

### Durham County Council, NHS North East and North Cumbria Integrated Care Board, and Tees, Esk and Wear Valleys NHS Foundation Trust Collaborative

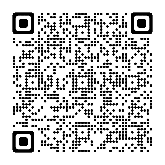
**Neurodevelopmental Pathway Referral Form for Children and Young People aged 5-17 years old**

**County Durham**

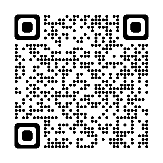
Completed forms should be returned to: [tewv.northdurhamneuro@nhs.net](mailto:tewv.northdurhamneuro@nhs.net)

The purpose of this form is to gather information to enable professionals to discuss how services can best meet the needs of your child. It is important that you provide us with as much information as you can, as we will use this information to decide whether your child needs further specialist assessment for possible Autism and/or Attention Deficit Hyperactivity Disorder ADHD.

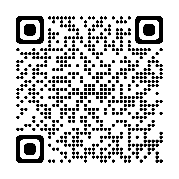
The information on this form will be discussed by the Needs Led Neurodevelopmental Pathway Panel. Following the meeting we will write to the parent/ carers and referrer with the decision of the panel.

In the meantime we urge parents/carers to access the offer of Needs Led Support to help meet their family’s needs via:

[www.northeastnorthcumbria.nhs.uk/our-work/workstreams/children-and-young-people/needs-led-neurodevelopmental-pathway/](http://www.northeastnorthcumbria.nhs.uk/our-work/workstreams/children-and-young-people/needs-led-neurodevelopmental-pathway/)

The County Durham SENDIASS website:

[www.durhamsendiass.info/](http://www.durhamsendiass.info/)

and County Durham Family Hubs website:

[www.durham.gov.uk/helpforfamilies](http://www.durham.gov.uk/helpforfamilies)

The form is divided into four sections:

Section A includes demographic details about the child and their family, including a list of which services have been involved so far.

Section B is for parents or caregivers to provide information about their child’s behaviour and history. It includes the consent form.

Section C should be completed by a professional who knows the child, such as the SENCo at school. This person will submit the form on behalf of your child and is the “referrer.”

Section D is optional, but we would encourage you to include the child’s views if you think they are able to do so.

### PLEASE MAKE SURE ALL INFORMATION IS TYPED

**SECTION A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | **Date of Birth** |  |
| **NHS Number** |  | **Gender** |  |
| **Address** |  | **Phone Number** |  |
| **Name of GP** |  | **GP Surgery** |  |
| **School** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Primary Carer** |  | **Address**  **(if different to child)** |  |
| **Relationship to child**  **/ young person** |  | **Contact numbers** |  |
| **Parental Responsibility (Y/N)** |  | **Email address** |  |
| **Can primary carer be contacted by email or phone**  *Please delete as appropriate* | | ***Phone contact*** | ***Email contact*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of other carer/significant adult** |  | **Address**  **(if different to child)** |  |
| **Relationship to child**  **/ young person** |  | **Contact numbers** |  |
| **Parental Responsibility (Y/N)** |  | **Email address** |  |
| **Can other carer/significant adult be contacted by email or phone**  *Please delete as appropriate* | | ***Phone contact*** | ***Email contact*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Siblings name** | **Date of birth** | **Health details** | **School** |
| Sibling 1 |  |  |  |  |
| Sibling 2 |  |  |  |  |
| Sibling 3 |  |  |  |  |
| Sibling 4 |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Childs ethnicity**  *Please select* | | | | | | |
| White | British |  |  | Asian or Asian British | Indian |  |
|  | Irish |  |  | Pakistani |  |
|  | Gypsy/Roma |  |  | Bangladeshi |  |
|  | Other |  |  | Chinese |  |
|  |  |  |  | Other Ethnic Group |  |
| Mixed | White & Black Caribbean |  |  |  |  |
|  | White & Black African |  | Black or Black British | Caribbean |  |
|  | White & Black Asian |  |  | African |  |
|  | Other |  |  | Other |  |

***Please detail in box below, where appropriate:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Adopted | Looked After Child | EHCP /  Provision agreement | Child Protection  Plan | Early Help | Child in need | Interpreter / language  required |
|  |  |  |  |  |  |  |

*We routinely contact those involved with your child It may be useful for us to contact other agencies who may be able to offer additional support for your child. If you do* ***not*** *want us to do this can you please let us know.*

|  |  |  |
| --- | --- | --- |
| **Agencies Involved or previously involved** | **Already Known Y/N** | **Named Professional / Contact Number** |
| Children with Disabilities Team |  |  |
| Speech and Language Therapy |  |  |
| Occupational Therapy |  |  |
| School or College |  |  |
| Hospital Consultant |  |  |
| Education Psychology Service |  |  |
| Communication and Interaction Team |  |  |
| Emotional Wellbeing and Effective Learning Service  (EWEL) |  |  |
| Community Paediatrician |  |  |
| CAMHS |  |  |
| Daisy Chain |  |  |
| MAIN |  |  |
| Social Care |  |  |
| GP |  |  |
| School Nurse |  |  |
| Emotional Health and Wellbeing Nurse |  |  |
| Other – please give details |  |  |

**Parent/ Carer consent form for the County Durham and Darlington Neurodevelopmental**

**pathway for Multi- Agency information sharing**

### Purpose:

The sharing of information between agencies is an important part of the assessment of your child, as it provides a detailed picture of your child’s strengths and needs. Sharing information allows for a range of specialised assessments to be undertaken to help determine the needs of your child.

In order for a detailed assessment regarding your child to be undertaken, several agencies may need to become involved.

### Consent:

We need your consent to share information between agencies. The agencies covered by this consent to information agreement are detailed on Page 4 of the referral form. **(Social Care including ICS records)**

### Child/young person’s name: DOB:

*\*if applicable*

### NHS number:

|  |  |
| --- | --- |
| ☐ | I understand that the information provided on this form will be processed in accordance with the requirements of the 1998 Data Protection Act. It will be treated as confidential and will only be used for purpose of the provision of education and health services. In connection with this purpose, the information may also be processed for the purpose of preventing any fraud or criminal offence to ensure the health, safety and welfare of any child. In pursuit of these legitimate purposes, the information may be shared with other authorities, and with any organisation legitimately investigating allegations of fraud, criminal offences or child protection. |
| ☐ | The process has been fully explained to me by the referrer and I understand that there are no set timescales and that each case is individual and will require different services to be involved including those included overleaf and others not stated. |
| ☐ | I consent for information sharing between Pathway and the services named overleaf, and for my child to be referred to services that are deemed appropriate by the Pathway, based on my child’s needs. |
| ☐ | I understand that the Pathway will refer my child to services that will be of benefit to him/her and these assessments are essential to providing a full and holistic picture of the presentation of my child. By signing this consent I agree, wherever possible, to arrange for my child to attend all appointments sent out and understand that non-attendance can lead to my child being discharged from that service, this will result in an extended waiting time for assessments, and **may** result in my child being closed to the Pathway |
|  |  |
|  |  |
|  |  |
|  |  |

Name of person with parental responsibility:

Signed: Date:

Young Person

Signed: Date:

Should a diagnosis of Autism or Attention Deficit Hyperactivity Disorder (ADHD) be confirmed, mutual agreement of referral to other services to provide post diagnosis support to school / home will be arranged if required. The consent for County Durham and Darlington Neurodevelopmental Pathway will apply until your child is closed to this service.

Many thanks for your cooperation

**SECTION B**

Parent/ Carer views and concerns

***This form is to be completed in collaboration with the parent / carer.***

**Please use as much space as you need to answer each question.**

|  |
| --- |
| **Please describe your concerns** |
|  |

|  |
| --- |
| **Who does your child live with?** |
|  |

|  |
| --- |
| **Please tell us any significant life events?**  (Bereavements, marital breakdown, parental mental health / domestic violence / social care involvement / alcohol / addiction, SEN, bullying etc.) |
|  |

|  |
| --- |
| **Has your child ever had an illness or accident that might have affected their brain or development? (Head injuries, meningitis, oxygen deprivation, epilepsy)** |
|  |
| **Does your child have any problems with hearing, vision or mobility?**  **Do they need hearing aids, glasses or a walking aid?** |
|  |

|  |
| --- |
| **Does your child have any other physical health concerns/ conditions/allergies**  (Diagnosed conditions, treatment, medications, hospital admissions, impact, sleep) |
|  |

|  |
| --- |
| **What are your child’s strengths and interests? What do they enjoy?** |
|  |

|  |
| --- |
| **What does your child do after school / at weekends? Do they have any intense or unusual interests? What do they do for fun?** |
|  |

|  |
| --- |
| **Does your child have friends? What do they do together?** |
|  |
| **Please provide us with an in-depth description of your child’s early development (e.g) walking, talking**  **Was there anything you were worried about?**  **Did anyone else have any concerns? ( GP, health visitor)** |
|  |

**Please try and provide some examples of your current concerns in each of the areas below.**

|  |
| --- |
| **Social interaction (**how they relate to friends and others) |
|  |

|  |
| --- |
| **Communication** (how they use eye contact, gestures and spoken language ) |
|  |

|  |
| --- |
| **Behaviour** (tantrums / following instructions, routines / repetitive behaviours- doing the same things over and over again etc) |
|  |

|  |
| --- |
| **Imaginative Play** (how do they play; both alone and with others, how do they show imagination/creativity in play) |
|  |

|  |
| --- |
| **Attention/Activity level/Impulsivity** ( concentration, lack of danger awareness, impulse control , organisational skills and ability to sit and complete tasks |
|  |

|  |
| --- |
| **Sensory issues** (interest or difficulty with smell, clothing, noises etc) |
|  |

|  |
| --- |
| **Please detail anything else you would like to tell us.** |
|  |

|  |
| --- |
| **What do you currently do to help your child with the things you’re concerned about?**  **Tell us what works, and what you’ve tired that didn’t work.** |
|  |

***People involved in the completion of this section:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Signature** |  | **Date** |  |
| **Professional Signature** |  | **Date** |  |

**SECTION C**

Professional’s views/ concerns

|  |  |  |  |
| --- | --- | --- | --- |
| **Person making the referral** |  | **Designation and agency** |  |
| **Address** |  | | |
| **Contact phone number** |  | **Email address** |  |
| **Details of current / historic interaction with child** | |  | |

|  |
| --- |
| **Please describe the concerns that have led you to complete this form** |
|  |

|  |
| --- |
| **Social Interaction** (awareness of others / interest in people / seeking comfort /empathy skills /awareness of feelings and emotions / giving comfort / building friendship / turn taking / eye contact / gesture / inappropriate behaviour). |
|  |

|  |
| --- |
| **Social Communication** (use of language / topic selection / selection and maintenance of conversation /listening skills / vocabulary development / voice control, tone, volume, rate, facial expression use of gesture ). |
|  |

|  |
| --- |
| **Flexibility of thought** (pretend play / imagination / need for routine / resistance to change /repetitive or stereotyped behaviour / obsessions consuming interests) |
|  |

|  |
| --- |
| **Behaviour (**attention and concentration / focus on task / hyperactivity, fidgeting, frequent body movements / forgetfulness / day dreaming / emotional dis-regulation / lack of sense of danger / organisational skills / peer relationships / oppositional behaviour) |
|  |

|  |
| --- |
| **Language** (level of understanding, speech clarity, expressive language skills, selective mutism, fluency, stammering). |
|  |

|  |
| --- |
| **Learning / development** (age child is working at, attendance, current support etc) |
|  |
| **Do school have any interventions/ support place?** |
|  |

|  |
| --- |
| **Does this young person present with risks to themselves?** |
|  |

|  |
| --- |
| **Is there anything not covered in the form that you feel would be important for the team to know about the child or young person?** |
|  |

|  |
| --- |
| **Does this young person present with risks towards Others?** |
|  |

|  |
| --- |
| **Is this young person at risk from others?** |
|  |

|  |
| --- |
| **Other Risks** |
|  |

|  |
| --- |
| **Please describe the factors that are impacting on the young persons education and learning** |
|  |

**As a referrer I have discussed the following with parents/primary care givers:**

*Please tick to confirm*

|  |  |
| --- | --- |
| ☐ | The submission of this form does not mean the child will automatically join the waiting list for an autism or ADHD diagnosis assessment. This form is to enable professionals to discuss how the needs of the child can best be supported which may or may not include an assessment for diagnosis. |
| ☐ | The Pathway is unable to offer direct intervention to the parent/ carer/ child. They must be signposted to the appropriate services. |
| ☐ | If the child’s needs can be met by another service or there is insufficient evidence of neurodevelopmental difficulties the pathway will end at that point and the case will be closed. |
| ☐ | If a risk is identified by the referrer this must be managed and referred on to the most appropriate agency to support the child / family. |
| ☐ | The assessment via the Pathway will determine whether their child meets criteria for a diagnosis of Autism or ADHD Individual agencies will make their own recommendations. |
| ☐ | I have discussed with parents that the process may take some time and the services to which the Pathway refers usually have waiting lists of their own. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent signature** |  | **Professional signature** |  |
| **Referral Date** |  | | |

**Referral Application Checklist**

Please attach any appropriate reports/ assessments in respect of the child/ young person. The more information you can provide, the more efficient the assessment process will be.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent screening questionnaire (Section B) ESSENTIAL |  |  | ☐ |
| School screening questionnaire (Section C) ESSENTIAL |  |  | ☐ |
| GP report (birth and early development history) |  |  | ☐ |
| Speech and Language Therapist Report |  |  | ☐ |
| Occupational Therapist Report |  |  | ☐ |
| Community Paediatrician Assessment |  |  | ☐ |
| School Nurse or Health Visitor Report |  |  | ☐ |
| Educational Psychologist Report |  |  | ☐ |
| Communication and Interaction Team Report |  |  | ☐ |
| EWEL Report |  |  | ☐ |
| EHCP / SEN support plan |  |  | ☐ |
| Individual Education/Behaviour Plan (or equivalent) |  |  | ☐ |
| CAMHS |  |  | ☐ |
| Early Help Assessment |  |  | ☐ |
| Personal Education Plan for LAC Child |  |  | ☐ |
| Portage |  |  | ☐ |
| School report |  |  | ☐ |
| Behaviour Intervention |  |  | ☐ |
| Youth Justice Team |  |  | ☐ |
| Children’s Social Care |  |  | ☐ |
| Other… |  |  | ☐ |

**Please return the completed form and all supporting documents to** [tewv.northdurhamneuro@nhs.net](mailto:tewv.northdurhamneuro@nhs.net)

**SECTION D**

**Please take some time to complete the attached questionnaire with the child or young person.**

**You may need to adapt it for younger or less able children.**

**Child or young person can draw, write, take photos, etc.**

**It is better to write for the child or young person, to enable him/her to have time to think about the answers.**

**Please take note of any advice the child or young person gives you, and incorporate into your planning and management**

**It is better to write for the child or young person, to enable him/her to have time to think about the answers.**

**Please take note of any advice the child or young person gives you, and incorporate into your planning and management.**

**About me**

Tell us about you – who do you live with?

Who else is important in your life (family and friends)?

Do you have pets?

What do you like doing for fun?

What job do you want to do?

What makes you happy?

Please continue on the next page………

# **My goals**

## I would like to work on:

I would like the following to change:

I will know I have reached my goals when:

Thank you for completing this form