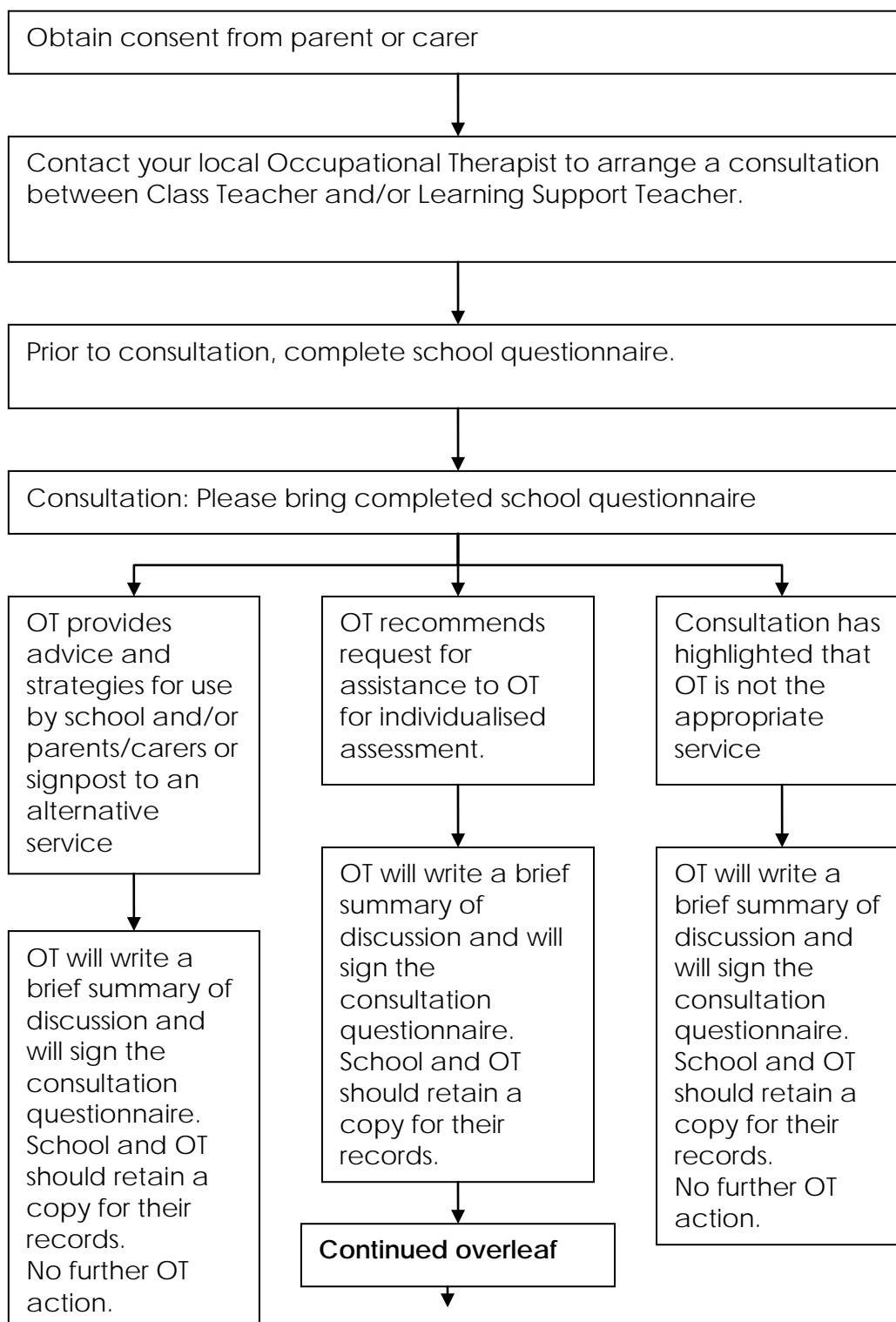
Appendix 5 - Procedures for Processing Requests for Assistance

NHS Borders standard for first appointment is currently 12 weeks.

- All requests are reviewed on a weekly basis by Occupational Therapy Team Leader and an Occupational Therapist.
- Any request lacking adequate information on which to base a decision on the appropriateness of the referral will be declined and returned to the referrer.
- Inappropriate requests will either be returned to the requester or the requester will be signposted to the appropriate agency i.e. Occupational Therapist in CHAD, Ian Reilly DDA Implementation Officer Education Department, CYP Physiotherapy or Speech and Language Therapy.
- Returned requests will be accompanied by a completed Response Form outlining details of the reason why the referral has not been accepted or transferred. It is the duty of the referrer to inform the parents/carers that the referral has not been accepted.
- All accepted requests will be acknowledged to the parents/carers in writing within 2 weeks, with a copy to the referring agency.

Appendix 6 - Process for Education Professionals Request for Assistance to Children & Young People's Occupational Therapy Service

School and nursery staff who have concerns around a child's functional skills may arrange for a pre-referral consultation with an Occupational Therapist. This consultation may or may not result in recommendation for individualised input from Occupational Therapy. Please follow the process detailed below.





To action request to Occupational Therapy, complete the Request for Assistance form in black ink, ensure it is signed by parent or carer and attach it to the School Questionnaire. Send to: -

**The Children's Therapy Unit
Huntlyburn Terrace
Borders General Hospital
Melrose
TD6 9BS**

NB: - any request without evidence of consultation, copy of school questionnaire and parent/carers signature will be returned.



Requests will be acknowledged, prioritised appropriately and placed on the waiting list. An acknowledgement letter will be sent to the child's parent/carers with a copy to the requester



**CHILDREN AND YOUNG PEOPLES OCCUPATIONAL THERAPY SERVICE
NURSERY QUESTIONNAIRE**

Child's Name: _____ **Date of Birth:** _____

School: _____ **Head Teacher:** _____

Nursery Teacher: _____ **Date:** _____

Please confirm that consent has been obtained from parents for the consultation which may include a short classroom observation

Teacher's signature: -.....

Does this child receive additional support for learning? e.g. learning support, Additional Needs Auxiliary, classroom assistant, specialist PE, or IT support. If so, for what reason?

Comments: _____

Has this child been referred to Educational Psychology? If so, please state reasons for referral. What was the outcome of this referral?

Comments: _____

How would you best describe this child's general level of ability?

Pre-nursery level	
Nursery level	
Ready for P1	

Comments: _____

Do you feel this level of performance is an accurate reflection of this child's intellectual ability?

Comments _____

<p>FUNCTIONAL SKILLS e.g. dressing, toileting, meals – use of cutlery, handling/opening packets</p>	COMMENTS:
<p>FINE MOTOR SKILLS e.g. manipulation, grasp, scissor skills, hand preference.</p>	
<p>GROSS MOTOR SKILLS e.g. co-ordination, balance, ball skills, mobility, posture.</p>	
<p>GRAPHIC SKILLS e.g. pencil grasp, pencil control, drawing.</p>	
<p>VISUAL PERCEPTION e.g. spatial awareness, shape recognition, copying, jigsaws.</p>	
<p>ATTENTION & CONCENTRATION e.g. listening to/following instructions, stamina, tires easily, fidgety, impulsive.</p>	
<p>SOCIAL SKILLS e.g. relationships with peers, understanding of social rules, ability to cope with changes in routine.</p>	
<p>CONFIDENCE & SELF ESTEEM</p>	
<p>ORGANISATIONAL SKILLS e.g. join in with tidying up and putting toys away, losing personal items</p>	
<p>GENERAL OBSERVATIONS e.g. sensitive to noise, fidgety, mouthing objects, avoiding certain types of touch</p>	

What are your main concerns (if any) about this child's performance in nursery?

Comments: _____

What have you already tried?

Comments: _____

Are there any known child protection issues or health and safety issues that Occupational Therapy Staff should be aware of?

Comments: _____

Thank you for taking the time to complete this questionnaire.

TO BE COMPLETED BY OCCUPATIONAL THERAPIST

Brief Summary of discussion: -

Signature of Occupational Therapist: -.....

Date: -



**CHILDREN AND YOUNG PEOPLES OCCUPATIONAL THERAPY SERVICE
SCHOOL QUESTIONNAIRE**

Child's Name: _____ **Date of Birth:** _____

School: _____ **Head Teacher:** _____

Class Teacher: _____ **Class:** _____ **Date:** _____

Please confirm that consent has been obtained from parents for the consultation which may include a short classroom observation.

Teacher's signature: -.....

Does this child receive additional support for learning? e.g. learning support, Additional Needs Auxiliary, classroom assistant, specialist PE, or IT support. If so, for what reason?

Comments: _____

Has this child been referred to Educational Psychology? If so, please state reasons for referral. What was the outcome of this referral?

Comments: _____

How would you best describe this child's general level of ability?

	Reading	Number	Spelling	Writing	PE
Below class level					
At class level					
Above class level					

Comments: _____

Do you feel this level of performance is an accurate reflection of this child's intellectual ability?

Comments: _____

<p>FUNCTIONAL SKILLS e.g. dressing, toileting, meals – use of cutlery, handling/opening packets</p>	COMMENTS:
<p>FINE MOTOR SKILLS e.g. manipulation, grasp, scissor skills, hand preference.</p>	
<p>GROSS MOTOR SKILLS e.g. co-ordination, balance, ball skills, mobility, posture.</p>	
<p>GRAPHIC SKILLS e.g. handwriting, letter formation, writing speed, pencil grasp, pencil control, drawing</p>	
<p>VISUAL PERCEPTION e.g. spatial awareness, shape recognition, copying from the board, spacing/layout of work.</p>	
<p>ATTENTION & CONCENTRATION e.g. listening to/following instructions, stamina, tires easily, fidgety, impulsive.</p>	
<p>SOCIAL SKILLS e.g. relationships with peers, understanding of social rules, ability to cope with changes in routine.</p>	
<p>CONFIDENCE & SELF ESTEEM</p>	
<p>ORGANISATIONAL SKILLS e.g. remembering homework, losing personal items, independence with organising self and belongings</p>	
<p>GENERAL OBSERVATIONS e.g. sensitive to noise, fidgety, mouthing objects, avoiding certain types of touch</p>	

What are your main concerns (if any) about this child's performance in school?

Comments: _____

What have you already tried?

Comments: _____

Are there any known child protection issues or health and safety issues that Occupational Therapy Staff should be aware of?

Comments: _____

Thank you for taking the time to complete this questionnaire.

TO BE COMPLETED BY OCCUPATIONAL THERAPIST

Brief Summary of discussion: -

Signature of Occupational Therapist: -

Date: -



**CHILDREN AND YOUNG PEOPLES OCCUPATIONAL THERAPY SERVICE
SECONDARY SCHOOL QUESTIONNAIRE**

Child's Name: _____ **Date of Birth:** _____

School: _____ **Class:** _____ **Head Teacher:** _____

Guidance Teacher: _____ **Date:** _____

Please confirm that consent has been obtained from parents for the consultation which may include a short classroom observation.

Teacher's signature: -.....

Does this child receive additional support for learning? e.g. learning support, Additional Needs Auxiliary, classroom assistant, specialist PE, or IT support. If so, for what reason?

Comments: _____

Has this child been referred to Educational Psychology? If so, please state reasons for referral. What was the outcome of this referral?

Comments: _____

How would you best describe this child's general level of ability?

	Reading	Maths	Writing	Practical skills	PE
Below class level					
At class level					
Above class level					

Comments: _____

Do you feel this level of performance is an accurate reflection of this child's intellectual ability?

Comments: _____

What are your main concerns (if any) about this child's performance in school?

Comments: _____

What have you already tried?

Comments: _____

Are there any known child protection issues or health and safety issues that Occupational Therapy Staff should be aware of?

Comments: _____

Thank you for taking the time to complete this questionnaire.

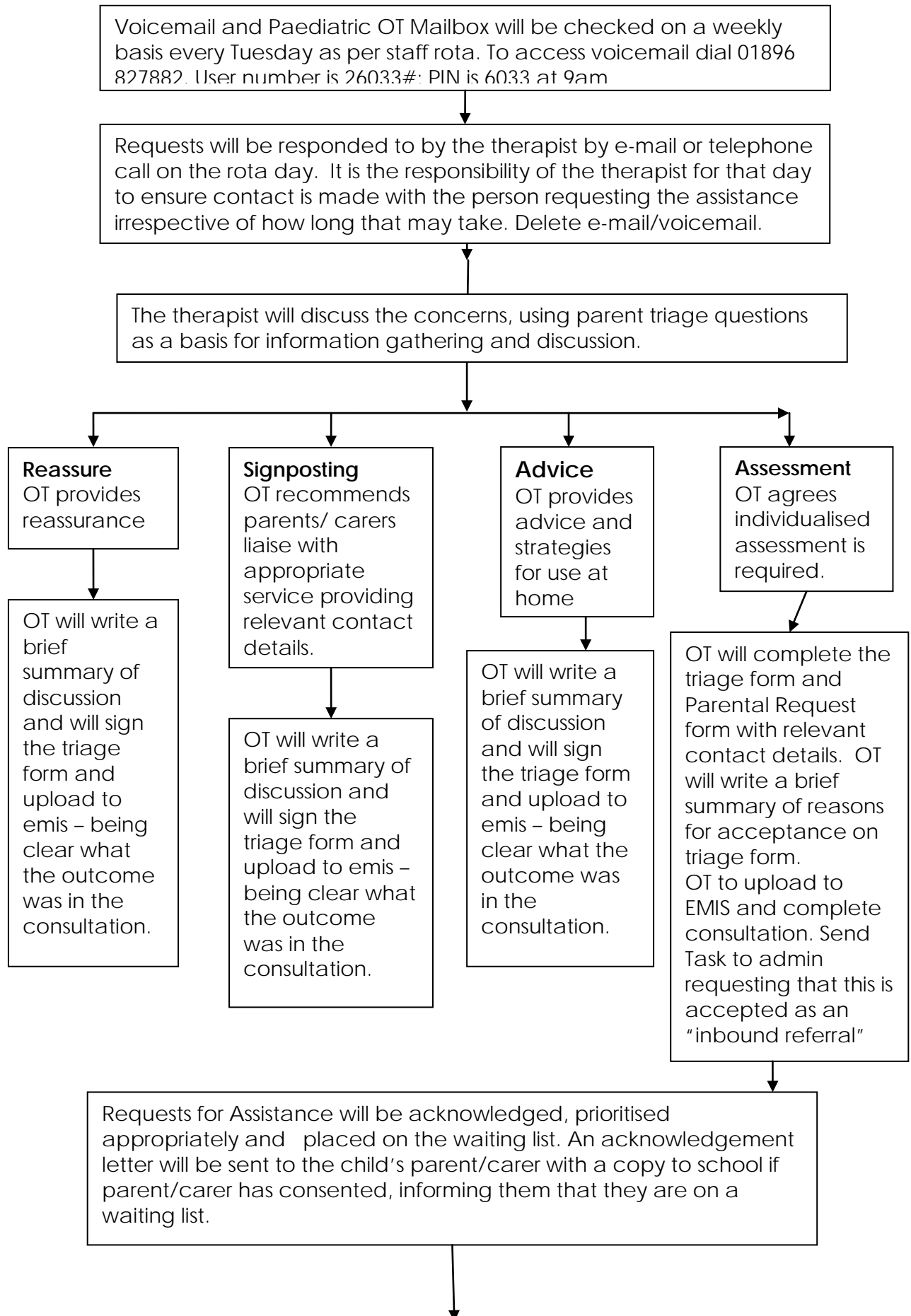
TO BE COMPLETED BY OCCUPATIONAL THERAPIST

Brief Summary of discussion: -

Signature of Occupational Therapist: -.....

Date: -

Appendix 8 – Parents/ Carers Occupational Therapy Request for Assistance





If the therapist is unable to contact requester within 1 working week – a letter will be sent, advising to call back within 10 working days or the request will be closed.

Request for Assistance Triage Form

Patient Name:

D.O.B:

Complete Patient Information Front Sheet

1. What are the main concerns about your child at the moment?

2. What impact is this having on your child and family?

3. Is anyone else concerned? (Including extended family, education...)

4. Is your child receiving any additional support, including any other services involved or have they in the past?

5. What things have you already tried to help your child manage better?

6. What did you find was beneficial?

7. What do you want/expect?

Outcome of Triage

Reassurance Signposting
Advice Assessment

Reasons: -

Verbal Consent to Send Questionnaire to School at Appt time:

Yes No

Name of Parent/ Guardian:

Therapist Completing Triage:

Date:

Dates of contact attempts. -

Appendix 10 – Request for Assistance Information Form

Children & Young People's Occupational Therapy Service



Parent/ Carer Request for Assistance

To be completed by Occupational Therapist during telephone consultation. If accepted for individualised assessment please upload to EMIS and task Service Administrator requesting that child is added to the waiting list.

Child's Name:	Name of parent/guardian requesting assistance:
D.O.B.	Relationship to child:
Address:	Telephone number:
	Mobile number:
	Name and address of other parent if different from above: n/a
School/Nursery:	
Class:	Relationship to child:
Class Teachers Name:	Telephone number:
GP:	Mobile number:
Health Visitor:	

Consent

In the case of LAAC please ensure the carer with parental rights gives consent.

Verbal consent given for: -

I agree to this Request for Assistance for Occupational Therapy

I give permission for information regarding my child to be shared with other appropriate health professionals and education/social work colleagues.

I agree for information to be shared with father/mother if not at the same address.

Please tick box if available for an appointment at short notice

Occupational Therapist Signature:

Date.....