

**Child and Adolescent Mental Health Services (CAMHS)**

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| **Neurodevelopmental (ASD & ADHD)**  **Pathway Referral Form** |

**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

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| Yes |  | No |  |

**PLEASE MAKE SURE ALL INFORMATION IS TYPED**

**AND THIS FORM COMPLETED IN MICROSOFT WORD (NOT CONVERTED INTO A PDF)**

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| **Child’s Name** |  | **Date of Birth**  **Age** |  |
| **Post Code** |  | **Gender** |  |
| **NHS Number** |  | **School attended** | English Martyrs School & Sixth Form College |

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| **Name of GP** |  | **Address** |  |
| **GP Surgery** |  | **Phone number** |  |

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| **Name of Primary Carer** |  | | | | **Address** | | | |  | | | |
| **Relationship to child / young person** |  | | | | **Contact number(s)** | | | |  | | | |
| **Parental Responsibility** | **Yes** |  | **No** |  | **Email address**  **(required)** | | | |  | | | |
| **Can you be contacted by email or phone?** | | | | | ***Phone contact*** | | | | ***Email contact*** | | | |
| ***Yes*** |  | ***No*** |  | ***Yes*** |  | ***No*** |  |

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| **Name of other Parent/carer/significant adult** |  | | | | **Address** | | | |  | | | |
| **Relationship to child / young person** |  | | | | **Contact number(s)** | | | |  | | | |
| **Parental Responsibility** | **Yes** |  | **No** |  | **Email address** **(required)** | | | |  | | | |
| **Can you be contacted by email or phone?** | | | | | ***Phone contact*** | | | | ***Email contact*** | | | |
| ***Yes*** |  | ***No*** |  | ***Yes*** |  | ***No*** |  |

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| **Sibling’s name** | **Date of birth** | **Health details** | **School** |
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| **Child’s ethnicity**  *Please select* | | | | | | |
| 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 |  |

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| **Child’s religion** *please add* |  |

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

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

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| **Agencies Involved or previously involved** | **Already Known?**  **Yes/No** | **Named Professional / Contact Number** |
| School or College | x | English Martyrs School & Sixth Form College |
| Education Psychology Service |  |  |
| School Nurse |  |  |
| GP |  |  |
| Community Paediatrician |  |  |
| Hospital Consultant |  |  |
| Speech and Language Therapy |  |  |
| Occupational Therapy |  |  |
| CAMHS/LDCAMHS/Other specialist CAMHS team |  |  |
| Social Care |  |  |
| Children’s Disability Service |  |  |
| Daisy Chain |  |  |
| Family Support Service (Daisy Chain) |  |  |
| Main |  |  |
| NEAS |  |  |
| Families First |  |  |
| Alliance Consortium |  |  |
| The Link Consortium |  |  |
| Other – please detail |  |  |

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| **Parent / Carer Consent Form for the Hartlepool & Stockton Neurodevelopment Pathway for Multi-Agency Information Sharing** |

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**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.**

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| **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.

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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.

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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.

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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.

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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.

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

Person with parental responsibility (signatures can be typed):

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| Name: |  | | |
| Signed |  | Date |  |

Young Person *(If 14 or Over, and able)*

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| 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.

Stockton and Hartlepool 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 Hartlepool & Stockton’s 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.

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| **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.**

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| **Please describe your concerns about ASD, ADHD or other concerns. How does this impact on life at home?** |
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| **Who does your child live with?** |
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| **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.) |
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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) |
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| **MH** | **Does your child have any mental health concerns? Has this been discussed with someone? Who?** (Diagnosed conditions, treatment, medications, hospital admissions) |
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| **ND** | **Does your child have a diagnosis of ASD, ADHD or a Learning Disability?** |
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| **Does your child have any allergies? (including to medications)** |
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| **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?** | |

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| **DCD** | **What are your child’s fine and gross motor skills like? eg using their hands, balance, overall coordination** |
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| **OTHER** | **What is your child’s confidence or self-esteem like? Are they shy?** |
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| **RISK** | **Does your child present with any risks? To themselves, to others or from others? If yes, please provide some examples** |
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| **A1/LD** | **How was your child’s development of language before age 3? ie Production of speech and understanding.** |
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| **A2/LD/OTHER** | **Did your child make selective attachments to adults and how did they interact with others before age 3?** |
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| **A3/LD** | **What was their play like before age 3? Describe it.** |
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| **B1a** | **How do they use eye contact, gestures, facial expressions and body postures in social interactions?** |
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| **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?** |
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| **B1c** | **How do they respond to other’s emotions or emotional situations? Please give examples** |
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| **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.** | |

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| **ODD** | **Do they follow rules? Please provide some examples** |
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| **CD** | **Do they follow laws? Please provide some examples** |
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| **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.** |
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| **B2a** | **Does your child have a delay in their language now? If yes, do they use gestures to compensate? Please provide some examples.** |
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| **B2b** | **Does your child start conversations? Can they keep a conversation going? How do they respond to the other person?** |
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| **B2c** | **Is there anything that you note about their use of language or words, accent, how their voice sounds or repetitiveness?** |
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| **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?** |
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| **B3a** | **Does your child have any unusual interests? Do they interfere with everyday activities? Please give examples.** |
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| **B3a** | **Does your child have any intense interests? Do they interfere with everyday activities? Please give examples.** |
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| **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?** |
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| **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.** |
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| **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.** |
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| **G1.1a** | **How long can your child do an activity of their own choosing for? Give examples, if computer games, what games?** |
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| **G1.1b** | **Does your child often leave play activities unfinished? Are they forgetful? Do they lose things necessary for certain tasks / activities such as school-work, books, pencils, toys or tools? Do they struggle to organise tasks and activities?** |
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| **G1.1c** | **Does your child frequently change activity?** |
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| **G1.1d** | **When a task has been set by an adult, how long can they stay on the task?** |
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| **G1.1e** | **When studying at home eg homework or reading, are they easily distracted?** |
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| **G1.2a** | **Is your child good at staying still? Or do they run or climb excessively when they shouldn’t be?** |
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| **G1.2b** | **Does your child wriggle and fidget during activities of their own choosing?** |
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| **G1.2c** | **Do they stay relatively still when they are expected to?** |
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| **G1.2d** | **Do they often get out of their seat, when they are expected to stay in their seat?** |
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| **G1.2e** | **Is your child able to play quietly?** |
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| **G1.3a** | **Can your child take turns in games or group situations? Are they able to wait in lines?** |
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| **G1.3b** | **Does your child often butt into others’ conversations or games? Do they talk excessively without appropriate response to the social situation or rules?** |
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| **G1.3c** | **Does your child often blurt out answers to questions before questions have been completed?** |
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| **G5/G6** | **How long have you had concerns around your child's needs/behaviours?** |
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| **OTHER** | **Please detail anything else you would like to tell us.** |
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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?** |
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| **NEEDS** | **Does your child have any needs that you believe are not currently being met by health, education or social care?** |
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**People involved in the completion of this section:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/carer’s name** |  | **Date** |  |
| **Professional’s name** |  | **Date** |  |