

**Neurodevelopmental (ASD & ADHD)
Pathway Referral Form** (updated 21/2/2023)**ASD = Autism Spectrum Disorder**
ADHD= Attention Deficit Hyperactivity Disorder (Hyperkinetic Disorder)

The purpose of this form is to gather information to enable professionals to discuss how services can best meet the needs of your child and to specifically explore concerns around ADHD and ASD. The information on this form will be shared with relevant professionals in order to make a decision on what assessments your child MAY need. We will write to the parent/carers when a decision has been made as to whether your child will be going on to the specialist pathway. If the young person you are referring is 14 or over they have the option to complete their own referral form in addition to this one (see separate form).

If you have concerns about child/young person that require urgent attention such as; significant anxiety or low mood, self-harm or suicidal ideation, worries about child coming to harm from others or worries about child harming others. Do not use this form and instead contact SPOC (0300 2000 000) or Crisis Team (0800 051 6171 option 3, option 1).

There could be a delay between the form being received by the service and it being discussed by the Neurodevelopmental triage panel. To help support families as early as possible, the NHS and your Local Authority have commissioned a Family Support Service delivered by Daisy Chain to offer support to families when their child has needs associated with a Neurodevelopmental condition. We would like to pass your name and contact details to Daisy Chain to enable them to contact you – if you are happy for them to do this please tick here

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**PLEASE MAKE SURE ALL INFORMATION IS TYPED
AND THIS FORM COMPLETED IN MICROSOFT WORD (NOT CONVERTED INTO A PDF)**

Child's Name		Date of Birth Age	
Post Code		Gender	
NHS Number		School attended	

Name of GP		Address	
GP Surgery		Phone number	

Name of Primary Carer		Address	
Relationship to child / young person		Contact number(s)	
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Email address (required)
Can you be contacted by email or phone?	<i>Phone contact</i>		<i>Email contact</i>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of other Parent/carer/significant adult		Address	
Relationship to child /		Contact number(s)	

Child's name

DOB

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young person							
Parental Responsibility	Yes		No		Email address (required)		
Can you be contacted by email or phone?				Phone contact		Email contact	
				Yes		No	
				Yes		No	

Sibling's name	Date of birth	Health details	School

Child's ethnicity <i>Please select</i>					
White	British			Black or Black British	Caribbean
	Irish				African
	Any other White background				Any other black background
Asian or Asian British	Indian			Mixed	White & Black Caribbean
	Pakistani				White & Black African
	Bangladeshi				White & Black Asian
	Any other Asian background			Other	Any other mixed background
					Any other background
Chinese					Prefer not to say

Child's religion <i>please add</i>	
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Please detail in box below, where appropriate:

Adopted	Looked After Child	EHCP / Provision agreement	Child Protection Plan	EHAT (Early Help Assessment Tool)	Child in need	Interpreter / language required
Other						

*We routinely contact those involved with your child and will inform you of this when we feedback. 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 please can you let our service know.*

Agencies Involved or previously involved	Already Known? Yes/No	Named Professional / Contact Number
School or College		
Education Psychology Service		
School Nurse		
GP		See above
Community Paediatrician		
Hospital Consultant		
Speech and Language Therapy		
Occupational Therapy		
CAMHS/LDCAMHS/Other specialist CAMHS team		
Social Care		
Children's Disability Service		
Daisy Chain		

Child's name

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Family Support Service (Daisy Chain)		
Main		
NEAS		
Families First		
Alliance Consortium		
The Link Consortium		
Other – please detail		

Parent / Carer Consent Form for the Neurodevelopment 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 and how they can be met. To allow a detailed assessment 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 the pages above.

Please answer yes in each consent section box.

Child/young person's name	DOB	

I understand that the information provided on this form will be processed in accordance with the requirements of the Data Protection Act 2018. It will be treated as confidential and will only be used for purpose of the provision of education, health and social care/early help 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 on the pages above.

I consent for information sharing between Multi Agency Panel members which includes Speech and Language Services, SEN (Special Educational Needs), Early Help, Alliance (for children from Stockton and Hartlepool only), The Link (for children from Redcar and Middlesbrough only) and other NHS health professionals, and for my child to be referred to services named on pages above that are deemed appropriate based on my child's needs.

Speech and language services provide life-changing treatment, support and care for children and adults who have difficulties with communication, eating, drinking and swallowing.

SEN provide support for children with special educational needs in school.

Early Help provide support to children, young people and their families as soon as problems start. When a child, young person or the family need some extra support, Early Help is often the first response offered by those services in contact with them.

Alliance is the leading independent provider of mental health and psychological wellbeing services.

The Link aim to deliver a range of high-quality therapeutic interventions in collaboration with children, young people and families to achieve sustainable, positive mental health and emotional resilience.

Tees, Esk and Wear Valleys NHS Foundation Trust Neurodevelopmental assessment team coordinate the assessment. They gather the required information from the child/parents/carers, education, speech and language therapy and other agencies involved in the child's care or involved in the assessment. They also conduct the observations in different settings and interactive autism specific assessments. They are involved in the diagnostic/formulation and needs planning meeting at the end of the assessment process and would make referrals to other services required for future care.

Child's name DOB

I understand that the Multi Agency Panel will recommend services that will be of benefit to meeting the needs of my child with or without a diagnosis, and where additional assessments are recommended. I understand that these assessments are essential to providing a full and holistic picture of the presentation of my child. By signing this consent form 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 Neurodevelopmental (ASD or ADHD) Pathway.

I understand that I have provided an email address, I will be opting into keeping in touch communications giving updates about the service and waiting times. If you would like to opt out of this service please make this clear below.

If you wish to opt out of the communications via email please outline this here:

Person with parental responsibility (signatures can be typed):

Name:			
Signed		Date	
Young Person (<i>If 14 or Over, and able</i>)			
Signed		Date	

Please note that when the referral form is submitted by email you are consenting to the referral being made by typing your name above.

The Autism Spectrum Disorder pathway uses the World Health Organisation, (1992) *International classification of diseases* (10th edition) (ICD-10) diagnostic system for diagnosing Autism Spectrum Disorder. As per NICE (National Institute Clinical Excellence) Guidelines (2011), ICD is a recognised system in England.

The TEWV ADHD Pathway is based largely on the recommendations in the NICE Guidance (CG 72), POMH-UK requirements and SIGN guidance with supporting evidence for specific components.

Should a diagnosis 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 the Neurodevelopment pathway will apply until your child is closed to this service.

Please note that by emailing this referral form you are confirming that the typed signatures are from the person making the referral. If the email referral is from a professional, please copy in the parent/carer.

Many thanks for your cooperation.

Parent / Carer views and concerns

This form is to be completed in collaboration with the parent(s) / carer(s). Please add detail where relevant rather than yes/no answers. This form includes codes and abbreviations before the questions, these are to allow the triage panel to process the information gathered into diagnostic criteria and identify potential needs.

Please describe your concerns about ASD, ADHD or other concerns. How does this impact on life at home?

Who does your child live with?

OTHER Please tell us about any significant life events (E.g. Bereavements, marital breakdown, parental mental health concerns, domestic violence, abuse, social care involvement, alcohol, addiction, SEN, bullying etc.)

Child's name

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OTHER | Does your child have any physical health concerns? (Diagnosed conditions, treatment, medications, hospital admissions, head injury, neurological disorders, sensory disorders, genetics)

MH | Does your child have any mental health concerns? Has this been discussed with someone? Who? (Diagnosed conditions, treatment, medications, hospital admissions)

ND | Does your child have a diagnosis of ASD, ADHD or a Learning Disability?

Does your child have any allergies? (including to medications)

LD | Please provide us with an in-depth description of your child's developmental milestones (e.g. walking, talking, toilet training, interacting).
Was there anything you were worried about? Any delays or differences?
Did/Does anyone else have any concerns? (e.g.GP, health visitor)
Any issues around pregnancy and birth?

DCD | What are your child's fine and gross motor skills like? eg using their hands, balance, overall coordination

OTHER | What is your child's confidence or self-esteem like? Are they shy?

RISK | Does your child present with any risks? To themselves, to others or from others? If yes, please provide some examples

A1/LD | How was your child's development of language before age 3? ie Production of speech and understanding.

A2/LD/OTHER | Did your child make selective attachments to adults and how did they interact with others before age 3?

A3/LD | What was their play like before age 3? Describe it.

B1a | How do they use eye contact, gestures, facial expressions and body postures in social interactions?

B1b | What are their friendships like? How many friends do they have? Do they have joint interests, activities and emotions? How popular are they with their peer group?

B1c | How do they respond to other's emotions or emotional situations? Please give examples

B1c | Are there any behavioural problems?
Can they change their behaviour in different situations?
How do they respond to authority/being told off?
Please provide some examples.

ODD Do they follow rules? Please provide some examples

CD Do they follow laws? Please provide some examples

B1d Does your child share enjoyment, interests or achievements with other people without being asked eg talking about, showing, bringing or pointing out to other people objects of interest to the individual. Please provide some examples.

B2a Does your child have a delay in their language now? If yes, do they use gestures to compensate? Please provide some examples.

B2b Does your child start conversations? Can they keep a conversation going? How do they respond to the other person?

B2c Is there anything that you note about their use of language or words, accent, how their voice sounds or repetitiveness?

B2d Did/does your child play spontaneously? Is/was their play varied? Did they imitate others in their play eg kitchens, DIY, hoovering? What is their imagination or creativity like?

B3a Does your child have any unusual interests? Do they interfere with everyday activities? Please give examples.

B3a Does your child have any intense interests? Do they interfere with everyday activities? Please give examples.

B3b Does your child have any routines or rituals that they have to do? Do they serve a purpose and what happens if they are not able to carry out the routine? Can they manage change? Do they need structure and routine? How adaptable are they?

B3c Does your child have any repetitive motor actions that are the same each time, that involve either hand or finger flapping, or twisting, or complex whole-body movements? Please give a description.

B3d Is your child preoccupied or interested with parts of objects or play materials? Are there any sensory sensitivities/dislikes? Eg vision, smell, taste, touch, texture. Describe their likes and dislikes.

G1.1 Does your child pay close attention to details in schoolwork, work or other activities eg play? Please give a description

G1.2 Does your child maintain attention on tasks or play activities. Please give examples and how long they can pay attention for when it is an activity they like or dislike.

G1.3 Does your child listen to what is being said to them?

G1.4 Does your child follow through on instructions to finish schoolwork, chores or duties? Please describe if this is due to them not wanting or refusing to do a task, or difficulties in understanding the instructions.

G1.5 Is your child organised when doing tasks or activities? Please give a description

G1.6 Does your child avoid or strongly dislike tasks, such as homework, that require sustained effort?

G1.7 Does your child often lose things necessary for certain tasks or activities, such as school work, pencils, books, toys or tools?

G1.8 Is your child often easily distracted by external stimuli eg noise?

G1.9 Is your child often forgetful in the course of daily activities?

G 2.1 Does your child fidget with their hands or feet, or squirm on their seat?

G 2.2 Does your child often get out of their seat, when they are expected to stay in their seat?

G 2.3 Does your child often run or climb excessively in situations in which it is inappropriate? If your child is an adolescent, do they describe feelings of restlessness?

G 2.4 Is your child more noisy than other children when playing or has difficulty in engaging quietly in leisure activities?

G 2.5 Does your child show excessive motor activity and movement across all settings?

G 3.1 Does your child often blurt out answers to questions before questions have been completed?

G 3.2 Can your child take turns in games or group situations? Are they able to wait in lines?

G 3.3 Does your child often butt into others' conversations or games? Do they talk excessively without appropriate response to the social situation or rules?

G 3.4 Does your child talk too much, even when asked not to?

G 4 How long have you had concerns around your child's needs/behaviours?

G 5 Does your child present with the same difficulties in all settings or does it change depending on the setting?

G 6 Does your child's attention, impulsivity or hyperactivity cause them significant distress or have an effect on their social, school or other functioning? Please describe the effects.

OTHER Please detail anything else you would like to tell us.

Child's name

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What have you tried already to make things better? Has this been helpful? Have you accessed support from the Family Support service provided by Daisy Chain?

NEEDS Does your child have any needs that you believe are not currently being met by health, education or social care?

People involved in the completion of this section:

Parent/carer's name		Date	
Professional's name		Date	

Professional/ educational views / concerns

(The professional needs to know the child well and their development, if requested to support a referral for ADHD or ASD assessment, please supply any relevant information) Instructions on how to complete this form can be found via the referral form information video

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

If an email referral is being submitted by a professional please copy in the parent/carer who has typed their signature above.

Do you have any concerns about possible Neurodevelopment conditions (ASD/ADHD)

A1/LD If applicable, how was the child's development of language before age 3? Production of speech and understanding.

A2/LD If applicable, did the child make selective attachments to adults and how did they interact with others before age 3?

A3/LD If applicable, what was their play like before age 3?

B1a How do they use eye contact, gestures, facial expressions and body postures in social interactions?

B1b What are their friendships like? How many friends? Do they have joint interests, activities and emotions? How well do they work in groups? How popular are they with their peer group? Is the quality of their friendships at the level of their ability?

B1c How do they respond to other's emotions or emotional situations? examples

B1c Are there any behavioural problems? Can they change their behaviour in different situations? How do they respond to authority? Are their behaviours at the level of their ability? examples

ODD Do they follow rules? examples

CD Do they follow laws? examples

B1d Do they share enjoyment, interests or achievements with other people without being asked eg talking about, showing, bringing or pointing out to other people objects/subjects of interest to the individual.

B2a Do they have a delay in their language now? If yes, do they use gestures to compensate?

B2b Can/Do they start conversations? Can/Do they keep a conversation going? How do they respond to the other person?

B2c Is there anything that you note about their use of language or words, accent, how their voice sounds, repetitiveness?

B2d Did/do they play spontaneously? Is their play varied? Did they imitate others in their play eg kitchens, DIY, hoovering? What is their imagination or creativity like? Is their play or imagination at the level of their ability? examples

B3a Do they have any unusual interests? Do they interfere at school? Are they developmentally appropriate? examples

B3a Do they have any intense interests? Do they interfere at school? Are they developmentally appropriate? examples

B3b Do they have any routines or rituals that they have to do? Do they serve a purpose? Can they manage change? Do they need structure and routine? How adaptable is the child?

B3c Do they have any stereotyped or repetitive motor mannerisms/actions that involve either hand or finger flapping or twisting, or complex whole-body movements?

B3d Are they preoccupied or interested with parts of objects or play materials? Are there any sensory sensitivities/dislikes? Is this appropriate for their level of ability?

G1.1 Compared with a child of the same developmental level. Do they pay close attention to details in schoolwork, work or other activities eg play? Please give a description

G1.2 Compared with a child of the same developmental level. Do they maintain attention in tasks or play activities. Please give examples and how long they can pay attention for when it is an activity they like or dislike.

G1.3 Compared with a child of the same developmental level. Do they listen to what is being said to them?

G1.4 Compared with a child of the same developmental level. Do they follow through on instructions to finish schoolwork, chores or duties? Please describe if this is due to them not wanting or refusing to do a task, or difficulties in understanding the instructions.

G1.5 Compared with a child of the same developmental level. Are they organised when doing tasks or activities? Please give a description

G1.6 Compared with a child of the same developmental level. Do they avoid or strongly dislike tasks, such as homework, that require sustained effort?

G1.7 Compared with a child of the same developmental level. Do they often lose things necessary for certain tasks or activities, such as school work, pencils, books, toys or tools?

G1.8 Compared with a child of the same developmental level. Are they often easily distracted by external stimuli eg noise?

G1.9 Compared with a child of the same developmental level. Are they often forgetful in the course of daily activities?

G 2.1 Compared with a child of the same developmental level. Do they fidget with their hands or feet, or squirm on their seat?

G 2.2 Compared with a child of the same developmental level. Do they often get out of their seat, when they are expected to stay in their seat?

G 2.3 Compared with a child of the same developmental level. Do they often run or climb excessively in situations in which it is inappropriate? If your child is an adolescent, do they describe feelings of restlessness?

G 2.4 Compared with a child of the same developmental level. Are they more noisy than other children when playing or has difficulty in engaging quietly in leisure activities?

G 2.5 Compared with a child of the same developmental level. Do they show excessive motor activity and movement across all settings?

G 3.1 Compared with a child of the same developmental level. Do they often blurt out answers to questions before questions have been completed?

G 3.2 Can they take turns in games or group situations? Are they able to wait in lines?

G 3.3 Compared with a child of the same developmental level. Do they often butt into others' conversations or games? Do they talk excessively without appropriate response to the social situation or rules?

G 3.4 Compared with a child of the same developmental level. Do they talk too much, even when asked not to?

G 4 How long have you (or others) had concerns around their needs/behaviours?

G 5	Do they present with the same difficulties in all settings or does it change depending on the setting?

G 6	Does their attention, impulsivity or hyperactivity cause them significant distress or have an effect on their social, school or other functioning? Please describe the effects.

LD	Comment on language (level of understanding, speech clarity, expressive language skills, selective mutism, fluency (stammering)).

LD	Comment on learning / development (stage/age equivalent the child is working at, attendance, engagement, performance, current support, Educational Psychologist, SEN, IEP/EHCP)

RISK	Does the child present with any risks? To themselves, to others, from others? examples

What interventions do school have in place and how long have these been in place?	

MH/OTHER	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? Eg Mental Health or Physical Health, environmental issues

NEEDS	Are there any needs that you believe are not currently being met by health, education or social care?

As a referrer I have discussed the following with parents/carers:

- If the Neurodevelopment Pathway is unable to offer direct intervention to the parent/ carer/ child/young person. They will be signposted to the appropriate services.
- If the child/young person's needs can be met by another service or there is insufficient evidence of ASD/ ADHD indicators 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/young person/family.
- The assessment via the Neurodevelopment Pathway team will determine whether the child/young person meets criteria for a diagnosis of ASD/ADHD or both. Individual agencies will make their own recommendations.
- I have discussed with parents/carers that the process may take some time and the services to which the Neurodevelopment Pathway refers usually have waiting lists of their own.
- I have provided details of the Family Support Service and advised the parent/carer to access the service for support and advice

Completed by:

Professional's name	Professional's signature
Referral Date	

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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 referral/assessment process will be.

Child's name DOB 11

If you have any of the following reports, these need to be provided.

Parent/carer views and concerns form ESSENTIAL	
Professionals / Education's views /concerns form ESSENTIAL	
Child/Young person's own views	
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	
CAMHS/LDCAMHS/Other specialist CAMHS	
EHCP / Provision Agreement / coordinator support plan	
Individual Education/Behaviour Plan (or equivalent)	
Early Help Assessment	
Personal Education Plan for LAC Child	
Portage/Small Steps reports	
School report	
Behaviour Intervention/Youth Offending Team Report	
Children's Social Care	

Please return the completed form and all supporting documents to:

tevw.neurodevelopmentnorthtees@nhs.net for referrals from North Tees (Hartlepool and Stockton)

or

tevw.neurodevelopmentsouthtees@nhs.net for referrals from South Tees (Middlesbrough and Redcar)