

What is Occupational Therapy?

Occupational Therapists (OTs) aim to help children and young people achieve their full potential in their ability to play, learn and look after themselves. The aim is to improve a child's level of independence and quality of life by looking at the functional activities they do.

Who we are

We work as members of an integrated children's team within the Children's, Young People and Adult Specialist Services (CYPASS) for Norfolk Community Health and Care NHS Trust. Our OTs work closely with parents and carers as well as other professionals such as teachers, physiotherapists, speech and language therapists, nurses and paediatricians to provide care and support to children and their families.

Re-Referrals

The Children's Occupational Therapy service is for children and young people aged 0- 18 years (19 for young people attending complex needs schools). For children who have seen an OT before, the child's parents, carers or school can request a review, if required.

Areas we can help with

Children's Occupational Therapists are involved in many areas of a child's development. This may include:

- Suggesting ways to develop skills so your child can do everyday tasks for themselves; for example, pencil skills, dressing, feeding and play
- Arranging for your child to try out, and/ or recommend the supply of, specialist equipment for use at home and school. Equipment may include chairs, desks, specialist computer items, toileting and bathing equipment, plus equipment to help with sleeping and postural management needs
- Advice on specialist car seats, buggies and wheelchairs
- Advice for teaching staff regarding how to maximise your child's involvement in school
- Assessment of co-ordination skills and strategies for improvement
- Manufacture of splints for hands and arms to minimise deformity and promote function

Review Request Form

Please complete and return this form when your child needs to be seen by the Occupational Therapy team again. If you are requesting a review because equipment your child relies on has broken, please phone us immediately.

Name of Child:

Date of Birth

Parent / Carers Names:

Home Address:

Contact telephone numbers:

School and name of school contact person (if relevant):

Child's Diagnosis:

G.P Practice:

Parent Carers Signature:
(Please note your child will not be seen without this)

Date:

Please complete information on back page.