



Neuro-Developmental referral process

How referrals come into the service

All neurodevelopmental assessment referrals will come into the service initially via the Access Service and screened and then directed to the Autism or ADHD pathway for triaging. Please note the referral has not been accepted onto the pathway for assessment at this point.

ADHD REFERRALS

PRE REFERRAL REQUIREMENTS ADHD

Referrals are generally received from professionals who know the child or young person well; including mental health clinicians, teachers, special educational needs coordinators (SENCO) and educational psychologists.

When a child or young person presents with behavioural and/or attention problems suggestive of ADHD, professionals should determine the severity of the problems, how these affect the child or young person and the parents or carers, and the extent to which they pervade different domains and settings:

Prior to referral, if the child or young person's behavioural and/or attention problems suggestive of ADHD are having an adverse impact on their development or family life, schools can also consider:

- A period of watchful waiting of up to 10 weeks
- Offering parents or carers a referral to Early Help or Strengthening Families Services including parent programme support and any group-based ADHD-focused support (this should not wait for a formal diagnosis of ADHD).

There are community services within Bee U available that maybe helpful to young people and their families, such as; Beam and Kooth to name a few.

Early Help Mental Health Trailblazer may be available within a number of the schools within Telford & Shropshire and can offer consultation to staff and early help mental health support and advice if the school are considering making a referral.

See appendix 1 for additional advice before considering an ADHD referral.





ADHD Referrals will be accepted from:

- Schools
- Transfer from another CAMHS services with supporting evidence of assessment and outcome
- Open cases from other teams in Bee U via discussion at MDT
- Parenting programmes / Early help / Local Authority Social Workers

All referrals received will be triaged by the appropriate pathway.

ADHD Referral decision making

The ADHD Team holds weekly meetings to discuss incoming referrals, assessments, interventions and decisions.

The team provides direct feedback to the referrer and copy to parent and GP for all referral outcomes.

Autism Assessment Pathway

PRE REFERRAL REQUIREMENTS AUTISM

Referrals for an autism assessment are only accepted via Schools /Colleges and for Children aged between 6 – 171/2 years.

EXCEPTIONS are if the child / young person is electively home schooled and a referral may be accepted via GP or Social Care with supporting evidence.

If supportive evidence is not available the referrer must provide details of a comprehensive assessment with evidence identified in the referral criteria (see appendix 2).

Referrals would require supporting evidence and additional reports that:

Needs to be evidence of the core impairments:

 Communication difficulties (such as delayed early speech and language development, inappropriate non-verbal communication, rote sayings without comprehension, repeating phrases from films, speaking in an accent, poor eye contact)





- Social interaction difficulties (such as misunderstanding theory of mind, struggling with peers)
- social cues, no
- Restricted or repetitive interests (rigidity of thought, obsessions).

Difficulties need to be apparent in multiple settings (at home and at school) and to have been present since early year's development (pre-school).

Difficulties need to be moderate to severe (no guidance on how we measure this but would be affecting education/achievement/functioning).

Need details of interventions tried. Schools provide this through several (minimum of 3) cycles of Assess, Plan, Do, Review (APDR). These need to include evaluation of the efficacy of the interventions and need to be targeted to support with the difficulties eg. Supporting with social interaction, not maths.

Please note that children referred from Specialist School like The Bridge or Severndale will not have "Plan, do and review" plans, but established EHCP's which we can request instead if available.

If available, need copies of EdPsych, Woodlands, Spectra, LSAT, SALT etc. If these include recommendations they should have been implemented and evaluated in APDR - again not applicable for YP referred from Severndale or The Bridge as these would be already used as evidence for EHCP which is required for entry to Specialist School. However, please be mindful that Children in Specialist Schools could have been allocated the school due to LD and ASD has been identified at later stage.

Early Help may also be appropriate as an intervention at home. This needs to have been accessed if the family are likely to be eligible.

Autism Assessment Referral decision making

The Autism Assessment Team holds weekly meetings to discuss incoming referrals, and will provide direct feedback to the referrer and copy to parent and GP for all referral outcomes.