**Community Paediatric Clinic (0-19)/ Autism (0-5) Pathway Referral Pack**

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

The pathway and support services in Doncaster are working together to provide a robust service. Advice and support are most effective when everyone involved works closely together. A multi-disciplinary panel will review all the information and should the evidence suggest that the Child/Young Person does not need further assessment they **will not be added to the waiting list for this and their referral will be closed**, **however, we will make recommendations of further support or assessment that may be helpful. Any incomplete referrals will be declined and returned to the referrer**. All referrals are subject to triage process. Please ensure before sending the referral that consent has been gained within the parent/carer section.

**Early Years Provider/ Setting/ Professional to complete- please use setting/*your views, not that of the parent/carer.***

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| **Child/Young Person’s (C/YP) details** | | | |
| Surname |  | | |
| First name |  | | |
| D-O-B |  | | |
| Age |  | | |
| Gender |  | | |
| Ethnic Origin |  | | |
| Address |  | | |
| Telephone Number |  | | |
| Name of Childminder, Nursery or Education Setting |  | | |
| How long has the C/YP attended the setting? |  | | |
| Interpreter required Yes/No |  | | |
| Looked after child Yes/No |  | | |
| **Referrer details- please complete** | | | |
| Name of referrer | |  | |
| Referrer’s job title | |  | |
| Referrer’s address | |  | |
| Referrer’s email address | |  | |
| Contact Tel no | |  | |
| Date of request | |  | |
| **Who has contributed to the completion of this referral (include all professionals)** | | | |
| Name | | Job title | Organisation |
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| Reason for referral (please tick relevant box(es) | | | |
| Developmental delay/regression eg in  speech, motor skills, social skills |  | Developmental Coordination Disorder (DCD)/ Coordination concerns |  |
| Genetic conditions associated with neurodevelopmental concerns eg fragile X,  NF1 |  | Neurodisability (not including epilepsy) eg Cerebral Palsy |  |
| Sleep in CYP with neurodevelopmental concerns |  | Neurodevelopment assessment for autism spectrum disorder (ASD) 0-5 |  |
| Down Syndrome |  | Other (please give details) |  |

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| For Early Years and School referrals for Neurodevelopment assessment for autism spectrum disorder (ASD) 0-5 has the graduated approach been followed? | Yes/No |

For Autism (0-5) and developmental delay **please complete all sections**

For everything else please complete sections **A, B and D only**

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

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| Please include views of teachers / other practitioners working with the child/young person only and not the view of parents. Parental view is completed separately. **What** **other agencies are involved with the C/YP and/or what support packages/training have been provided for the C/YP and/or parents, currently or in the recent past? Please attach copies of all reports/meeting minutes/ documents/ plans etc.** | | | | | | |
| **Please tick where applicable:** | **Date of involvement** | **Date ceased** | **N/A** | **Describe involvement** | **Professionals name if known** | **Report/docs attached** |
| CAMHS |  |  |  |  |  |  |
| Social Care incl CP Plan/ CIN plan |  |  |  |  |  |  |
| Early Help |  |  |  |  |  |  |
| Educational Psychology |  |  |  |  |  |  |
| ASCETS |  |  |  |  |  |  |
| Education, Health and Care Plan |  |  |  |  |  |  |
| School Nursing |  |  |  |  |  |  |
| Behaviour support (BOSS) |  |  |  |  |  |  |
| Health Visiting (ages and stages completed) |  |  |  |  |  |  |
| Early Years Inclusion Team |  |  |  |  |  |  |
| Portage |  |  |  |  |  |  |
| Family Hub |  |  |  |  |  |  |
| Speech & Language Therapy/Talking together |  |  |  |  |  |  |
| Occupational Therapy/Physiotherapy |  |  |  |  |  |  |
| Parenting/behaviour management classes ie (via Solihull, PAFFs, parent engagement workers) |  |  |  |  |  |  |
| Other (please describe) |  |  |  |  |  |  |

**Section B** Please provide descriptive information in answer to the questions below and provide examples in as many sections as possible

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| What are the key factors that have prompted the referral? Could you share some background information about the child’s development and areas where they need additional support? Including when these needs were first early identified. |
| For younger children- Please detail ASQ scores and any follow up actions agreed by the health visiting team.  Share any strategies recommended and details of any referrals that have been submitted. |
| Is the child making progress with support in place? |

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| How is the child progressing in their learning and development? Are they meeting typical expectations, making steps of progress, or experiencing delays in any areas? If there are significant delays, please provide more details on the specific areas of development where this is observed.  For Early Years providers or schools, which framework are you using to assess and monitor the child’s progress? |
| How does the child’s development align with typical expectations for their age? What are their strengths and in which areas would they benefit from further support? Are these observations consistent across all areas of their learning and development?  Please share as much information and detail as you can. . |
| Has the child been experiencing any learning differences, or been diagnosed with any health or genetic conditions?  Primary SEN Need? (One type only from this DfE list) SpLD/ SLCN/ ASD/ SEMH/ PMLD/ MLD/SLD/ HI/ VI/ MSI/PD    Other if appropriate (SEN) need: SpLD/ SLCN/ ASD/ SEMH/ PMLD/ MLD/SLD/ HI/ VI/ MSI/PD  Does the child have EHCP/SEN Plans? |
| Please describe any visual, hearing, physical or medical conditions? For Early Years providers or schools, does the child have any care plans or a Personal Emergency Evacuation plan (PEEP) in place within the provision? |

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| Strengths | Areas for development |
| What support strategies have been implemented for the child, either in the past or currently? What impact have these strategies had on their development? | |
| In the C/YP non/pre-verbal? Does the child have preferred forms of communication to express their wants and needs? (Gestures, facial expressions, eye contact, Makaton, visual aids) | |

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| Please share what the child’s strengths and areas of needs are in terms of co-ordination? How does their co-ordination skills compare to typical expectations for their age? (e.g. running, building towers, using scissors, getting changed, using mark making resources) |

Section C

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| How does the child interact with their peers, both in the inside and outside environment? How do their peers respond to them in these settings? |
| Are there any areas where you have noticed the child is needing support in their social communication skills?  (Listening and attention skills / choosing topics to talk about / Keeping a conversation going by responding and adding to what others say / vocabulary development / voice control, tone, volume, rate, facial expression use of gesture)  How does the child respond when engaged in a back-and-forth conversation? Can you give examples of how they express their thoughts or interests? |
| How does the child engage with others and form positive relationships? Describe the ways in which the child shows interest in playing with peers and developing friendships.  Does the child have any particular peers they enjoy spending time with and how do they interact with them? |
| Please share how the child expresses their imagination and creativity? (e.g. pretend play, creative activities,  music and movement, storytelling, role play, experimenting new concepts) |
| Have you noticed any reactions or sensitivities the child may have towards sensory experiences, such as noises, smells, textures, or lights? How do they respond to different sensory stimuli, and do they benefit from any supporting strategies? |
| Please share if you have observed any repetitive behaviours, specific interests, or unique mannerisms the child displays? How do they engage with routines or activities, and how do these behaviours support their learning or play? |
| How does the child respond to any changes in routine or environment? Are there any strategies or supports that help the child adjust or support them to regulate? |

Section D

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