



## St Helens Neurodevelopmental Pathway - Referral Form

for Pathway Admin Office Use Only

Please note – all sections of this referral form are MANDATORY (if applicable), we require as much detailed information as possible in order for the referral form to be appropriately processed and subsequently assessed

Child's name	Gender	DOB	Post code

<b>Name of Primary Carer:</b>	<b>Contact numbers:</b>
<b>Relationship to child or young person:</b>	<b>Email address (required):</b>
<b>Address:</b>	<b>Parental responsibility?</b>
<b>Name of other carer/significant adult:</b>	<b>Contact numbers:</b>
<b>Relationship to child or young person:</b>	<b>Email address:</b>
<b>Address:</b>	<b>Parental responsibility?</b>
<b>Nursery/School/College</b>	<b>GP</b>

Child's Ethnicity:

<b>White</b> British	<input type="checkbox"/>	<b>Asian or Asian British</b> Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any Other background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
<b>Mixed</b> White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>
White & Black Asian	<input type="checkbox"/>	<b>Black or Black British</b> Caribbean	<input type="checkbox"/>
Any other background	<input type="checkbox"/>	African	<input type="checkbox"/>
		Any other Black background	<input type="checkbox"/>

Sibling's name	DOB	School	Health issues/diagnosis

Are you a dependant of an ex-member of the British Armed Forces? Yes / No

	Adopted	Looked After Child	EHCP/ Provision agreement	Child Protection Plan	EHAT / Child In Need	Interpreter - Language required
Yes						
No						
Are any of the primary carers current or ex-British Armed Forces? Yes / No						

**Agencies -** \*By signing the consent form you agree to us contacting and obtaining information from the below agencies (as required)

<b>Agency/Service</b>	<b>Currently open to? Y/N</b>	<b>Previously open to? Y/N</b>	<b>Named professional/Contact Number</b>
Children with Disabilities			
Speech and Language Therapy			
Occupational Therapy			
Nursery, School or College			
Hospital Consultant			
Educational Psychology and Learning Support Service (EPaLSS)			
Community Paediatrician			
Child and Adolescent Mental Health (CAMHS)			
Barnardo's			
Social Care			
GP			
Health Visitor/School Nurse			
The Bridge Centre			
Local Autism and Social Communication Team (LASC)			
Behaviour Improvement Team			
ADDvanced Solutions			
OTHER			

**Completion Checklist**

<b>Section</b>	<b>Completed Y / N</b>	<b>Date</b>	<b>Completer / Contact Number</b>
<b>Parental or Carer Views</b> <ul style="list-style-type: none"> <li>• Copy of referral provided</li> </ul>			
<b>Professional Referrer</b> <ul style="list-style-type: none"> <li>• Development</li> <li>• Social Interaction &amp; Behaviour</li> <li>• Communication – S&amp;L</li> <li>• Physical Health</li> <li>• Sensory needs / concerns</li> <li>• Coordination</li> <li>• Social Circumstances</li> </ul>			
<b>SEND Graduated Response</b>			

## Parent/Carer Consent Form for the St Helens Neurodevelopmental Pathway for Multi-Agency information sharing

**Purpose:**

The sharing of information between agencies is an essential part of the assessment of your child, as it provides a much more holistic 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.

**Consent:**

We need your consent to share information between agencies. The agencies covered by this consent to information agreement are detailed on Page 2 of the referral form (**Social Care including ICS records**). In order for a full assessment regarding neurodevelopmental needs to be undertaken, several agencies may need to become involved. Without the consent for this approach to be undertaken, the referral into the Neurodevelopmental Pathway **will not be accepted**.

<b>Child/young person's name:</b>	
<b>DOB:</b>	
<b>NHS number:</b>	

*I understand that I am free to commission additional private, specialist assessments and reports but any costs incurred to me will not be reimbursed by the LA/CCG. I understand that all information supplied by me will be reviewed and considered by the pathway, and any recommendations will be considered, but not necessarily accepted. I understand that the pathway only follows those diagnoses and recommendations made by NHS and Local Authority commissioned services as part of a multi-disciplinary decision making process.*

*I understand that the information provided on this form will be processed in accordance with the Data Protection Act 2018 and the Neurodevelopmental Pathway is also General Data Protection Regulations 2018 compliant. 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 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.*

*As each case is individual, I consent for information sharing and potential referral between the Pathway and the services named overleaf and potentially others not stated. This will be services deemed appropriate for 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.*

*I have met with the referrer to discuss and complete this form, or if not, I have been provided with an up to date copy. I also understand the reasons why this referral is being made and the process of what happens next has been explained to me as much as possible.*

<b>Parent/carer's name</b>	
<b>Signed</b>	
<b>Date</b>	

<b>Child/young person's name</b>	
<b>Signed</b>	
<b>Date</b>	

St Helens Neurodevelopmental Pathway uses the World Health Organisation, (1992) *International classification of diseases: Diagnostic criteria for research* (10th edition) (ICD-10), and the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (2013) (DSM V) tools for diagnosing autism spectrum disorder / attention deficit hyperactivity disorder /. As per NICE (National Institute Clinical Excellence) Guidelines (2011), these are nationally recognised tools within the UK for diagnosis of autism spectrum disorder / attention deficit hyperactivity disorder.

Should a diagnosis of any condition be confirmed, mutual agreement of referral to other services to provide post diagnosis support to school / home would be arranged if required.

The consent for St Helens Neurodevelopmental Pathway will apply until your child is closed to this service.  
Many thanks for your cooperation.

## Section 1: Parental or Carer Views

This must be completed by the parent/carer and you may attach additional information if required. If you require support in completing this form, please discuss this with the lead professional for your child's referral.

Please complete this section and read through Section 3 for information on and contact details for support services available as per the SEND Graduated Response and a copy of the completed, submitted referral form will be provided to you.

**Please describe the current concerns about your child**

**Brief history of development** (age when concerns began / premature birth / age achieved milestones / speech development / play skills / physical health issues etc.)

**Behaviour** (response to requests, tantrums, play skills, empathy with others, routines, repetitive behaviours)

**Attention / concentration / impulse control** (energy, organisation, paying attention to what is said, ability to sit and complete familiar tasks, remembering instructions)

**Sensory differences** (their reaction to smell, foods, clothing, noises, movement etc.)

**Social interaction / communication** (How they communicate with friends and family, use of non-verbal communication e.g. eye contact and gestures, language development, how they speak, etc.)

**Please describe any indication of family history of genetic conditions, learning disabilities or neurodevelopmental conditions?**

**Please describe your child's current living circumstances?** (who do they live with, living arrangements, space, community)

**Please describe any significant life events that have encountered and when they took place?** (e.g. settled home life, witness domestic violence, family break up, issues with siblings, house move)

**Strengths and interests** (what is your child good at, what do they love doing at home)

**What does your child do after school/weekends and how do they present in these settings?** (clubs, community activities, at home, holidays)

**Tell us about your child's peer relationships / friendships? What do they do together?**

**Anything else you would like to tell us?**

## Section 2: Professional Referral

Main areas of concern and further information to understand the strengths, areas of development and needs of the child (**MUST** be completed by professionals)

<b>Lead professional making the referral:</b>	<b>Designation and agency:</b>
<b>Address:</b>	
<b>Contact telephone number:</b>	<b>Email address:</b>

### Development:

How has the learning/development of the child/young person progressed or been impacted; such as school performance, attendance etc.? (Provide evidence of this progress and attainment over at least the last 12 months, including if they are reaching their development milestones).

Has the child/young person been part of any social groups in school? If so, what was the impact of these and is there any change even if only during this time?

What are the strengths of this child/young person, what are they good at and what do they enjoy doing such as subjects at school, interests and hobbies?

Does the child/young person have a specific learning difficulty or learning need?

## **Social Interaction and Behaviour:**

How does the child/young person interact with peers of their own age group, and also with adults? For example, can they hold an interactive conversation, maintain eye contact, do they have issues sharing/turn-taking? Consider both structured and un-structured time (explain any difficulties)

Are there any issues with attention, concentration, impulsivity? (if so, explain in detail)

Are there any behaviour difficulties relating to change, or any specific compulsions or persistent worries? (if so, give examples)

## **Communication – Speech and Language:**

Describe the child/young person's current speech and language skills - including understanding of language, verbal/non-verbal, vocabulary and speech clarity?

Describe how difficulties the child/young person has in communicating effectively, impacts on their behaviour if at all? provide specific examples)

What interventions and strategies have been implemented to date to support speech, language and social communication skills? How has the child/young person responded to these?



**Physical Health:**

Are you aware of any concerns during/from birth? If so, please explain

Are there any current or previous physical health problems? If so, please explain

Is the child/young person currently prescribed any medication? If so, please explain

**Sensory needs or concerns:**

Does the child/young person present with any difficulties processing sensory information – i.e. display extreme or unusual reactions to external or internal stimulus (touch, taste, smell, movement, sound, visual)? How does this impact on their behaviour?

Does the child/young person present with any difficulties eating, with reference to unusual food aversions or reactions to specific foods?

Does the child/young person present with any sensory processing expressions in response to pain? If so, please explain

Are you aware if the child/young person's sensory difficulties are related to eating non-food items? If so, have medical causes been explored e.g. iron deficiency, traumatic feeding from birth, severe reflux?

**Coordination:**

Does the child/young person struggle to co-ordinate their body parts? If so, what functional activities does this prevent them from accessing or participating in?

Does the child/young person struggle to learn new skills (age expected)? (please give examples)

Does the child/young person struggle to organise and plan their tasks, equipment, and their day? (please give examples)

Does the child/young person struggle with spatial awareness; are they frequently bumping into things or falling over?

Does the child/young person display any repetitive/unusual movements? If so, please explain

Does the child/young person have difficulty leaving the house, coming into the school building, or are they frequently missing or suspended from school?

**Social Circumstances:**

Are you aware of any significant family circumstances that are active currently or have previously occurred? Please consider the following: bereavements, marital breakdown, parental mental health, domestic violence, social care involvement, addiction, etc.

**As a referrer, I have discussed the following with parents:**

- The Neurodevelopmental Pathway is a co-ordinating function for the individual's needs and their assessments. Other than information on the assessment process, the pathway is unable to offer direct support to the parent/carer/child. Support should be sought via School, professionals involved and other services based on the needs of the child
- If a need is identified by the referrer, they must utilise an MDT (multidisciplinary team) approach, including the relevant professionals and utilising the services available to manage any potential risk to the child/family
- The assessment via the Pathway will determine whether their child meets the nationally recognised criteria for a diagnosis of neurodevelopmental disorder
- 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.

Date	Referrer's Signature

**Before** referring into the Neurodevelopmental Pathway for specialist review and multi-agency assessment, it is important that you have considered the below support services, strategies and recommendations for the child or young person. This is in order to facilitate their learning, behaviour and individual needs both in school and at home. **Feedback in this section must be provided for your referral to be reviewed by the Pathway Team. This outlines the steps taken to support the child/young person with services, strategies and other provision as part of the SEND graduated response.** The below table has been categorised into particular areas of need.

When completing this section, please consult the existing graduated response support materials for SEND via:

<https://www.sthelens.gov.uk/media/7530/graduated-approach-final.pdf>

<https://www.sthelens.gov.uk/media/7772/graduated-approach-diagram.pdf>

### Section 3: SEND Graduated Response

#### Strategies, support services and tools for child/young people as per the SEND Graduated Response

##### Development

Is this child known to the SENCO at their school and have they used the graduated response form? (in each school)

Has this child/young person been discussed at a school consultation meeting attended by a multi-disciplinary team and the family? If so, please provide details of the outcomes from this meeting with the referral. The graduated response states that **'The key test of the need for further action, whatever the level of difficulty, is strong evidence that the pupil is not making adequate educational and/or social emotional progress, despite evaluated appropriate intervention.'**

Have the School Nursing Team or Health Visitors provided any support to the child/young person? If so, please provide details of this with the referral.

Has there been any involvement from Educational Psychology and Learning Support Service (EPaLSS)? If so, please provide details of this involvement and any report produced with the referral.

Does the child or young person have any early learning goals, B-squared, class assessments? If so, please provide details of these with the referral.

Does this child/young person have an Individual Education Plan or IBP in place? If so, please provide details of this with the referral, including if this child/young person is currently home schooled.

If the child/young person has an EHCP, when was this last reviewed to ensure the plan is adequate to support the individual needs of the child/young person?

Has the St Helens Local Offer been reviewed for potential support for the child/young person's specific needs? If not, please access this directory of support and services via <https://www.sthelens.gov.uk/schools-education/sen-the-local-offer/>

**Social Interaction and Behaviour**

Have the Local Autism and Social Communication Service (LASCS) ([schoolageteam@sthelens.gov.uk](mailto:schoolageteam@sthelens.gov.uk)) provided advice/consultation/assessment for the child/young person? If not, LASCS whole school training is available on Services 4 Schools at <http://s4s.sthelens.gov.uk/>

Have you accessed the Behaviour Improvement Team (BIT) for advice/consultation/assessment for the child/young person if they are in reception, KS1 or KS2? If not, please consider the support of BIT if behavioural difficulties are affecting their wellbeing and/or education via [helenboardman@sthelens.gov.uk](mailto:helenboardman@sthelens.gov.uk) or more information here <http://paceandlaunchpad.sthelens.gov.uk/sections/outreach-support/>

If there are concerns around the young person's emotional wellbeing, have you sign-posted them to the online counselling and support service Kooth via <https://www.kooth.com/>

Have the family been recommended or offered any specific parenting courses to support with a child's specific needs or behaviours, such as Positive Parenting Programme (PPP)? If not, please visit <https://www.sthelens.gov.uk/media/2033/1401122-parenting-team-leaflet-low-res.pdf> for further information on how this can support the family.

**Communication – Speech and Language**

Have parents and carers been offered learning, support and strategies by ADDvanced Solutions Community Network? If not, please sign-post them to call 01744 582172 or email [info@advancedsolutions.co.uk](mailto:info@advancedsolutions.co.uk) for further information on how they can support with a range of needs.

Has the school provided any separate language training and support programme for this child/young person? Such as Speech & Language Therapy, Speech Bubble, SULP, Talk Boost, Living Language etc.

**Physical Health**

Have the physical health needs of the child been accounted for in any IEP, EHCP or other support strategy for the child at home and in school?

If you have a GP report on the birth and early development of this child/young person, please include this as part of the referral.

<b>Sensory Needs or Concerns</b>
Has The Seedlings Programme been accessed by the child/young person? If not, and if you have concerns regarding the child's sensory needs, commence the Seedlings Programme in school and at home or contact the Occupational Therapy/ Physiotherapy service for more advice.
If Seedlings has been initiated, has the child/young person been supported through the Sunflower Support Programme? If not, and if you have concerns regarding the child's sensory needs, contact the Occupational Therapy/Physiotherapy service for more advice.
<b>Co-ordination</b>
Has the INSYNC programme been accessed by the child? If not, and if you have concerns regarding the child's motor coordination, commence the INSYNC programme or contact the Occupational Therapy/Physiotherapy service for more advice.
<b>Social Circumstances</b>
If specific needs have been identified that impact on the child/young person and their families lives, has this been discussed with St Helens Council Children with Disabilities Team regarding any support for specific needs? If not, please sign-post the family to discuss this impact with St Helens Council and any potential support which may be available, such as eligibility for Short Break provision. <b>A confirmed diagnosis is not required in most cases to access this support.</b>
Has an Early Help Assessment been carried out for this child/young person? If yes, please provide a copy of the report with your referral or a professional to contact regarding this

Please ensure **ALL** relevant reports and screening tools are provided with this referral form and return to the Neurodevelopmental Pathway single point of access via:

Email: [5bp-tr.sthelensneuropathway@nhs.net](mailto:5bp-tr.sthelensneuropathway@nhs.net)

**(Electronic referrals will be accepted ONLY with a signed parent consent form)**

Not providing all relevant reports with this referral will impact on the ability to appropriately assess all information and the needs of the child/young person in question.

For further information, please contact the team on **01744 646 517**

**Children and young people's views** are very important when considering how best to support them at home, in school and out of school. They can be very good at giving advice.

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.

Children 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.

Seeing his/her, handwriting is not important but hearing his/her, voice is.

Please take note of any advice the child or young person gives you, and make some changes.

## All about me

### St Helens Neurodevelopmental Pathway

Your answers will help everyone who knows you better understand what you think about your life, try to be as honest as you can. Try and answer all the questions.

**Name:**

**School:**

**Date of birth:**

**Today's date:**

		No	A bit	Some times	Quite a bit	Yes
1	Do you find it easy to look at people when you are talking to them?					
If not, what is hard?						
2	Do you go out with your friends to play or hang out near where you live?					
What do you do?						
3	Are you good at working with others in school, such as in team games or drama?					
If not, what is hard?						
4	Can you tell when other people are angry or worried or upset?					
If so, what do you do to help them?						
5	Are you happy with your life at home and in school?					
My life would be better if:						
6	Do you behave in ways that get you in to bother with adults at home and in school?					
If yes, can you be honest and describe some of them						
7	Do you tend to be honest and say what you think to people?					
If yes, give some examples						
8	Do you find it easy communicating with people?					
If not, what are the difficulties						
9	When you have a conversation with friends do you like to talk about lots of different things?					
I talk about:						
10	Can you tell if people are getting bored with a conversation?					
What are the signs?						



11	Do you think you talk differently to other people your age?					
If yes, give an example						
12	When you were younger did you play lots of pretend games?					
If not, what did you like to play?						
13	Have you got special interests that you think about or do a lot of the time?					
What are they?						
14	Do you have special things that you cannot get rid of, keep safe or carry with you?					
If yes, what?						
15	Have you got a particular way of doing things, special routines that you always follow?					
If yes, give an example						
16	Can you do things like brushing your teeth, having a shower without any fuss?					
If not, what makes it hard?						
17	Do you like going on holidays or to different places with family or friends?					
What do you like to do when you are there?						
18	Are you sensitive to noise, smells, clothes, foods, light etc?					
If yes, give some examples						
19	Are you an active person, moving about a lot, maybe rocking or flicking your fingers?					
If yes, what do you do?						
20	Are you bothered or worried about everyday things like crowds, transport, school, shops etc					
If yes give some examples						

Thank you for answering the questions, they will really help with your assessment.

# What makes a good school?

Your views are very important to us!

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

What do you think of your school?



**1**



**2**



**3**



**4**



**5**



**6**

Write down 1, 2, or 3 things that you think make a good school?

1.

2.

3.

Write down 1, 2 or 3 things that are difficult about school for you?

1.

2.

3.

Write down 1 or 2 things that make a good teacher or support assistant?

1.

2.

How do you feel about getting to school?



Happy



Don't know



Sad

How to make it better

How do you feel about teachers in school?



Happy



Don't know



Sad

How to make teachers better

How do you feel about break or playtime in school?



Happy



Don't know



Sad

How to make break or playtime better

How do you feel about lunch or dinnertime in school?



Happy



Don't know



Sad

How to make lunch or dinnertime better

How do you feel about other children in school?



Happy



Don't know



Sad

How to make other children better

What things do you really like doing?

Tell us about home. What do you like, what don't you like?



How do you feel about answering the questions?



Happy



Don't know



Sad

**Thank you!**

