

# Guidance for making a request for assistance

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This should support and guide completion of a Child's Plan, Referral/Request for assistance form, etc.

Please use the relevant 'Information to include' guidance when making the request.

If the information is included in the Child's Plan it would be helpful if this was highlighted/referenced.

## **Child and Adolescent Mental Health Services (CAMHS)**

### **Information:**

CAMHS operates within a tiered model of service delivery. If not sure which service the child/young person is appropriate for, this can be discussed with the local PMHW, or the duty clinician at the Phoenix Centre (01463 705597). Both services work with children and young people aged 0-18.

Primary Mental Health Workers (PMHWs) provide an early intervention service with the aim of preventing mental health difficulties escalating. The service provides consultation to professionals and those supporting children and young people (CYP) and will offer direct interventions to meet a CYP and families concerns. They offer training to support the development of knowledge and skills of school staff, health visitors and others in Universal services. They may signpost to other relevant agencies, including thinking about which part of CAMHS would best meet needs.

The Phoenix Centre works with CYP and their families, as appropriate, to understand their moderate to severe or complex mental health difficulties and offer a range of therapeutic interventions to help them make changes. At times they may meet with the professional network, with parent(s)/ carer(s) permission, to help them decide if there is a role for CAMHS or consider how those already involved can support mental health needs (more information is available on [our website](#)).

### **Information to include for all CAMHS services:**

<b>For more detailed advice see each section but in general:</b>
<ul style="list-style-type: none"><li>• As much information as possible about the exact nature of the CYP's difficulties and the impact on their day-to-day functioning</li></ul>
<ul style="list-style-type: none"><li>• The CYP's contact details</li></ul>
<ul style="list-style-type: none"><li>• Their EYC/school, Named Person/Lead Professional and whether we have permission from the YP/parent(s)/carer(s) to contact them</li></ul>
<ul style="list-style-type: none"><li>• Who else is involved with the CYP</li></ul>
<ul style="list-style-type: none"><li>• If the information is included in the Child's Plan, please highlight/reference this.</li></ul>
<ul style="list-style-type: none"><li>• Interventions or mental health input which has been tried to date and the outcome (i.e. teacher support, Children's Service Worker, etc.)</li></ul>

### **Primary Mental Health Worker Service (Tier 2)**

#### **How to access the service:**

- Anyone can request a service from a PMHW. Any request to the service must be made with the full knowledge and agreement of the family and the CYP, if they are old enough. The service will generally offer a consultation to discuss further and ensure that appropriate information is gathered to consider how best to consider next steps. Where it is agreed that the PMHW will become involved directly, a child's plan would be requested to start the referral process.
- All schools in Highland have a liaison PMHW. We would encourage all schools to arrange regular consultation times to discuss pupils and general concerns around mental health. Information about the service and up to date contact details are emailed regularly to schools and all partners. Please email [pmhw@highland.gov.uk](mailto:pmhw@highland.gov.uk) for this information.

- **‘Just Ask’ enquiry line** – You can phone on Tuesday and Thursday between 1pm and 4pm and a PMHW will call you back within a few days. The enquiry line is for all young people, parents, carers, and those who work with them in Highland Council area to access. Please call us on 0300 303 1365. Please note that this is not a referral route. We will provide advice to enquiries only.

<b>Concerns to consider and mention in the request:</b>
<ul style="list-style-type: none"> <li>• What is the presenting issue(s) and how is this impacting on the CYP and others</li> </ul>
<ul style="list-style-type: none"> <li>• What behaviours have been observed and/or are causing concern</li> </ul>
<ul style="list-style-type: none"> <li>• How the child is developing in relation to their peers in relation to emotional maturity, self-regulation, resilience, mood, anxiety, etc.</li> </ul>
<b><u>Other important information to consider and include</u></b>
<ul style="list-style-type: none"> <li>• What outcome is expected/required</li> <li>• We suggest that the referral is discussed with the Named Person/Lead Professional</li> </ul>

**Phoenix Centre (Tier 3/4)**

**How to access the service:**

- CYP up to 16 years of age and young people aged 17 and 18 who are still enrolled in school can be referred to the service if they are experiencing moderate to severe or complex mental health difficulties, e.g., anxiety, depression, eating disorders, relationship difficulties, etc. We accept referrals from health, education and social work.

Please see our referral criteria on our website for more comprehensive information.

- It is important that those referring have met with the parent(s)/carer(s) and the CYP, and they agree with the request for assistance.
- Requesting a service from CAMHS should ideally be made using our [referral form](#) along with the most recent Child’s Plan, if one is available.
- Referrals sent electronically preferably to – [nhshighland.phoenixcentre@nhs.scot](mailto:nhshighland.phoenixcentre@nhs.scot) Or by post to – CAMHS, The Phoenix Centre, Raigmore Hospital, Inverness, IV2 3UJ Or electronically via SCI Gateway under Child and Adolescent Mental Health Services

We will respond to all referrals received, informing both referrer and the family (parent(s)/carer(s) and/or young people depending on their age) of the outcome. Where there is permission we will also let the Named Person know the outcome.

<b>Concerns to consider and mention in the request:</b>
<ul style="list-style-type: none"> <li>• Specific persistent symptoms of psychological distress and their impact.</li> <li>• Duration of difficulties – how long have they been a concern?</li> <li>• Presence of self-harm. Ask about any suicidal ideation and if present, any plans they may have</li> <li>• Triggers for seeking help at this moment in time</li> <li>• Family circumstances, social and educational functioning</li> </ul>

### **Urgent Referrals:**

When there are concerns that a CYP might need an urgent mental health assessment we would recommend that referrals are discussed with a CAMHS clinician prior to referral submission.

Duty clinicians are available 9am-5pm Monday – Friday on 01463 705597. Referrals of an urgent nature out with normal working hours/weekends should be directed to A&E.

#### **Referrals to our service are considered urgent if:**

- A CYP is experiencing **significant suicidal ideation with intent**, or has made a suicide attempt (referrals after an attempt are made by hospital staff as per protocol)
- A CYP has suspected **psychotic illness/symptoms**
- A CYP has experienced **rapid recent weight loss, a concerning BMI and eating disorder cognitions**
- A CYP is considered to be an **immediate risk to themselves or others** associated with mental health issues
- In the circumstance of **medical non-compliance** when this presents an immediate health risk

#### **Other important information to consider and include:**

- Neglect, trauma or other difficult experiences in the child/young person's life.
- Physical health concerns
- If any family members are currently accessing or have previously accessed CAMHS

### **Inappropriate Referrals to CAMHS:**

*More appropriate services to consider are in brackets.*

- CYP with **behavioural difficulties as a response to normal life events** (e.g., bereavement, parental separation). Some indication of mental health issues needs to be evident in addition to these circumstances for a referral to CAMHS to be appropriate. (*Crocus/Relationship Scotland – Consultation can be sought with PMHW if required by named person*)
- CYP whose **difficulties occur only at school** i.e., problems which are solely related to specific learning or behavioural difficulties within the classroom. (*Educational Psychology*)
- CYP whose **parents are in dispute within legal proceedings**. (*Relationship Scotland*)
- CYP whose **primary difficulty is substance misuse and/or offending behaviour**. (*Youth Action Team – referrals should be discussed with the named person and Practice Leads for schools*)
- **Assessment of a neurodevelopmental disorder**. Please direct these referrals to the [Neurodevelopmental Assessment Service](#)
- General **concerns relating to a CYP's needs** being responded to or addressed, these should be made via the named person for the young person (as per the HPM Guidance - [Section 3.3 Highland Practice Model](#))
- Where a child or young person is at risk of significant harm from abuse or neglect, then Police (if the danger is immediate) or Social Work should be alerted without delay – this is as per the [Highland Child Protection Committee Guidance](#)

## **Child Health and Disability Service**

The Child Health and Disability service supports children and families with issues related to complex health/disability, learning disability, autism, and other neurodevelopmental conditions.

The team consists of Social Workers, Learning Disability Nurses, Autism Practitioner, Family Keyworkers, Community Childrens Workers, and Children Service Workers. Where appropriate and required, Social Workers from the Child Health and Disability Service will act as Lead Professional for a young person for both statutory and non-statutory cases.

The Team's practice involves 1:1 direct work with children, young people and their families while providing liaison, consultation, supervision, and training for practitioners who are involved in the lives of children and young people working across a continuum of promotion, prevention, and care and education. This can include the following, but we are open to discussion around wider issues to clarify if these are within our remit:

- **STATUTORY WORK** - Child Protection support for children with a disability, advice and guidance including assessments and procedures and as required follow up on to the Children's hearing system. Social workers also support and have Lead Professional responsibility for LAAC/ LAC both in and out of HC area as required.
- **BEHAVIOURAL SUPPORT** – Advice and support for children, families/ carers, and education staff with issues around anxiety, sensory processing, sleep, anger, and neurodevelopmental differences. Advice around strategies for supporting children to cope on a day-to-day basis.
- **ACCESSING EDUCATION** – Liaison, support and intervention within schools where required.
- **TRAINING** – We can offer training opportunities for parents and staff through our links with The Pines on areas such as anxiety, neurodevelopmental Conditions, sleep, social stories, sensory processing and many more.
- **SKILLS TEACHING** – Teaching independent living skills e.g., self-help, domestic skills, and social skills.
- **RESPIRE** – Liaison with the team around the child to provide an appropriate respite service either at the Orchard or within the community.
- **CONSULTATION AND COLLABORATION** – The team regularly work in conjunction with Paediatricians, Speech and Language Therapists, Occupational Therapists, Physiotherapists, Education staff, Educational Psychology, Primary Mental Health Workers, and the CAMHS service.
- **SPECIALIST INFORMATION** on specific conditions and syndromes, benefits and welfare rights, respite care and access to local resources.

Our **Community Learning Disability Nursing Service** can also provide a comprehensive assessment of the health needs of children with a learning disability. They offer structured programmes of care which may cover the following:

- **HEALTH PROMOTION** – Educating people regarding their physical and health needs e.g., toileting, healthy eating, puberty, sexual health, mental health, and facilitating access to appropriate health care services.
- **EPILEPSY MANAGEMENT** – Providing people with information, advice, and monitoring of epilepsy.

### **How to access the service:**

Before a referral it's best to discuss the CYP need with your Named Person who will then follow the practice model process of a solution focused meeting to identify needs. Referrals are made with a Child's Plan after discussion with the Practice Lead, school years.

- It is important that those referring have met with the parent(s)/carer(s) and the CYP and they agree with the request for service.
- **'Just Ask' enquiry line** – You can phone on Tuesday and Thursday between 1pm and 4pm and a member of the team will call you back within 7 days. The enquiry line is for all young people, parents, carers and those who work with them in Highland Council area to access. Please call on 0300 303 1365.

### **Information to include:**

Please include as much information as possible about the exact nature of the child/young person's difficulties and its impact on their day-to-day functioning in the Child's Plan.

<b>Concerns to consider and mention in the request:</b>
<ul style="list-style-type: none"><li>• Who is concerned/who has raised this issue about this CYP – and the <u>impact</u> at this time. This can be captured in the initial reason or 'pressures' section of the Child's Plan.</li><li>• Who is best placed to support the child and family with this particular concern, and who understands the child's needs the best at the moment. This should be captured in the 'analysing strengths and pressures' section and followed up in the 'actions' section.</li><li>• What has been already put in place/or other services involved. This should be in the 'chronology/actions' section.</li></ul>



## **Transition**

To help the Young Person with additional support needs make a successful transition to adult life e.g., criteria for eligibility, role of Adult Services whilst the young person is receiving support from Children's Services, Transition Bridge, etc. please refer to the following websites

- Highland Children and Young People's Forum <https://hcypf.org/index>
- NHS Highland: Transition Planning <https://www.nhshighland.scot.nhs.uk/Services/ASC/Transitions/Pages/welcome.aspx>

## Community Paediatrics

### **Information:**

Community Paediatricians provide a secondary, specialised health service to children with a range of additional support needs, developmental disorders and disabilities, from birth and up until school leaving age. The service provides assessment, diagnosis, and follow-up as appropriate for children with additional support needs which may include: Developmental Delay, Physical Disabilities, Visual impairment, Hearing impairment, Looked after children, Children at risk, Complex Health needs. The department may follow up children who have a diagnosed neuro-developmental disorder only if there is a medical need, for example medication use.

### **How to access the service:**

- Babies, children, and young people up until school leaving age can be referred to the service
- By email – [nhsh.communitypaediatrics@nhs.scot](mailto:nhsh.communitypaediatrics@nhs.scot)
- By SCI gateway
- By post: Department of Community Paediatrics, Morven House, Raigmore Hospital, Inverness, IV2 3UJ, Tel 01463 701312

### **Information to include:**

This may be dependent on the source of the referral and the presenting difficulties/concerns:

<b>Concerns to consider and mention in the request:</b>
<ul style="list-style-type: none"><li>• Developmental history, relevant family history, relevant social history</li></ul>
<ul style="list-style-type: none"><li>• Past medical history including information regarding pregnancy/birth if available</li></ul>
<ul style="list-style-type: none"><li>• School based assessment (if referral from school) and the significance of the results</li></ul>
<ul style="list-style-type: none"><li>• Description of what child can do/developmental stage if concern regarding development – an ASQ score alone is insufficient</li></ul>
<b>Other important information to consider and include:</b>
<ul style="list-style-type: none"><li>• SOGs</li></ul>
<ul style="list-style-type: none"><li>• Previous intervention/support/other referrals made, or professionals involved and the impact of these</li></ul>
<ul style="list-style-type: none"><li>• Copy of child plan if available</li></ul>

## **Educational Psychology (Highland Council Psychological Service)**

### **Information:**

Educational Psychologists (EPs) are specialists working in the area of child development and education. They can work directly with children/young people and their families either individually or in groups. They also offer training and development work to a variety of groups, organisations and agencies and contribute to the emotional wellbeing of children and young people. EPs may offer advice and consultation to those working with children/young people (CYP), often through multi-agency discussions. The service can suggest ways to prevent, manage or resolve difficulties as they arise, working in partnership with children/young people, parents/carers and others.

### **How to access the service:**

- Anyone can request a service from an educational psychologist. Any request to the service for direct involvement with a CYP, should be made with the full knowledge and agreement of the family and the CYP, if they are old enough and understand what this means.
- All schools in Highland have a liaison EP and it is generally helpful for parents to have a conversation with the head teacher or support teacher initially, to discuss the involvement of an EP. Professionals can consult with an EP at any time to discuss their possible involvement.
- Information about the service can be accessed via the service website [https://www.highland.gov.uk/info/886/schools-additional\\_support\\_needs/36/psychological\\_service](https://www.highland.gov.uk/info/886/schools-additional_support_needs/36/psychological_service) or from the central service office on 01463 644400.
- **‘Just ask’ enquiry line** – You can phone on Tuesday and Thursday between 1pm and 4pm and an EP will call you back within a few days. The enquiry line is for all Highland children, young people, parents, carers, and those who work with them. Please call us on 0300 303 1365.

### **Information to include:**

Requests for direct support in relation to a child or young person should be made via a child’s plan and ideally after discussion with the EP. Requests for direct involvement with a child/young person **MUST** have the full agreement of the parents/carers who have parental responsibilities and where the child is old enough to give a view and to understand the request, the child/young person must also agree with the request.

<b>Concerns to consider and mention in the request:</b>
<ul style="list-style-type: none"><li>• What is the presenting issue(s) and how is this impacting on the CYP and others</li></ul>
<ul style="list-style-type: none"><li>• What behaviours have been observed and/or are causing concern</li></ul>
<ul style="list-style-type: none"><li>• What assessments have been undertaken – how the child is developing in relation to their peers (academic assessments, profiles of emotional development or observation etc.). Information on the learning context and engagement of the child/young person.</li></ul>
<b>Other important information to consider and include:</b>
<ul style="list-style-type: none"><li>• What outcome is expected/required</li><li>• Who else is involved with the child/young person</li><li>• What has already been tried in terms of support/intervention</li></ul>



## **Neurodevelopmental Assessment Service (NDAS)**

### **Information:**

The neurodevelopmental assessment service provides an assessment process and diagnostic pathway for children and young people presenting with a possible neurodevelopmental disorder.

These may include Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Developmental Coordination Disorder, Foetal Alcohol Spectrum Disorder, Developmental Language Disorder, etc.

Many neurodevelopmental difficulties overlap and interact. The multiagency team will develop a clear profile of ongoing needs, whether or not a specific diagnosis is given at the end of the process.

### **How to access the service:**

If you have concerns and are wondering if you should make a request or are looking for general advice – contact us by email: [nhsh.nds@nhs.scot](mailto:nhsh.nds@nhs.scot) or phone 01463 720057.

- As this is a specialist service, children **must** have reached level 3 of the staged approach prior to a request to NDAS being made.

Requests for assessment can be made by:

- Get informed consent from parents/carers and the child/ young person.
- Include information about both the home and school environments – parents/carers and school/early years centre staff views need to be incorporated.
- Email [nhsh.nds@nhs.scot](mailto:nhsh.nds@nhs.scot) with the NDAS request for assessment form, Child plan, and consent form. Include other relevant information (e.g., Developmental wheel, school report).

The request for assessment form is available on The Pines website

<https://www.thepineshighland.com/> > A-Z > NDAS and diagnosis > NDAS information

Requests received will be placed on a waiting list to be triaged, and if accepted will be placed on the waiting list for assessment. (NB. There are long waits for assessment to start.)

### **Information to include:**

- Only discuss the areas of concern. Areas that are of no concern don't need to be addressed.
- If the information is included in the Child's Plan, it would be helpful if this was highlighted/referenced in the plan.

<b>Concerns to consider and highlight in the request:</b>
<p><b>Communication skills:</b></p> <ul style="list-style-type: none"> <li>• Current communication skills</li> <li>• Understanding and use of language</li> <li>• Any unusual quality to the volume/structure/tone/wrong word order/use of accents/fluency/grammar</li> <li>• Use of eye contact/facial expression/gestured/pointing</li> <li>• Can the child make themselves understood/can they communicate their needs?</li> <li>• Repetitive patterns of speech</li> <li>• Any examples of the child's conversation that might illustrate the concerns</li> </ul>
<p><b>Play/hobbies/Interests:</b></p> <ul style="list-style-type: none"> <li>• Ability to start activities</li> <li>• Ability to share and include others</li> <li>• Ability to occupy themselves in free time</li> <li>• Ability to share and cooperate in others' activities</li> <li>• Repetitive patterns of behaviour</li> </ul>
<p><b>Social Skills:</b></p> <ul style="list-style-type: none"> <li>• Ability to relate to adults and other children</li> <li>• Ability to join in group activities</li> <li>• Ability to engage in conversation with others</li> </ul>
<p><b>Sensory issues:</b></p> <ul style="list-style-type: none"> <li>• Unusual behaviours, e.g., rocking, spinning, fidgeting (examples can be helpful)</li> <li>• Sensitivity to noise, touch, or movement</li> <li>• Any other sensory related issues</li> <li>• Any differences in coping skills in the home and school/ early years setting</li> </ul>
<p><b>Learning style and educational attainments/Progress in relation to peer groups:</b></p> <ul style="list-style-type: none"> <li>• Specific areas of concern with learning, e.g., dyslexia, processing speed</li> <li>• Does the child have PSHVT/ASN/PSA Support</li> <li>❖ <b>Please include additional information as an attachment</b>, e.g., ASQs/Developmental overviews/SOGS/SOCCAS/INCAS (or equivalent)</li> </ul>
<p><b>Emotional Wellbeing:</b></p> <ul style="list-style-type: none"> <li>• Presence of signs of anxiety/low mood/self-esteem/relationships difficulties/frustration and anger</li> <li>• Problems with eating and sleeping</li> <li>• Significant challenging behaviour</li> <li>• Self-Harm</li> </ul>
<p><b>Independence Skills:</b></p> <ul style="list-style-type: none"> <li>• Level of independence with dressing/personal care/eating and drinking/using cutlery/toileting/tooth brushing/changing for P.E./shopping/bathing or showering</li> </ul>
<p><b>Gross &amp; Fine Motor Skills:</b></p> <ul style="list-style-type: none"> <li>• Problems with walking/running/ball skills/P.E./riding a bicycle</li> <li>• Problems with using fine motor tools, e.g., pencils, scissors, handwriting skills</li> </ul>
<p><b>Other important information to consider and include:</b></p> <ul style="list-style-type: none"> <li>• Neglect/trauma or other difficult experiences in the child/young person's life</li> <li>• Physical health problems</li> <li>• Specific difficulties in the home environment/school environment</li> <li>• Specific difficulties in relationships at home/school</li> </ul>

## Nutrition and Dietetics (Paediatric)

### Information:

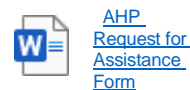
The Paediatric Nutrition and Dietetic Service is based at Raigmore Hospital and The Pines, Inverness. The service is for both acute and chronic conditions. Examples of conditions include: Type 1 & 2 diabetes; cystic fibrosis; gastroenterology disorders; enteral and parenteral tube feeding; food allergy including infant feeding allergy clinic (IFAC); infant feeding difficulties (IFDC)\*; faltering growth and nutrient deficiencies and selective eating. The service also manages requests for the Children Healthy Weight programmes (the X and Y programmes\*\*) for families to support a healthy lifestyle. In addition to this there is a pathway for selective eating involving one to one support provided by support practitioners or dietitians (as appropriate) and regular 'Food and Health' seminars. *\*IFDC is no longer provided by dietetics however requests for IFDC should still be sent to dietetics who will triage and forward the APNP who runs these clinics. \*\*Information about the CHW programmes is available at: <https://www.nhshighland.scot.nhs.uk/health-and-wellbeing/healthy-weight/child-health-and-weight/>*

### How to access the service:

• **'Just Ask' enquiry line** – You can phone on Tuesday and Thursday between 1pm and 4pm and a Dietitian will call you back within a few days. The enquiry line is for all Highland children, young people, parents, carers, and those who work with them. Please call us on 0300 303 1365.

Requests for Assistance can be made by anyone via -

- email - [paediatricdietitians@highland.gov.uk](mailto:paediatricdietitians@highland.gov.uk)
- verbally (Phone 01463 705097, or for urgent requests page 1068)
- SCI Gateway



- Clinical reports/ letters sent to Paediatric Dietetics, Raigmore Hospital, Old Perth Rd, Inverness IV2 3UJ
- ❖ Requests to IFDC/IFAC must provide information as per the referral pathway for these clinics. This can be obtained from the department or can be found on the intranet/TAM

### Information to include:

Please provide parent's email address. Other information will vary depending on the reason for the request. The following includes some basic information that would be helpful.

Concerns to consider and mention in the request:
<b>Anthropometrics:</b> <i>Weight and height/length – <u>These are required for all requests for assistance</u></i> OFC; BMI; weight/growth history if known
<b>Biochemistry:</b> Relevant/recent blood results if appropriate
<b>Clinical:</b> Relevant signs and symptoms – <u>Required for all requests for assistance</u> Diagnosis if known
<b>Dietary intake:</b> For infants: whether breast or formula fed or mixed feeding – <u>Required for all requests for assistance</u> ; Type of formula if known. Older children: type of foods eaten or avoided if known
<b>Environmental:</b> Social history; family history of allergies if known/appropriate; activity levels if known/ appropriate

## Occupational Therapy (Children and Young People)

### **Information:**

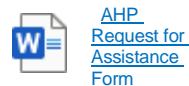
The Highland Council Occupational Therapy (OT) service for Children and Young People (CYP)'s main base is The Pines, Drummond Road, Inverness, but we cover the Highland council geography. We aim to enable CYP to participate in daily life by improving their health and well-being. This may include self-care (i.e., getting dressed, eating a meal, using cutlery, accessing the toilet/shower), being productive (i.e., going to school, fine motor skills, working through tasks, or joining in groups) and engaging in the wider environment. We work closely with others to support provision of a range of equipment, and assessment for adaptations and safety in a range of environments – home and school. Intervention may be through, consultation, online and in person workshops, and in some cases directly with the child, young person, family, or the team around the child.

**How to access the service:** If you have concerns and are wondering if you should make a request or are looking for general advice – contact us:

- Talk with your local Therapist or email us centrally for advice or a pre request conversation.
- **'Just Ask' enquiry line** – You can phone on Tuesday and Thursday between 1pm and 4pm and an OT will call you back within a few days. The enquiry line is for all Highland children, young people, parents, carers, and those who work with them. Please call us on 0300 303 1365.
- Email – [Childrens.OTservice@highland.gov.uk](mailto:Childrens.OTservice@highland.gov.uk)

If a Request for assistance has been advised -this can be made by anyone

- Email – [Childrens.OTservice@highland.gov.uk](mailto:Childrens.OTservice@highland.gov.uk)  
(All requests are processed centrally  
-therefore send into our generic email  
account)
- Telephone – 01463 644993
- Clinical reports / letters by email (preferably) to [Childrens.OTservice@highland.gov.uk](mailto:Childrens.OTservice@highland.gov.uk)
- Or by post to:  
OT Dept, The Pines, Drummond Road, Inverness, IV2 4NZ
- **Please do not send to Individual Therapists, this delays the process.**



### **Information to include:**

- Requests should not be related to the conditions or diagnosis, but a clear description of individual needs and circumstances
- All requests will be followed up with a conversation (often by phone) to determine the next steps and if it is the right time for the child/ young person and their family

**Key points to mention in the request:**

- Who is concerned/who has raised this issue about this CYP – and the impact at this time.  
*(If requesting by a Child Plan this can be captured in the initial reason or 'pressures' section)*
- Who is best placed to support the child and family with this particular concern, who understands the child's needs the best at the moment.  
*(If requesting by a Child Plan –  
- this should be captured in the 'In analysing the strengths and pressures' section  
- and followed up in the action section  
- and with full contact details in the 'partners to this plan' section. This is essential)*

- What has been already put in place/or other services involved.

*(If requesting by a Child Plan this should be in the chronology/actions section)*

- What do you think will be different for the CYP as a result of making this request for assistance?

*(If requesting by a Child Plan this should be in the Actions sections/under desired outcomes and targets – this needs to be specific rather than 'to be assessed by AHP')*

**Other important information to consider and include**

- Any historical and relevant, social/medical/environmental needs/housing type  
*(If requesting by a Child Plan this should be in the chronology section)*

## Physiotherapy – Acute Paediatric

### Information:

The Acute Paediatric Physiotherapy Service is based within the Physiotherapy Department at Raigmore Hospital and is part of NHS Highland. It is separate to the Highland Council Community Physiotherapy Team (see next section) with the main difference being the nature of Requests for Assistance. The Acute Paediatric Physiotherapy Services primarily accept Requests for Assistance for CYP with difficulties arising from the following conditions:

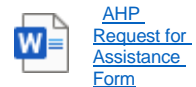
- Sports injuries, pain or functional problems related to muscles, bones, and joints e.g., knee pain
- Pain disorders
- Juvenile inflammatory disorders affecting joints and muscles e.g., Juvenile idiopathic arthritis
- Chronic respiratory conditions
- Following some orthopaedic surgery
- Obstetric Brachial Plexus Palsy/Erb's Palsy

At present, most Requests for Assistance are responded to with the offer of a face-to-face appointment with one of the Physiotherapists and this is likely to take place in the Physiotherapy Department at Raigmore Hospital. Occasionally this assessment will take place in a clinic setting or at a peripheral health care location.

The primary aim of physiotherapy is to achieve optimal physical function or achieve symptom resolution/symptom management for the purpose of supporting CYP achieve their potential and participate fully in activities that make a positive contribution to overall well-being. Physiotherapists will work collaboratively with CYP, their families and the wider team around the child to create effective therapy plans that may involve advice, education, sign posting to information sources, exercise, airway clearance techniques further investigation or onward referral.

### How to access the service:

- E-mail – [nhsh.acutepaedsphysio@nhs.scot](mailto:nhsh.acutepaedsphysio@nhs.scot)
- Phone – 01463 704000, extension 6421
- Post – Clinical reports/letters/ “Request for Assistance” form to Paediatric Physiotherapy Team, Physiotherapy Department, Raigmore Hospital, Inverness, IV2 3UJ
- **‘Just Ask’ enquiry Line** – You can phone on Tuesday and Thursday between 1pm and 4pm and a Physio will call you back within a few days. The enquiry line is for all Highland children, young people, parents, and carers and those who work with them. Please call us on 0300 303 1365



### Information to consider:

- The nature of a Request for Assistance should be focused around the child or young person's needs or circumstances rather than a particular diagnosis
- Please provide a clear description of the symptoms reported by the child, the functional difficulties they are experiencing and the anticipated expectation of physiotherapy
- Demographic details including name, D.O.B or CHI number, address, telephone number

- Any relevant social information e.g., safeguarding concerns whether the CYP is an interrupted learner as this may influence how the request is dealt with

<b>Key points to mention in the request:</b>
<ul style="list-style-type: none"> <li>• Who is concerned/who has raised this issue about this CYP – and the <u>impact</u> at this time. (If requesting by a Child Plan this can be captured in the initial reason or ‘pressures’ section)</li> </ul>
<ul style="list-style-type: none"> <li>• Who is best placed to support the child and family with this particular concern, who understands the child’s needs the best at the moment. (If requesting by a Child Plan this should be captured in the “analysing strengths and pressures” section and followed up in the “actions” section. Full contact details should be provided in the “partners to the plan” section)</li> </ul>
<ul style="list-style-type: none"> <li>• What has been already put in place/or other services involved. (If requesting by a Child Plan this should be in the chronology/actions section)</li> </ul>
<ul style="list-style-type: none"> <li>• What do you think will be different for the CYP as a result of making this request for assistance? (If requesting by a Child Plan this should be in the “Actions” section under “Desired Outcomes and Targets”)</li> </ul>
<b>Other important information to consider and include</b>
<ul style="list-style-type: none"> <li>• Any historical and relevant, social/medical information (If requesting by a Child Plan this should be in the chronology section)</li> </ul>

## **Physiotherapy – Community (Children and Young People)**

### **Information:**

The Highland Council Community Physiotherapy (PT) service for Children and Young People (CYP)'s main base is the Birnie Child Development Centre, Raigmore, Inverness.

We aim to improve the quality of life for CYP by promoting independence and encouraging physical well-being. We work in close partnership with the child, their family, carers, and other professionals to develop an effective therapy plan that considers their lifestyle, leisure activities, general health and what they want to get out of physiotherapy.

Physiotherapy requests should be considered if the child has significant difficulty with movement, balance, and mobility over and above what would be expected at their age and stage of development. For example, if the child has problems:

- Learning to move, roll, crawl, sit up, get up on their feet
- Walking, managing stairs and uneven surfaces
- Accessing and participating in play/leisure activities, such as bike riding, swimming, playing football, soft play, etc. due to difficulties with their movement, balance, or mobility
- Participating in school activities such as PE, accessing the curriculum, moving around school
- With their posture or movement which causes pain, functional difficulties or breathing difficulties

Intervention may be through, advice, consultation and in some cases directly with the child, young person, family, or the team around the child.

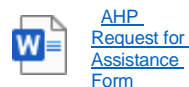
### **How to access the service:**

If you have concerns and are wondering if you should make a request or are looking for general advice – contact us

- Talk with your local Therapist
- **‘Just ask enquiry line** - You can phone on Tuesday and Thursday between 1pm and 4pm and a Physio will call you back within a few days. The enquiry line is for all Highland children, young people, parents, carers, and those who work with them. Please call us on 0300 303 1365.
- Email - [Childrens.PTservice@highland.gov.uk](mailto:Childrens.PTservice@highland.gov.uk)

If a request for assistance has been advised – this can be made by anyone

- Email - [Childrens.PTservice@highland.gov.uk](mailto:Childrens.PTservice@highland.gov.uk)  
This is our preferred method of contact if at all possible.  
All requests for Highland are processed centrally.
- Telephone – 01463 644993



- Clinical reports/letters sent to - PT Dept, The Pines, Drummond Road, Inverness, IV2 4NZ



## Information to include:

- Requests should not be related to the conditions or diagnosis, but a clear description of individual needs and circumstances
- All requests will be followed up with a conversation (often by phone) to determine the next steps and if it is the right time for the child/young person and their family

<b>Key points to mention in the request:</b>
<ul style="list-style-type: none"><li>• Who is concerned/who has raised this issue about this CYP – and the <u>impact</u> at this time. <i>(If requesting by a Child Plan this can be captured in the initial reason or ‘pressures’ section)</i></li></ul>
<ul style="list-style-type: none"><li>• Who is best placed to support the child and family with this particular concern, who understands the child’s needs the best at the moment. <i>(If requesting by a Child Plan -</i><ul style="list-style-type: none"><li>- <i>this should be captured in the ‘In analysing the strengths and pressures’ section</i></li><li>- <i>and followed up in the action section</i></li><li>- <i>and with full contact details in the ‘partners to this plan’ section. This is essential)</i></li></ul></li></ul>
<ul style="list-style-type: none"><li>• What has been already put in place/or other services involved. <i>(If requesting by a Child Plan this should be in the chronology/actions section)</i></li></ul>
<ul style="list-style-type: none"><li>• What do you think will be different for the CYP as a result of making this request for assistance? <i>(If requesting by a Child Plan this should be in the Actions sections/under desired outcomes and targets – this needs to be specific rather than ‘to be assessed by AHP’)</i></li></ul>
<b>Other important information to consider and include:</b>
<ul style="list-style-type: none"><li>• Any historical and relevant, social/medical/environmental needs/housing type <i>(If requesting by a Child Plan this should be in the chronology section)</i></li></ul>

## **Speech and Language Therapy (Children and Young People)**

### **Information:**

Speech and Language Therapists (SLTs) work along with families, education staff, other professionals and carers supporting children and young people to manage speech, language, and communication needs.

Speech, language, and communication needs can present in different ways including:

- Difficulties producing speech sounds accurately and clearly
- Stammering
- Voice problem, such as hoarseness/loss of voice
- Difficulties understanding language (making sense of what people say)
- Difficulties using language (words and sentences)
- Difficulties socially interacting with other e.g., understanding the non-verbal rules of good communication or using language meaningfully to question, clarify, describe things or express feeling

The Speech and Language Therapy Service is also part of a team contributing to the assessment and management of eating, drinking, and swallowing difficulties, working in Special Care Baby Unit, Paediatric Wards, and community settings (Acute requests).

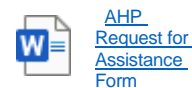
### **How to access the service:**

If you have concerns and are wondering if you should make a request or are looking for general advice – contact us

- Talk to your local therapist
- **‘Just ask’ enquiry line** – You can phone on Tuesday and Thursday between 1pm and 4pm and a SLT will call you back within a few days. The Enquiry line is for all Highland children, young people, parents, carers, and those who work with them. Please call us on 0300 303 1365.
- Email: [SLTServiceHighland@Highland.gov.uk](mailto:SLTServiceHighland@Highland.gov.uk)

If a request for assistance has been advised – this can be made by anyone

- Email – [SLTServiceHighland@highland.gov.uk](mailto:SLTServiceHighland@highland.gov.uk) with a Child Plan or a Request for assistance form
- Telephone: Acute/hospital requests only – 01463 705424



- Clinical reports/letters sent to: Speech and Language Therapy, The Pines, Drummond Road, Inverness, IV2 4NZ.

### **Information to include:**

- Consent from the parent or young person if they are 12-18 years old
- Requests should not be purely due to a condition or diagnosis but based on the individual needs and circumstances for the child/young person and family at that time.
- All requests will be followed up with a conversation (usually by phone) to determine the next steps and if it is the right time for the child/young person and their family.

<b>Key points to mention in the request:</b>
<ul style="list-style-type: none"> <li>Who is concerned/who has raised this issue about this Child/Young Person, and the <u>impact</u> at this time. <i>(If requesting by a Child's Plan this can be captured in the initial reason or "pressures" section)</i></li> </ul>
<ul style="list-style-type: none"> <li>Who is best placed to support the child and family with this particular concern, who understands the child's needs best at the moment. <i>(If requesting by a Child's Plan this should be</i> <ul style="list-style-type: none"> <li><i>captured in the 'Analysing the strengths and pressures' section</i></li> <li><i>followed up in the actions section</i></li> <li><i>with full details given in the 'partners to the plan section)</i></li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>What has already been put in place/or what other services are involved. <i>(If requesting by a Child's Plan this should be in the chronology / actions section)</i></li> </ul>
<ul style="list-style-type: none"> <li>What you think will be different for the Child/Young Person as a result of making this Request for Assistance. <i>(If requesting by a Child's Plan, this should be in the 'Actions' section under desired outcomes and targets – this needs to be specific rather than 'to be assessed by SLT')</i></li> </ul>
<b>Other important information to consider and include</b>
<ul style="list-style-type: none"> <li>Any historical and relevant social/medical/environmental needs <i>(If requesting by a Child's Plan, this should be captured in the chronology section)</i></li> </ul>