**Bolton Sensory Processing Pilot**

**Referral Information**

**Important Information:**

Sensory processing differences occurs when sensory signals don’t get organised into appropriate responses. People with sensory processing differences find it difficult to process sensory information (e.g. sound, touch and movement) from the world around them. This means that they may feel sensory input more or less intensely than other people and struggle with self-regulation. Sensory processing differences can therefore impact on a person’s ability to interact in different environments and perform daily activities.

**Referral Criteria:**

* The child or young person must present with having difficulties in **two or more** sensory areas that impact upon their function and ability to participate in daily activities.
* The child or young person must have a Bolton GP.
* The child or young person must be aged 2-17 years inclusive.
* Parental consent must be gained prior to referral being made
* If the child or young person has previously had a sensory assessment (NHS or private) this must be documented.

**Referrals:**

* A referral to the pilot can be made via a Health Professional or SENCO.
* The referrer must complete the appropriate referral documentation and ensure that parental/carer consent for the referral is gained and recorded (service referral with signed parent consent).

**Incomplete referrals will be rejected..**

**What are the common features of sensory processing difficulties?**

* Shows heightened reactivity to sound, touch or movement.
* Is under-reactive to certain sensations (e.g. not noticing name being called, being touched, high pain threshold).
* Appears lethargic/disinterested; appearing to mostly be in their ‘own world’.
* Has difficulty regulating their own behavioural and emotional responses; increased tantrums, emotionally reactive, need for control, impulsive behaviours, easily frustrated or overly compliant.
* Is easily distracted, shows poor attention and concentration.
* Has poor motor skills; appears clumsy, has immature coordination, balance and motor planning skills, and/or poor handwriting skills.
* Has poor sleep patterns.
* Has restricted eating habits or is a picky eater.
* Becomes distressed during self-care tasks (e.g. hair-brushing, hair-washing, nail cutting, dressing, tying shoe laces, self-feeding).
* Loves movement. Seeks out intense pressure (e.g. constant spinning, running around, jumping, crashing in objects/people).
* Avoids movement based equipment (e.g. swings, slides).
* Appears floppy or has ‘low muscle tone’, tires easily and is often slumped in postures.
* Performs tasks with too much force, has big movements, moves too fast, writes too light or too hard.
* Has delayed communication and social skills, is hard to engage in two-way interactions.
* Prefers to play on their own or has difficulty in knowing how to play with other children.
* Has difficulty accepting changes in routine or transitioning between tasks.
* Has difficulty engaging with peers and sustaining friendships.

**Common difficulties often (but not always) experienced by the child or young person with sensory processing differences?**

* Being able to follow instructions at home and school.
* Adequately expressing ideas, thoughts and feelings using language.
* Engaging in meaningful interactions with peers.
* Difficulties following conversation in a group or noisy environment.
* Poor planning and sequencing.
* Poor executive functioning.
* Poor working memory.
* Poor attention and concentration.
* Poor organisational skills.
* Difficulties with gross and fine motor skills.
* Behavioural difficulties
* Poor play skills

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| **Bolton Sensory Processing Pilot Referral Form**  **FORM MUST BE COMPLETED IN FULL**  **Referrals are currently only accepted from healthcare professionals and SENCo’s** | | | | | | | |
| **Child’s Details:** | | | | | | | |
| Forename/s:  Surname**:** | | | Date of Birth:  NHS Number: | | | | |
| Male  Female   Other  | | | Address: | | | | |
| Parents/Carers name/s: | | | Telephone number: | | | | |
| Parents/Carers email: | | | Please sign to confirm you have gained consent for this referral: | | | | |
| Diagnosis/current health concerns/medication: | | | | | | | |
| **General Practitioner (GP): MUST HAVE A BOLTON GP** | | | | | | | |
| Initial | Surname | Surgery address: | | | | | |
| **School Details:** | | | | | | | |
| School: | | | Year: | | | School Phone number: | |
| School address:  School SENCo: | | | Does the child have an EHCP?  No  Yes  | | | | |
| **Referral Details:** | | | | | | | |
| Referrer Name: | | | Professional Role: | | | | |
| Address: | | | Signature: | | | | |
| Date of referral: | | | | Contact number: | | | |
| **Does the child meet all the pilot criteria (please see referral criteria)**  ** Yes No ** | | | | | | | |
| **Are the family willing to attend parent training to access resources and strategies?**  **Yes  No ** | | | | | | | |
| Any reasonable adjustments needed? e.g. accessible entrance, communication aids.  Is an interpreter required?  **Yes  language**...........................  **No ** | | | | | | | |
| **Risk Alerts** | | | | **Yes** | **No** | | **Not known** |
| Would the child/young person pose a risk to staff or themselves? | | | |  |  | |  |
| Would a family member pose a risk to staff? | | | |  |  | |  |
| Are they at risk of being excluded from school? | | | |  |  | |  |
| Are they school refusers? | | | |  |  | |  |
| Is the child at risk of home/ placement breaking down? | | | |  |  | |  |
| If you have answered **yes**, please provide details: | | | | | | | |
| **Safeguarding** | | | | Yes | No | | Not known |
| Are there any Safeguarding concerns? | | | |  |  | |  |
| Looked after child? | | | |  |  | |  |
| If you have answered **yes**, please provide details: | | | | | | | |
| |  | | --- | | **Reason for Referral** |   **Please provide a summary on their areas of sensory processing difficulty and how these sensory processing difficulties impact upon the individual’s function and ability to participate in daily activities and in which settings (e.g. home, school etc):** | | | | | | | |

**Please forward this referral form, screening questionnaire and any additional useful information to the Bolton Sensory Processing Service via email to**

[**bsps.referrals@boltonft.nhs.uk**](mailto:bsps.referrals@boltonft.nhs.uk)