



### St Helens Neurodevelopmental Pathway - Referral Form

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.

<b>Title:</b>		<b>NHS Number:</b>	
<b>Child's First Name:</b>		<b>Child's Address:</b>	
<b>Childs Surname:</b>			
<b>Name child prefers to be known as:</b>		<b>Postcode:</b>	
<b>Preferred pronouns:</b>		<b>Nursery/School/College, including Address:</b>	
<b>Gender:</b>			
<b>DOB:</b>		<b>If not currently attending school/nursery, please provide further details including dates of home schooling:</b>	
<b>Age:</b>			
<b>Ethnicity: e.g., White British:</b>		<b>What is the Child's/Young Person's preferred form of communication? Spoken Language, Written Language, Signing (what type? e.g., Makaton, symbols, PECS, photos/pictures), Other:</b>	
<b>Religion:</b>			
<b>Language:</b>	Home language, including BSL:  Interpreter required for the young person Y/N:  Interpreter required for the family y/n		

<b>GP</b>	<b>GP Name:</b>	<b>Has the Child or Young Person had a formal assessment for Autism in the last 2 years?</b>	<b>Yes</b>
	<b>Practice Name:</b>		<b>No</b>
	<b>Practice Address:</b>	<b>Was the assessor NHS or a private provider?</b>	
	<b>Practice Telephone Number:</b>	<b>If private provider, please give the name of the organisation:</b>	
		<b>If yes, what was the outcome?</b>	
<b>Is the child/young person a dependant of a member of the British Armed Forces?</b>		<b>Existing diagnosis/Medical Needs/Conditions? e.g., prematurity, medication, disabilities.</b>	
<b>Is the child/young person a dependant of an ex-member of the British Armed Forces?</b>		<b>List any pending medical, mental health, or developmental assessments or investigations.</b>	
<b>Does the child or their carer require any special arrangements to access appointments? If so, please state.</b>		<b>Does the child/young person have any other developmental conditions i.e., possible Global Developmental Delay, Downs Syndrome, Cerebral Palsy.</b>	
<b>Date &amp; Outcome of last vision test:</b>		<b>Does the child/young person have any coordination difficulties including, Developmental Coordination Disorder (DCD), also known as Dyspraxia.</b>	
<b>Date &amp; Outcome of last hearing test:</b>		<b>Please list any allergies:</b>	

Status of referred child to the below:			
Adopted or Fostered (include year of adoption)		Child Protection Plan	
Looked After Child (current/previous) include date		EHAT - If yes, please provide a copy of the report with your referral or a professional to contact regarding this	
Youth Justice Service		Child in Need/current level of need	
EHCP/Provision agreement including date issued/last reviewed		Is the Child on a Dynamic Support Database?	

Siblings Information					
Name	Address (if different)	DOB	Age	School/Education Setting	Health Issues/Diagnosis

<b>Primary Carer:</b>			
<b>Name of Primary Carer:</b>		<b>Parental responsibility?</b>	
<b>Contact Details</b>	<b>Home:</b>  <b>Mobile:</b>  <b>Email:</b>	<b>Address:</b>	
<b>Relationship to child or young person:</b>		<b>Does the parent require any reasonable adjustments to access assessments?</b>	
<b>Preferred method of contact:</b>		<b>Does the Parent/Carer have readily available internet access in a private setting?</b>	

<b>Next Of Kin, if different from Primary Carer:</b>	
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<b>Other Significant Adult</b>			
<b>Name of other Carer/Significant Adult</b>		<b>Parental responsibility?</b>	
<b>Contact Details</b>	<b>Home:</b>  <b>Mobile:</b>  <b>Email:</b>	<b>Address:</b>	
<b>Relationship to child or young person:</b>		<b>Does the Other Significant Adult require any reasonable adjustments to access assessments?</b>	
<b>Preferred method of contact:</b>		<b>Does the Other Significant Adult have readily available internet access in a private setting?</b>	

**\*Please note correspondence will be posted to Primary Carer only unless requested otherwise.**

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

<b>Agencies Involved</b>	<b><i>Currently open to? Y/N</i></b>	<b><i>Previously open to? Y/N</i></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			
Early Help worker			
Child and Adolescent Mental Health (CAMHS)			
Barnardo's			
Social Care Social Worker			
GP			
Health Visitor/School Nurse			
The Bridge Centre			
ADDvanced Solutions			
Criminal Justice System			
Developmental Paediatricians			
Continence			
YPDAAT Young People's Drug and Alcohol Team			
TESSA Triage for all Education Support and Specialist Advice			
In School Therapy Service			
Private Therapy Service			
Eating Disorder			
OTHER - please state			

### Section 1: Parental or Carer Views

This must be completed by the parent/carers, 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

Tell us about your child's strengths

Were there any concerns during pregnancy/from birth? If so, please explain

**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** (Does the child/young person have significant difficulty with attention, impulsivity, and hyperactivity which impact on learning/behaviour and requires further assessment? - Details: (Please explain how these difficulties are affecting the child/young person at home, school, in public venues, with specific examples)

**Sensory differences that are excessive and persistent** (their reaction to smell, foods, clothing, noises, movement, etc.)

<p><b>Self-care skills and independence</b> (Toileting, dressing, and feeding, for example is your child able to complete this independently?)</p>
<p><b>Social Interaction/Communication</b> (How they communicate with friends and family, use of non-verbal communication e.g., eye contact and gestures, language development, how they speak, etc.)</p>
<p><b>Please describe any indication of family history of genetic conditions, learning disabilities, or Neurodevelopmental conditions?</b> Please indicate if these relatives reside in the same household.</p>
<p><b>Siblings/Any other family members with a diagnosis of Autism - Please provide details</b></p>
<p><b>Please describe your child's current living circumstances</b> (who do they live with, living arrangements)</p>
<p><b>Please describe any significant life events they have encountered and when they took place</b> (e.g., settled home life, witness domestic violence, family break up, issues with siblings, house move) Please include approximate age of child at any events. Please pay particular attention to the first 3 years of life.</p>
<p><b>Strengths and interests</b> (what is your child good at, what do they love doing at home)</p>

**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?**

**Please tell us what you hope to gain from a referral to the Neurodevelopmental Pathway**

**Is the child receiving any support? Please describe and explain.**

**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 group interventions 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 or moderate learning difficulty/disabilities or learning need? Please give details.

**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 times (explain any difficulties).

Attention/concentration/impulse control (Does the child/young person have significant difficulty with attention, impulsivity, and hyperactivity which impact on learning/behaviour and requires further assessment? - Details: (Please explain how these difficulties are affecting the child/young person at home, school, in public venues with specific examples (Please attach current academic and behavioural reports to evidence concerns).

Are there any behaviour responses relating to change in environment or routines, or any specific compulsions or persistent worries? (If so, give examples).

What strategies or techniques have you tried to overcome these difficulties and how long were they in place for before this referral was made? (Please attach any other relevant assessment information or recorded observations when you send in this referral).  
What was the result of the strategies/techniques put in place?

**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? How is this impacting on their communication and behaviour? Please provide examples.

<p>What interventions and strategies have been implemented to date to support the child's communication? How has the child/young person responded to these?</p>
<p><b>Sensory needs or concerns:</b></p>
<p>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?</p> <p>If yes, 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.</p>
<p>Does the child/young person present with any difficulties eating, with reference to unusual food aversions or reactions to specific foods?</p>
<p>Does the child/young person present with any sensory processing expressions in response to pain? If so, please explain.</p>
<p>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?</p>
<p><b>Coordination:</b></p>
<p>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?</p>

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.
<b>Social Circumstances:</b>
Are you aware of any significant adverse childhood experiences 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. Please include approximate age of child at any of the events. Please pay particular attention to the first 3 years of life.
Does the child/young person have difficulty leaving the house, coming into the school building, or are they frequently missing or suspended from school?
<b>Please tell us what you hope to gain from referral to Neurodevelopmental Pathway:</b>

**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 a 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 <b>Must be wet/physically signed signature</b>

**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 provisions as part of the SEND Graduated Approach.** The below table has been categorised into particular areas of need.

When completing this section, please consult the existing Graduated Approach support materials for SEND within the St Helens Local Offer.

Section 3: SEND Graduated Approach	
Strategies, support services, and tools for child/young people as per the SEND Graduated Approach	
<b>Development</b>	
Is the child currently receiving SEN Support?	
Has this child/young person been discussed with TESSA, Local Authority support service/any other professionals? (If so, please list and state who).	
<p>Has a Graduated Approach been followed?</p> <p>The Graduated Approach 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.'</p> <p>Please provide additional evidence and examples of the Graduated Approach provided.</p>	
<p>Are you aware of any previous or current safeguarding concerns?</p> <p>Have these been addressed and how?</p>	
Have the School Nursing Team or Health Visitors provided any support to the child/young person? If so, please <u>provide details &amp; evidence</u> of this with the referral.	
<p>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: <a href="mailto:info@advancedsolutions.co.uk">.info@advancedsolutions.co.uk</a> for further information on how they can support with a range of needs</p>	

<p>Has there been any involvement from Educational Psychology and or specialist teachers? If so, <u>please provide &amp; evidence</u> details of this involvement and any reports produced with the referral.</p>
<p>Does this child/young person have an Individual Education Plan? If so, please provide details and evidence of this with the referral.</p>
<p>Does this child/young person have an Individual Behaviour Plan? If so, please provide details and evidence of this with the referral.</p>
<p>Has the parent/carer accessed the Local Offer for potential support for the child/young person's specific needs? <a href="#">Please provide details of support accessed.</a></p>
<p><b>Social Interaction and Behaviour</b></p> <p>Have TESSA Education Support Services or other Education Support Services from different Local Authorities been contacted to provided support?</p> <p>Please provide examples and evidence.</p>
<p>If there are concerns around the young person's emotional wellbeing, have you sign-posted them to the online counselling and support services? Please provide details.</p>
<p>Have the family been recommended or offered any specific parenting courses to support with a child's specific needs or behaviours? Have the parents/carers attended these courses? Please provide examples and evidence.</p>
<p><b>Communication – Speech and Language</b></p> <p>Has the school provided any separate language training and support programmes for this child/young person? Such as Speech &amp; Language Therapy, Speech Bubble, Sulp, Talk Boost, Living Language etc.</p>
<p><b>Sensory Needs or Concerns</b></p> <p>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.</p>
<p><b>Co-ordination</b></p> <p>If you have concerns regarding the child's motor coordination, including fine and gross motor skills, have you contacted the Occupational Paediatric Therapy/Physiotherapy service for more advice/completed a referral to this team?</p>

**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 persons 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	Sometimes	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, 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:						
Please tell us what you hope to gain from referral to Neurodevelopmental Pathway:						
What do they understand about the referral?						

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 about 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

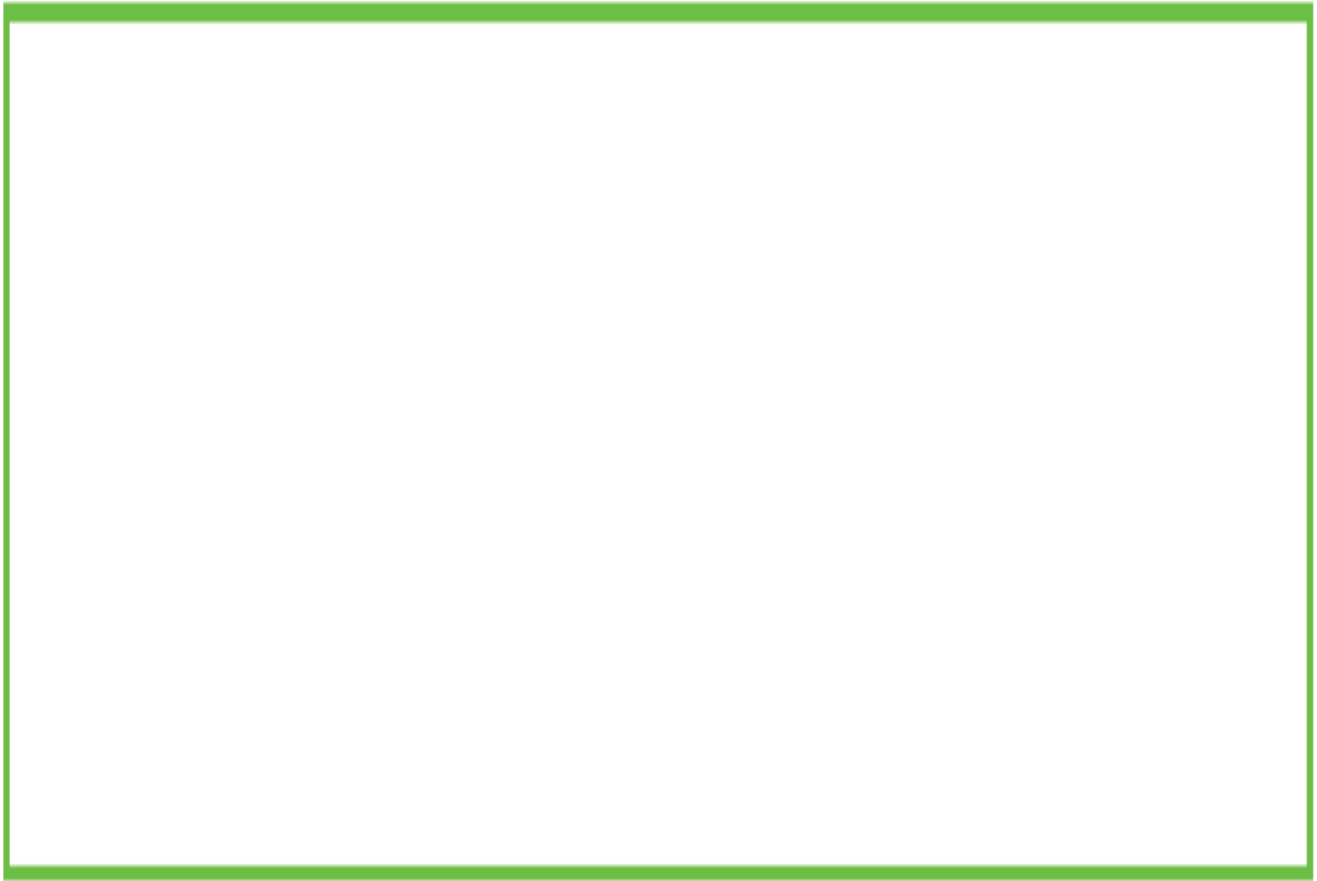


Sad

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!**



## 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 3 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**. We may share your details with agencies such as Addvanced Solutions during and post Pathway to enable correct support to be provided.

<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 the 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/carers name:</b>	
<b>Signed (must be a wet/physically signed signature):</b>	
<b>Date:</b>	

<b>Child/young person's name</b> <b>(Required if aged 13 or older):</b>	
<b>Signed (must be a wet/physically signed signature):</b>	
<b>Date:</b>	

St Helens Neurodevelopmental Pathway (Merseycare) uses the Principles of World Health Organisation, 6A02 Autism Spectrum Disorder. ICD-11 for Mortality and Morbidity Statistics (Version: 1/2023) this is a nationally recognised tools within the UK for diagnosis of autism spectrum disorder. St Helens Developmental Paediatrics (Mersey & West Lancashire Teaching Hospitals NHS Trust) use the DSM-V for diagnosis of ADHD.

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.

## **Completion Checklist Please check before sending to the Pathway.**

<b>Section</b>	<b>Completed/Included</b>
Pages 1-3	
Agency/Service Information Page	
Parent/Carer Consent Form Must be a wet signature and children age 13+ also need to sign Date should be within 3 months of referral	
Section 1: Parental or Carer Views	
Section 2: Professional Referrers Views, including wet signature from referrer	
Section 3: SEND Graduated Approach completed by parent and referrer to contribute	
Child Views	
Other supporting Document/Reports can include; IEP, IBP, EHCP, EPS Report, Speech Therapy report, OT report, additional school assessments/observations, etc.	

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

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

(Electronic referrals only, if you need support to provide an electronic referral contact our team).

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 415 608