

**Guidance Notes for Completion of School-Age Neurodevelopmental (ND) Pathway referral form**

**General points**

Please ensure that you complete each section of the form as fully as possible. If you do not have any information to include in a particular section please put a comment such as N/A so that we are clear that the section has not been overlooked or has not been considered.

All referrals to the School-Age ND Pathway are triaged before they are accepted on to the Pathway. The information within the referral forms is used for triage purposes and it is therefore essential that as much information as possible is included within the referral. The referral will be returned to you if there is insufficient information and will be declined if the information within the referral does not provide enough evidence to support acceptance onto ND Pathway.

Please send with the referral form all reports, plans, notes from meetings or other information that you feel will be useful to the ND Pathway team. All such information will be considered at triage and will also be extremely useful as the child or young person moves through the ND Pathway.

The referral form should be completed electronically; this will enable you to provide as much information as you wish; the text boxes will expand to accommodate the required amount of information.

The form should then be printed off to enable the person with parental responsibility to sign/date the declaration of consent on the last page of the form.

All referral forms must be signed by a person who has parental responsibility for the child or young person (see notes for this section of the form for further detail). Any forms that are not signed in this way will be returned to the referral agent on receipt.

The form should then be scanned and emailed to the ND Pathway team at the following email address:

[bfwh.ndp.referrals@nhs.net](mailto:bfwh.ndp.referrals@nhs.net)

This email address is clearly marked at the end of the referral form.

### **Information about the child or young person you are referring**

All boxes within this section of the form must be completed as fully as possible. Easy access to this information will enable the ND Pathway processes to run as efficiently and smoothly as possible and will remove the need for the parent/carer to repeat information that they have already given.

### **Information about the referral agent**

All boxes within this section must be fully completed.

### **Profile of child/young person**

Please summarise your main concerns about the child or young person that you are referring to the ND Pathway. There will be the opportunity to give more detail in further sections of the form; this section enables you to give a “pen portrait” overview of the child or young person. Consider the following when completing this section:

- What are your main concerns about the child or young person?
- What makes them different from a typical child or young person of the same age?

### **Parental concerns**

Parent/carer concerns should be given from the perspective of the parents/carers and gained from your discussions with them.

If you are giving any information that is not gained from parents/carers themselves, this must be explicitly stated and the source identified.

### **Child’s/young person’s concerns**

Child’s/young person’s concerns should be given from the perspective of the child or young person themselves; they should be gained from your direct experiences/discussions with them.

If you are giving any information that is not gained directly from the child or young person this must be explicitly stated and the source identified.

### **What do you consider to be the child’s/young person’s strengths? What can they do well?**

Please give as many strengths as possible, considering all aspects of the child e.g. learning, behaviour, personality etc.

It is important that the ND Pathway team build a full and rounded picture of the child or young person.

### **What does the child/young person find difficult or challenging?**

Again it is important to give full and detailed information to enable the ND Pathway team to build a full and rounded profile of the child or young person.

**What other agencies are involved with this child/young person?**

Please supply full contact information for all agencies that you know to have involvement with the child or young person: the ND Pathway team will need to make contact with all such agencies.

Please submit latest information from these agencies with the referral where possible. All such information will be valuable for triage as it will provide evidence of targeted interventions and/or evidence that any suggested advice or strategies have been implemented and monitored.

It will also be extremely useful to the ND Pathway team as the child or young person moves through the ND Pathway and will remove the need for the parent/carer to repeat information they have already given.

You will be asking the parents/carers to sign the referral form to confirm that they give their consent for information to be requested and shared as appropriate.

**Information re: child's/young person's educational attainment**

Please complete this section as fully as possible giving test scores, current/expected levels where appropriate. Information about a child or young person's learning style, learning ability and attainment is essential when building a full profile of that child or young person.

**What has been put in place or tried with the child/young person to help them (advice, interventions, strategies, support)?**

Please give full information about all advice, interventions, strategies and support (previous and current) that have been tried or put in place for the child or young person. Please give as much detail as possible, including:

- who has provided this help
- how has it been implemented and
- how has it been monitored and recorded

The next section of the form will allow you the opportunity to evaluate how successful the interventions to date have been.

***A referral will not be accepted onto the ND Pathway at triage if there is no information/evidence regarding lower level targeted interventions and their outcomes.***

**How successful have the above (advice, interventions, strategies, support) been?**

Please complete this section as fully as possible, giving reasons for success/failure of interventions where possible.

**Information re: any current health or medical issues**

Please complete this section as fully as possible, giving details of medications etc. where possible.

### **Information regarding family (history, circumstances etc.)**

Please include information about

- siblings, others living in the home
- any relevant information about the family
- family history of neurodevelopmental or other conditions
- any information about family circumstances or relationships relevant to this referral

**Are there any safeguarding issues relating to this child, young person or family? If yes, please give details.**

e.g. domestic violence, Child in Need, strategy meetings, CAF/TAF etc.

**Are there any risk factors relating to this child, young person or family? If yes, please give details.**

This should include information about risks to the child or young person (e.g. self-harm, mental health issues), family history of neurodevelopmental difficulties/other difficulties, risks for professionals working with the family etc.

**Needs/ Expected Outcomes: What are you hoping this referral will achieve? What are the goals of the child or young person and their family?**

Please note this is **not a diagnostic pathway**. Referrals must not state that the child/young person is being referred to the Pathway for a particular diagnosis. Outcomes should be based on the identified needs of the child/young person and their family and should reflect the aims of the ND Pathway which are stated below:

- ✓ To identify and understand the difficulties that the child or young person is experiencing
- ✓ To develop a profile of the child or young person in terms of their strengths, weaknesses and needs
- ✓ To explore possible reasons and explanations for the difficulties experienced by the child or young person
- ✓ To develop an agreed multiagency plan for each child or young person

### **Consent**

Please ensure the person with parental responsibility for the child or young person

- is shown the contents of the completed referral form
- agrees with the content of the completed form
- understands that the referral is being sent to the ND Pathway team
- understands the role and function of the ND Pathway team (aims as above)
- understands that information about the child or young person may be requested by the ND Pathway team and will be shared with members of that

The parent should then complete the bottom section of the form to indicate their awareness of all the points above.

Referrals will not be accepted if parental consent is not obtained and evidenced as above.