

PLEASE RETURN TO:

Child Health - Family and Clinical Support Services
Basingstoke and North Hampshire Hospital
Aldermaston Road
Basingstoke
Hampshire
RG24 9NA

HHFT REFERRAL FORM FOR COMMUNITY CHILD HEALTH ASSESSMENT

PLEASE COMPLETE ALL SECTIONS

(Incomplete referrals will unfortunately have to be returned to referrer)

NAME:		DOB:	
AGE: years months		LANGUAGE SPOKEN AT HOME:	
ADDRESS:		POSTCODE:	
TEL NO:		NHS No:	
E-mail :			
NAME OF SCHOOL / PRE-SCHOOL:		GP REGISTERED WITH:	

MAIN CONCERNS / AREAS OF DIFFICULTY:

Referral criteria: *Please tick which category you are referring under:*

- 1 Social communication concerns/possible autism
Confirm child has been referred for a hearing test
- 2 Global developmental delay/Generalised moderate-severe learning difficulties
- 3 Known neurodevelopmental conditions e.g. cerebral palsy
- 4 Chromosomal, genetic and syndrome diagnoses
- 5 Developmental regression
- 6 Significant isolated gross motor delay
- 7 Significant fine motor delay
- 8 Co-ordination difficulties
- 9 Children in special schools
- 10 Ex prem - 4yr check
- 11 Other – please state

	Concerns / Description of Current Abilities:
Motor skills <i>(including fine motor):</i>	
Speech and Language <i>(including understanding):</i>	
Hearing and vision:	
Self care skills:	
Social Skills <i>(including play skills):</i>	
Learning ability:	
Behaviour <i>(including evidence of pervasiveness):</i>	<p>At home:</p> <p>In educational setting:</p>

Other agencies involved with family or child (Please state if referral has been made *and/or* name of relevant professional if already known):

	√			√	
Paediatrician:			Audiology:		
Health visitor/ School Nurse:			Eye Clinic:		
Speech and Language Therapy:			CAMHS:		
Physiotherapy:			Area INCO/SENC:		
Occupational Therapy:			Educational Psychology:		
Portage:			Children's Services:		
Primary Behaviour Service:			Locality Team:		
Parent Support Advisor:			Other:		

Additional information/reports provided? Yes/No

Any other support already in place at school/nursery? e.g. ELSA, 1:1 support:

Please state if parents have attended a parenting course: Yes/No (If yes, please give details)

Please confirm that the child's GP is aware of this referral (Please tick)

For BNHH only - Do you intend to attend the Referral Team meeting? Yes/No

If yes, please give email address for Teams Meeting invitation link:

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Referrer's name: Job title:

Referrer's signature: Date:

Parents'/Carers' Views:

Please confirm that: (Please tick)

1. I am/We are aware of and consent to this referral
2. I/We have been given and have read the parent information sheet
3. I/We agree to the team gathering information from and sharing the report with other relevant professionals

Parent/Carer's Name:

Parent/Carer's Signature:

Relationship to child: Date:

To be completed by Parents/Carers:

Information for Parents/Carers

Your child is being referred to the Community Child Health team because you and/or a professional have concerns about their health, development, or behaviour.

This information sheet explains what you can expect to happen following your child's referral being received by the team.

All referrals are discussed in a referrals meeting. The meeting is attended by Community Paediatricians (Children's doctors) and may also be attended by other professionals who may know your child, such as the Health Visitor, School Nurse, Therapists etc. Occasionally professionals representing Education or Children's Services may also wish to attend these meetings to discuss individual children.

In BNHH there are three Patch Teams, each representing a different geographical area. Each team meets once a month. In RHCH the team meets weekly.

The aim of the meeting is to prioritise an individual child's health needs and advise on an appropriate course of action. In order to reach the best decision for your child, the team members will look at existing documentation and share relevant information between professionals.

There are several possible outcomes for your child following the meeting:

1. A request for the referrer to provide more information in order to inform the decision-making process
2. The school nurse to gather further information by liaising with both you and the school staff
3. A request for you to attend a parenting course in the first instance
4. A referral to a different service such as Children's Therapies, CAMHS, ASD assessment service etc.
5. An offer of an outpatient appointment with a General Paediatrician (where the concerns are mainly medical)
6. An offer an outpatient appointment with a Community Paediatrician (where the concerns are mainly developmental, behavioural and/or educational)

The referrer will always be informed of the outcome following the meeting.

If your child is seen in a Paediatric outpatient clinic (outcomes 5 or 6) the doctor will first spend time discussing the concerns about your child, as well as their medical and family history. He/she is also likely to examine your child and may undertake further assessments or tests. In most cases it will be important to gather additional information about your child's behaviour and/or progress in their educational setting. This may be in the form of written reports and/or may be via telephone conversations between professionals.

Following the clinic appointment, a letter will be written to the referring professional summarising all of the above. A copy of this letter will also be sent to you and to other relevant professionals who know your child. This usually includes staff at your child's pre-school/school.

Therefore, **by consenting to this referral, it is important to understand that you are agreeing to the whole process outlined above, including sharing of relevant written and verbal information about your child between relevant professionals.** If you have any questions or concerns about this, please discuss these with the professional making the referral or with the Paediatrician at the time of the appointment.

HHFT REFERRAL CRITERIA - Community Paediatrics, Neurodevelopment and Neurodisability

Who we can accept referrals from:

We accept referrals from health professionals (e.g. GPs; health visitors and school nurses; therapists; hospital doctors and specialist nurses; audiologists; community paediatric nurses; CAMHS practitioners etc.) as well as from specialists in Education (Portage, SENCOs and INCOs).

Referral criteria

1. Concerns about a **child's development** (especially below the age of 5 years). This includes:
 - Global developmental delay (delay in more than one area)
If global delay is mild, it may be more appropriate for the child to be assessed by the health visitor in the first instance.
 - developmental regression (loss of previously acquired skills)
(Scores on the ASQ which have moved into an area of greater concern between assessments do not signify developmental regression).
 - significant isolated gross motor delay.

Pervasive concerns about features of possible **autism spectrum disorder (ASD) in children up to the age of 5 years.**

a. Please note children between 3 and 5 years are likely to be triaged and redirected to other commissioned provider unless there are significant associated developmental concerns.

b. The referrer should provide evidence that behaviours occur across at least two different settings, where possible.

2. HHFT internal referrals - Pervasive concerns about features of possible **autism spectrum disorder in children over the age of 5 years, if the child has one of following co-morbidities:**
 - o Ex-premature infants (< 28 weeks) or those with significant neonatal disease
 - o Children with syndromes such as Down syndrome, Prader Willi syndrome, Foetal Alcohol Spectrum Disorder or other genetic conditions.
 - o A significant degree of learning impairment requiring specialist provision (if no alternative assessment service is available)
 - o Epilepsy (associated with additional needs)
 - o Severe visual or hearing impairment
 - o Neuro-muscular disorders, such as Duchenne's Muscular dystrophy, Cerebral palsy etc.

3. Children with **complex needs** who live in or have transferred into the area and need ongoing follow up. This includes known neurodevelopmental conditions which need ongoing medical follow up e.g. cerebral palsy, chromosomal, genetic and syndrome diagnoses causing developmental delay, and known to need medical surveillance e.g. Down syndrome (0-18 years).
4. Children born under 28 weeks gestation who require a developmental assessment at 48 months (as per NICE guidelines)
5. Assessment for **Foetal alcohol Spectrum Disorder** if there are neurodevelopmental impairments and a clear history of alcohol consumption during pregnancy
6. **Significant Motor Co-ordination difficulties** - Referrals are only accepted for those who have a significantly low score on the Movement ABC on OT assessment. Children should have worked through the Schools Therapy Pack prior to Occupational Therapy referral. The purpose of referral to Neurodevelopmental Paediatrics is to exclude a neurological condition and confirm diagnosis if appropriate. If the child has had a normal neurological examination by a GP or general paediatrician, then the referral is not essential.

REFERRALS WHICH CANNOT BE ACCEPTED

Unfortunately, referrals cannot be accepted in the following circumstances:

1. Children with general behavioural difficulties (unless that child has specific traits that suggest a neuro-developmental diagnosis as a possibility); families should be signed posted to relevant parenting support services e.g. Family Support Services, Early Help, Barnardo's Specialist Parenting, Portage; or school should refer to behaviour support services e.g. Primary Behaviour Support.
2. Re-assessment of children who already have a named neuro-developmental diagnosis and whose behaviours are expected from that diagnosis; families should be signposted to relevant voluntary sector services e.g. National Autistic Society, Autism Hampshire, Parent Voice; or school should involve relevant support services e.g. Special school outreach.
3. ADHD assessments – children should be referred to CAMHS after the age of 5 years as ADHD is not diagnosed before this age as per NICE.
4. Children diagnosed in another area with conditions such as ADHD, who may be on medication (Refer to CAMHS).

5. ASD assessments for children who have already been accepted for assessment by another service.
6. ASD assessments in children above 5 years without additional co-morbidity (Refer to other commissioned provider).
7. ASD assessment for children under the age of 2 years.
8. Assessment for Auditory Processing Disorder, PDA (Pathological Demand Avoidance) or Sensory processing difficulties.
9. Isolated speech and language delay. Referrals should be directed to Speech and language therapy.
10. Isolated sleep difficulties. Please refer to the Sleep Pathway

OTHER SUPPORT AGENCIES THAT MAY BE USEFUL

For parenting/behavioural support

Pre-schoolers: Health Visitors/Community Nursery Nurses/Portage Plus/Home start

School aged: Barnardo's specialist parenting courses/Family Support Services/ Wellbeing service

For mental health difficulties

CAMHS (Single point of access)

Counselling services: YPI/ Hampshire Youth Access/Relate

For difficulties in school

Educational Psychology

Primary Behaviour Service

Special school Outreach

School nursing team

Healthier Together (what0-18.nhs.uk)

Solent: Healthier Together (what0-18.nhs.uk)