**Needs Led Neurodevelopmental Pathway Referral Pack**

**Referrals will only be accepted using the referral packs**. It is expected that the referring practitioner will coordinate the completion of the pack, which includes various supporting information from the school/setting, parents/carer. The completed referral pack will then need to be emailed to **dbth.DoncasterGDAreferrals@nhs.net** **. Please note incomplete sections of the referral form will not be permitted and will be returned to you.**

The pathway and support services in Doncaster are working together to provide a robust service. Advice and support are most effective when everyone involved works closely together. A multi-disciplinary panel will review all the information and should the evidence suggest that the Child/Young Person does not need further neurodevelopmental assessment they **will not be added to the waiting list for this and their referral to the neurodevelopmental assessment pathway will be closed**, **however, we will make recommendations of further support or assessment that may be helpful.**

Any incomplete referrals will be declined and returned to the referrer.

All referrals are subject to triage process, failure to complete all elements of the form may result in your referral being rejected. Please ensure before sending the referral that consent has been gained within the parent/carer section and that any Child/Young Person aged 11 or over with capacity, understands what they are being referred for. Parents/Carers should discuss and seek their agreement.

\*\*All sections must be completed\*\*

**School/ Referrer/ Teacher to complete- please use setting/*your views, not that of the parent/carer.***

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| **Child/Young Person’s (C/YP) details** |
| Surname |  |
| First name |  |
| D-O-B |  |
| Gender |  |
| Ethnic Origin |  |
| Address |  |
| Name of Childminder, Nursery or Education Setting |  |
| How long has the C/YP attended the setting? |  |
| Interpreter required Yes/No |  |
| Looked after child Yes/No |  |

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| **Referrer details** |
| Name of referrer |  |
| Referrer’s job title |  |
| Referrer’s address  |  |
| Referrer’s email address |  |
| Contact Tel no |  |
| Date of request |  |
| **Who has contributed to the completion of this referral (include all professionals)** |
| Name | Job title  | Organisation |
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We appreciate in some cases it may be difficult to answer some of the questions. Please try to give as much details as possible. Some examples and comparison with peers would be very helpful.

***For information- Child/Young person will be referred to as C/YP***

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| Please include views of teachers / other practitioners working with the child only and not the view of parents. Parental view is completed separately. **What** **other agencies are involved with the C/YP and/or what support packages/training have been provided for the C/YP and/or parents, currently or in the recent past? Please attach copies of all reports**  |
| **Please tick where applicable:** | **Current** | **Past (Date)**  | **Never**  | **Describe involvement** | **Report attached**  |
| CAMHS |  |  |  |  |  |
| Social Care incl CP Plan/ CIN plan |  |  |  |  |  |
| Early Help |  |  |  |  |  |
| Portage |  |  |  |  |  |
| Educational Psychology/ASCETS |  |  |  |  |  |
| Education, Health and Care Plan |  |  |  |  |  |
| School Nursing |  |  |  |  |  |
| Health Visiting (ages and stages completed) |  |  |  |  |  |
| **Please tick where applicable:** | **Current** | **Past (Date)**  | **Never**  | **Describe involvement** | **Report attached**  |
| Behaviour support |  |  |  |  |  |
| Early Help |  |  |  |  |  |
| Youth Offending Team |  |  |  |  |  |
| Speech & Language Therapy |  |  |  |  |  |
| Occupational Therapy |  |  |  |  |  |
| Community Nursing Team- Learning Disability  |  |  |  |  |  |
| Parenting/behaviour management classes |  |  |  |  |  |
| Sleep Charity |  |  |  |  |  |
| Other (please describe) |  |  |  |  |  |
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Please provide descriptive information in answer to the questions below and provide examples in as many sections as possible

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| Has the graduated approach been followed? Yes/No* Please provide details
* Can you confirm that a minimum of 2 rounds of APDR have taken place?
* What additional support is being provided?
* For younger children- Ages and Stages, EYFS progress check
 |
| Is the child making progress with support in place? |
| What are the main reasons for this referral? What are your concerns about the child? How long have you had these concerns? |
| How are they performing academically? Well/Average/Below Average/Significantly below average. If significantly below average, please give more detail |
| Is their ability comparable to their peers? What lessons are their strengths/areas for development? Is this consistent across all areas? Please give as much information as possible.  |
| Is the child know to have some form of learning disability? Primary SEN Need? (One type only from this DfE list) SpLD/ SLCN/ ASD/ SEMH/ PMLD/ MLD/SLD/ HI/ VI/ MSI/PD My other if appropriate (SEN) need: SpLD/ SLCN/ ASD/ SEMH/ PMLD/ MLD/SLD/ HI/ VI/ MSI/PD |
| Please describe how the C/YP responds to other pupils and how other pupils responds to this C/YP both within class and at break time. |
| Please describe any visual, hearing, physical or medical conditions? |

Non- Academic / extra-curricular:

What are the C/YP’s non-academic strengths and needs? Please include their favourite activities / hobbies, behavioural issues etc.

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| Strengths | Areas for development |
| What non-academic support strategies have been tried in the past or being offered currently? What impact has this support had? |

Communication, social interaction and imagination:

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| Is the C/YP non/pre-verbal? Yes/No |
| Any concerns about social communication skills (use of language / topic selection / selection and maintenance of conversation /listening skills / vocabulary development / voice control, tone, volume, rate, facial expression use of gesture ). Is it possible to have a two way conversation with this C/YP? |
| Please describe the C/YP’s friendships. How easy is it for them to make and keep friends? Do they have particular friends? |
| Please comment on their imagination and creativity (e.g. pretend play, creative writing, making predictions about others behaviours, predicting consequences etc.) |

Flexibility and behaviour

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| Please describe any obsessions, rigid behaviours or unusual mannerisms you have noticed |
| How does the C/YP react if there is a change (e.g. a different teacher or a change in timetable)? |

Sensory concerns

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| Please describe any unusual responses to noise, smell, touch, bright lights or any other sensory concerns you have noticed |

Fine/gross motor, coordination and balance

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| Please comment on any co-ordination difficulties compared to peers (e.g. using a pen, scissors, getting changed, PE) |

Attention and concentration

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| When is the C/YP’s attention and concentration at its best? How long can they concentrate in their favourite activities (may be non-academic) and in academic work? |
| When does the C/YP struggle most to pay attention and concentrate? How long can they concentrate in this situation? |
| Is the C/YP able to sustain to attention during conversations and follow instructions?  |
| Please comment on the C/YP’s organisational skills as compared to peers– e.g. preparation for lessons. |
| Please comment on the C/YP’s functioning skills – e.g. starting tasks, shifting between tasks, planning tasks |

Hyperactivity and Impulsivity

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| Is the C/YP often moving / fidgeting? What do they do (e.g. get out of seat and wander round, chew things, fiddle with things, etc.)  |
| Is the C/YP able to wait their turn to speak, in play etc?  |

Emotional wellbeing

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| Please comment on the C/YP’s self-esteem and confidence |
| Are there any emotional needs you have noticed e.g. anxiety or low mood? What assessment/evidence have been collated which has considered the triggers and strategies that have worked well to support? |

Any other comments or observations

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| Please use this space to tell us about anything else you feel is relevant.  |

**\*\*The next section is for parent/carer to complete and needs sending together with this form when making the referral\*\***

**Needs Led Neurodevelopmental Assessment Pathway referral- Parent/Carer section**

Please ensure that you return your completed pack to the school/setting referrer so that they can submit the referral. **Please complete all sections**. 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.

The pathway and support services in Doncaster are working together to provide a robust service. Advice and support are most effective when everyone involved works closely together. A multi-disciplinary panel will review all the information and should the evidence suggest that the C/YP does not need further neurodevelopmental assessment with a Community Paediatrician, **they will not be added to the waiting list for this and their referral to the neurodevelopmental assessment pathway will be closed**, **however, we will make recommendations and signpost for further support or assessment that may be helpful.**

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| **Consent** |
| Please tick here to confirm that those aged 11 or older and younger adolescents who have capacity, understand what they are being referred for.  | ☐ |
| Please tick here to confirm that all those with parental responsibility consent to the assessment.  | ☐ |
| Please tick here to confirm that those individuals, who provide consent, also agree to the sharing of information for assessment purposes. This may include an observation of the child in school or nursery and /or written questionnaires being sent to school/nursery for them to complete. This information will speed up and aid the diagnostic process. | ☐ |
| All reports will be shared with School/Nursery unless you inform us otherwise. Please tick this box if you do not consent for outcome reports to be shared with education setting if your child attends one. | ☐ |

I **hereby consent for the Needs Led Neurodevelopmental Assessment Pathway to (please circle):**

Obtain reports from other agencies and practitioners Yes No

Pass on information which may be useful /helpful Yes No

to the practitioners at school/setting

Contact the GP Yes No

Contact Social Services Yes No

Contact Educational Psychologist/ASCETS Yes No

Contact any other relevant agency Yes No

Name of parent(s)/ Guardian/those with parental responsibility (include relationship to child/young person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To help us understand your C/YP’s needs, we require some detailed information about their difficulties and family circumstances. We are aware that we are asking for some very sensitive personal information. This information will help us both to process the referral into the service and aid in the assessment process which involves reviewing information at the Needs Led Neurodevelopmental Assessment triage panel by a multi-disciplinary team. The team will comprise of professionals from support services in Doncaster. All information will be filed in your child’s hospital notes. Sensitive personal information will not be shared with other agencies (e.g. school) without your consent/ consent of the C/YP (if appropriate) – unless there are safeguarding concerns.

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| **Child/Young person’s details** |
| Surname |  |
| First name |  |
| D-O-B |  |
| Gender |  |
| Ethnic Origin |  |
| NHS Number (if known) |  |
| Address |  |
| Name of childminder, Nursery or Education Setting |  |
| Name of GP Surgery / Medical Centre |  |
| Interpreter required Yes/No |  |
| Looked after child Yes/No |  |
| Open to Social Care Yes/No | When was this?  |
| Early Help involvement Yes/No | If yes- when was this? |

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| Please detail wider family network of support |

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| Brief background history. When did you first have concerns and what are they?  |
| Please describe any interventions/ actions you use at home to help or support your child, what do you currently do to help your child with the things you’re concerned about? Tell us what works, and what you’ve tried that didn’t work.  |
| Has your child had any extra help at school with their learning, behaviour etc.? Yes/NoIf yes please provide details |
| Please give details of 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 needs/ conditions/allergies (Diagnosed conditions, treatment, medications, hospital admissions, impact, sleep) |
| What are your child’s strengths and interests? What do they enjoy? Do they have any interests? |
| Does your child have friends? What do they do together? |
| Please provide us with as much information about your child’s early development (e.g) walking, talking. Please give details of specific milestones if known- * What age did they sit unsupported
* What age did the crawl
* What age did they walk
* Age at first smile
* Age at first word
* Age at two words together

Do you have any toileting concerns?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.**

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| How does your child relate/interact to friends and others |
| Communication (how they use gestures and spoken language ) |
| How would you describe your child’s behaviour at home? Are there any triggers or patterns? |
| What do they like to do in their spare time? Please expand on any specific activities |
| Are they able to sit and complete a task?  |
| Please detail anything else you would like to tell us |

**Please return this form to the referrer. Thank you**