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**The Sensory Hive LTD**

**Client Transfer and Discharge Protocol**

**(Including Supplementary Documents)**

| **Date: 18/5/25** | **The Sensory Hive LTD** | **Address: Weyman Avenue, L35 2YW** |
| --- | --- | --- |
| **Review Date: 18/5/26** | **Ref: The Sensory Hive Client Transfer and Discharge Protocol** | **Assessor:   Hayley Peden** |
| **Amended on:** | **New Ref/Version:** | **Signed:** |
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**1. Introduction**

This protocol outlines the process for the safe and effective transfer and discharge of children and young people (CYP) and young adults referred to The Sensory Hive for specialist sensory assessment and intervention. It ensures consistency, clarity, and continuity of care across agencies and professionals involved.

This guideline applies to all clients assessed for sensory needs, including but not limited to those with Autism (ASC), ADHD, and/or Learning Disabilities.

**2. Scope and Purpose**

The purpose of this document is to:

* Ensure a smooth, person-centred transition for CYP and young adults at the point of discharge.
* Facilitate the timely sharing of relevant information with stakeholders.
* Outline the responsibilities of clinicians regarding documentation and follow-up.
* Prevent unnecessary re-referral or escalation to specialist services by empowering families and professionals with sustainable strategies.

**3. Sensory Assessment and Intervention Process**

Clients referred to The Sensory Hive may receive:

* A standardised and clinical sensory assessment by a Level 3+ Sensory Integration qualified Occupational Therapist or equivalent (OTs who are not yet fully qualified may also offer assessments and will be supervised by a Level 3+ Sensory Integration qualified OT).
* Individualised, evidence-based sensory interventions.
* Multi-agency collaboration to embed strategies across home, school, and community settings.

Assessment findings and intervention plans are discussed with families and, where appropriate, with school and care staff to ensure practical implementation.

**4. Criteria for Transfer or Discharge**

Clients may be considered for transfer or discharge from the service when:

* Sensory assessment and intervention goals have been met.
* The CYP/young adult no longer meets eligibility criteria for specialist input.
* The CYP/young adult/family disengages from the service despite attempts to re-engage.
* A transfer to another service is appropriate for ongoing needs (e.g., local Community NHS OT, CAMHS).

**5. Transfer Procedure (if applicable)**

If a client is being transferred to another provider:

* A Transfer Summary Report will be created, including assessment findings, intervention summary, and recommended next steps.
* Consent must be obtained to share this with receiving services.
* A clinical handover meeting should be arranged where possible, particularly for complex cases.
* Transfer should be completed with no interruption in service or support, and the family should be informed in writing.

**6. Discharge Procedure**

At discharge, the following steps must be followed:

**6.1 Communication with Family and CYP/young adult**

* Inform the family and CYP/young adult of the discharge decision, including the rationale, during a final session or case review meeting.
* Provide a written Discharge Summary, which includes:
  + Summary of the assessment and interventions provided.
  + Description of strategies/tools that should continue to be used at home or in school.
  + Signposting to community or universal services if appropriate.
  + Contact details for re-referral pathways if needed in the future.

**6.2 Communication with Professionals**

A copy of the Discharge Summary will be sent to the referring professional(s), which may include the GP, Dynamic Support Database (DSD) Manager, and other relevant services. The discharge letter must include:

* Updated personal information (if changed).
* A summary of service input (what was delivered, when, and by whom).
* Clinical conclusions and outcomes of the assessment and/or intervention.
* Ongoing concerns or unresolved issues requiring further action.
* Recommended actions for other professionals (if applicable).
* The effective discharge date.
* Contact information for any future queries or referrals.

**7. Documentation and Record Keeping**

* All clinical records must be updated in line with GDPR and HCPC standards.
* A discharge entry must be clearly recorded in the clinical notes, stating the discharge date, reason for discharge, and the name of the clinician completing the discharge.
* All reports and summaries must be uploaded to the client’s file and shared securely with consent.

**8. Feedback and Evaluation**

Upon discharge, families should be invited to complete a Service Feedback Questionnaire to support continuous improvement.

**9. Re-referral and Follow-Up**

* Families and professionals can re-refer following standard procedures should needs arise in the future.
* Where necessary, The Sensory Hive Ltd may provide time-limited follow-up calls or check-ins to support transition from active intervention to universal or targeted services.

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**The Sensory Hive LTD  
Transfer Summary Report**

**Client Details**

Full Name:

Date of Birth:

NHS Number (if applicable):

School/Setting (if relevant):

Address:

Parent/Carer Name(s):

Contact Details:

Referral Source:

Date of Initial Assessment:

Date of Transfer:

**Clinical Summary**

Presenting Concerns / Reason for Referral:  
*(Briefly summarise the sensory-related concerns that led to referral.)*

Background Information:  
*(Include diagnosis, relevant medical history, school placement, family context.)*

Assessment Completed:  
*(E.g., SPM2, SOSI-M, Movement ABC, Sensory Profile 2, clinical observations, caregiver interviews.)*

Summary of Findings:  
*(Highlight key areas of sensory processing difficulty: e.g., modulation, discrimination, motor planning. Include relevant patterns such as sensory-seeking, over-responsiveness, etc.)*

Clinical Impression:  
*(Include diagnostic formulation or hypothesis in relation to sensory needs.)*

**Interventions Provided**

Type of Intervention:  
*(E.g., direct 1:1 sessions, environmental adaptations, home/school programme, caregiver training.)*

Duration and Frequency:  
*(E.g., 6 weekly sessions over 8 weeks)*

Goals Addressed:  
*(List or summarise primary goals of intervention.)*

Response to Intervention:  
*(Brief statement on progress, changes observed, parent/school feedback.)*

**Reason for Transfer**  
*(Select or explain the reason below:)*

☐ Needs better met by another service

☐ Completion of agreed scope of assessment/intervention

☐ Relocation or change in care setting

☐ CYP disengaged from service

☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations and Next Steps**

Recommendations for Receiving Service:  
*(Detail any ongoing support needs or areas to monitor.)*

Resources Provided to Family / Setting:

☐ Written strategies / sensory diet

☐ Visual schedules / equipment list

☐ Signposting information

☐ Reports and summary documents

**Receiving Professional/Service Contacted**

Name:

Role / Organisation:

Contact Information:

Date of Handover / Communication:

Consent Obtained: ☐ Yes ☐ No

**Clinician Completing Report**

Name:

Role:

Date:

Signature:

**The Sensory Hive LTD**  
**Service Feedback Questionnaire**

*Your feedback helps us to improve our service. Please take a few minutes to complete this form and return by email to hello@thesensoryhive.co.uk or hand it to your therapist.*

**1. About You**A logo for a sensory hive

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Name (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child/young adult:  
☐ Parent ☐ Carer ☐ Guardian ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of child/young adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of discharge from service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. About the Service** - How satisfied were you with the following aspects of the service?

*Please tick* ***one*** *response* ***per row****. Answer* ***1-10 only*** *if you have* ***had an assessment****. Answer* ***all******questions*** *if you also* ***had \*intervention****.*

| **Area** | **Very Satisfied** | **Satisfied** | **Neutral** | **Dissatisfied** | **Very Dissatisfied** |
| --- | --- | --- | --- | --- | --- |
| 1. Referral process and communication from The Sensory Hive | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Communication and professionalism of occupational therapists | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Confidence in the qualifications and specialist knowledge of the therapists | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Clarity of information about the whole process | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Involvement in identifying goals and areas of focus for sensory assessment | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Updates and progress reporting during sensory assessment | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Quality and clarity of the sensory assessment report | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Relevance and helpfulness of the sensory assessment findings in the report | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Support provided to family/carers to understand and manage sensory needs | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Collaboration with other services/professionals where appropriate | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. \*Appropriateness and impact of strategies or intervention provided | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. \*Involvement in identifying goals and areas of focus for intervention | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. \*Updates and progress reporting during intervention | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. \*Quality and clarity of the Intervention Summary | ☐ | ☐ | ☐ | ☐ | ☐ |

**3. Open Feedback**

a) What did you find most helpful about the support from The Sensory Hive?*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  
*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*b) Did the service meet your child’s/young adult’s needs? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

c) How could it be changed to better suit your situation or others in your community? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

c) Do you feel more confident supporting your child’s/young adult’s sensory needs as a result of this service?  
☐ Yes   ☐ Somewhat  ☐ No (please explain):\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

d) Have you noticed any changes or progress in your child/young adult since receiving support?  
☐ Yes  ☐ Not yet ☐ No If yes, please describe:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**4. Final Comments** - Would you recommend The Sensory Hive to other families?  
☐ Yes  ☐ Maybe  ☐ No

Any other comments or suggestions? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**🌟 The Sensory Hive – OT Feedback Form 🌟  
 We’d love to know what you thought about your time with The Sensory Hive! You can fill this in by yourself or with someone helping you.**

**1. About You**

First name (you can leave this blank if you want): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 How old are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Who helped you fill in this form?  
 ☐ No one – I did it myself ☐ Parent/Carer ☐ Support worker ☐ Someone else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. What was your experience like at The Sensory Hive?**

Please tick the face that best shows how you felt about each thing.

| **Tick the face to rate:** | **😊**  **Brilliant** | **🙂**  **Good** | **😐**  **Not sure** | **🙁**  **Not great** | **😞**  **Terrible** |
| --- | --- | --- | --- | --- | --- |
| 1. How you felt getting help from The Sensory Hive | **☐** | **☐** | **☐** | **☐** | **☐** |
| 2. The people (therapists) who worked with you | **☐** | **☐** | **☐** | **☐** | **☐** |
| 3. How well they explained what would happen | **☐** | **☐** | **☐** | **☐** | **☐** |
| 4. How well they helped you choose my goals and what to work on | **☐** | **☐** | **☐** | **☐** | **☐** |
| 5. How well they gave you ideas and advice during the sessions | **☐** | **☐** | **☐** | **☐** | **☐** |
| 6. The report you got after your assessment | **☐** | **☐** | **☐** | **☐** | **☐** |
| 7. How helpful the ideas and suggestions were in your report | **☐** | **☐** | **☐** | **☐** | **☐** |
| 8. How well your report helped you understand your sensory needs | **☐** | **☐** | **☐** | **☐** | **☐** |
| *If you had therapy* – How the activities helped your sensory needs | **☐** | **☐** | **☐** | **☐** | **☐** |
| *If you had therapy* – How well the OT helped you choose your goals | **☐** | **☐** | **☐** | **☐** | **☐** |
| *If you had therapy* – How well the OT gave you ideas and advice during your therapy sessions | **☐** | **☐** | **☐** | **☐** | **☐** |
| *If you had therapy* – Your intervention summary report and how helpful the ideas and suggestions are | **☐** | **☐** | **☐** | **☐** | **☐** |

**3. Tell Us More (you can write or draw!)**

**a)** What did you like most about your sessions at The Sensory Hive?

**b)** Was the support helpful for you? What would make it even better?

**c)** Do you feel more confident or able to do things after getting help?  
 ☐ Yes ☐ A bit ☐ Not really

**d)** Have you noticed any changes in yourself since getting help?  
 ☐ Yes ☐ Not yet ☐ No  
 If yes, what’s changed:

**4. Last Questions**

Would you tell a friend to come to The Sensory Hive if they needed help?  
 ☐ Yes ☐ Maybe ☐ No