

|  |  |  |
| --- | --- | --- |
|  | **Referral to Family Service Neurodevelopmental Support Team** |  |

|  |
| --- |
| **Instructions for completing this referral document:** |
| This referral document should be completed by the Parent/ Carer and the child’s school/Early Years setting where there is concern about possible social and communication difficulties and/or difficulties with attention/hyperactivity.  This information provided will form the basis of the triage assessment and consideration of whether onward referral to a specialist service is required. Gathering this information will enable us to work with you to understand your child’s needs and the services that can best support them and your family. This means that there will be some outcome for your child and family regardless of whether further diagnostic assessment from a Community Paediatrician is indicated or not.  COMPLETING THE QUESTIONNAIRE   * The referral document should be completed jointly with input from the parents/carers and the school/ Early Years setting to provide a more holistic view of the child’s presenting behaviour needs. * In order to complete elements of this referral form, Education and Early Years settings may need to complete observations of the child within both structured and unstructured times. * School / Early Years setting information is a vitally important part of the holistic assessment of a child’s presentation.   **Where a child has significant developmental delay or regression, a direct referral should be made by the GP to Community Paediatrics for assessment rather than making a referral to the Family Service Autism and ADHD Team.**  **Where the Speech and Language Team are involved, they can make direct referrals to Community Paediatrics for assessment.**  **Referrals forms maybe returned and referrals declined if insufficient information is provided.** |

|  |  |
| --- | --- |
| **Child’s Name:** |  |
| **DOB:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **NHS Number:** |  |
| **Address:** |  |
| **Parent’s / Carer’s Name:** |  |
| **Address (if different):** |  |
| **Parent / Carer Email:** |  |
| **Parent / Carer Phone Number:** |  |
| **Relationship to Child:** |  |
| **Education and Early Years setting:** |  |
| **GP Details**  **(Address / Contact details)** |  |
| **Referrer’s Name:** |  |
| **Role:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **Phone Number** |  |
| **Email:** |  |

**Siblings**

|  |  |
| --- | --- |
| **Sibling Name:** |  |
| **DOB:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **NHS Number:** |  |
| **Parent’s / Carer’s Name:** |  |
| **Address (if different to above):** |  |
| **Relationship to Child:** |  |

|  |  |
| --- | --- |
| **Sibling name:** |  |
| **DOB:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **NHS Number:** |  |
| **Parent’s / Carer’s Name:** |  |
| **Address (if different to above):** |  |
| **Relationship to Child:** |  |

|  |
| --- |
| **Part 1 – Family Background and Information about the Child:**  To be Completed by the Parents / Carers with Input from Education and Early Years setting |
| 1. **What are your child’s strengths and what is going well?**   *What are their Hobbies and interests?* |
| **Parent / Carer’s View** |
|  |
| 1. **Please tell us more about your child and your family.**   *Who does the child live with?*  *Please describe the family composition and structure.*  *Have there been any significant changes to the family circumstances during the child’s life? (ie changes of family composition, multiple house moves).*  *Do any parents or significant carers live separately? What are the contact arrangements?*  *How would you describe the child’s relationships with other members of the household / family?*  *Tell us about your child’s friendship groups.* |
| **Parent / Carer’s View** |
|  |
| **Please describe the behaviours the child is displaying that you are concerned about.**  *Please describe what concerns you have about the child’s behaviour (Please include examples. i.e. Shutdowns, meltdowns, running away, self-harm and self-injury)*  *How frequently are these behaviours occurring?*  *How are these impacting on the child and other children?*  *How are these effecting the family and household functioning?*  *Have there been any marked changes to the child’s behaviours over time?*  *Does the behaviour you are concerned about happen in particular settings (i.e crowded shops) or in certain circumstances (i.e going to new or unfamiliar places)*  *What behaviours did you notice that caused you concern when the child was under 5?*  *What behaviours did you notice that caused you concern when the child was aged over 5?*  *How long have these concerns about the child’s behaviour been present?*  *Do the difficulties cause a significant impact on learning AND/OR social interaction?* |
| **Parent / Carer’s View** |
|  |
| **Please tell us about the pregnancy and the birth for the child being referred:**  *Were there any health concerns for baby during pregnancy?*  *Were there any health concerns for mother during pregnancy?*  *Were there any concerns during the period of development of the baby from conception to birth? (Gestation).*  *How was the birth?*  *Were there any complications during birth?*  *Were any medical interventions required during the birth? (Any instruments used? Was a C-Section required?)*  *Please outline any health concerns for the baby following birth.* |
| **Parent / Carer’s View** |
|  |
| **Has your child ever experienced any particular challenges with key development milestones?**   * *Crawling When/How?* * *Walking When/Any Concerns?* * *Speech Development? Any Speech and language therapy (SLT)? Did SLT identify any concerning behaviours?* * *Fine Motor/Gross Motor skills.* |
| **Parent / Carer’s View** |
|  |
| **Have you noticed if your child ever displayed any sensitivities to sensory stimulations?**  *Has your child ever appeared to be over and under sensitive to:*   * *Sights* * *Sounds* * *Smells* * *Tastes* * *Diet/Food* * *Touch* * *Balance* * *Awareness of body position and movement* * *Awareness of internal body cues and sensations*   Please describe and provide examples of how your child reacts |
| **Parent / Carer’s View** |
|  |
| **Please tell us about your child’s progress in education and learning (from nursery through to secondary education / College).**  *How did your child cope when settling into nursery or school?*  *Have any concerns been flagged by your child’s nursery or education setting?*  *Please indicate what developmental level the child is working at compared to their chronological age (eg 10 yr working at level of 4 year old)*  *Please reference and attach any educational assessment reports – eg CAT Scores, Dyslexia testing*  *Please reference and attach any educational support reports – eg from educational psychology*  *Please tells us about any funding bids for additional support in Education and Early Years setting.*  *What is the School’s / Early Years setting’s understanding and interpretation of your child’s behavioural presentation* |
| **Parent / Carer’s View** |
|  |
| **Please tell us about your child’s experience of education and learning (from nursery through to secondary education/College).**  *How does your child cope with daily routines within their Education and Early Years setting?*  *Does your child describe any difficulties coping in a classroom?*  *Has your child encountered any difficulties transitioning between educational settings (nursery/primary/secondary/college)*  *Have any specific concerns about your child’s behaviour needs been raised by their education provider?*  *How anxious does your child feel about attending Education and Early Years setting and completing homework or undertaking exams and tests?*  *How well does your child socialise with their peers in Education and Early Years setting and in the community?*  *Does your child have established friendship groups within Education and Early Years setting setting and in the community?*  *What is the Education and Early Years setting’s understanding and interpretation of your child’s behavioural presentation?* |
| **Parent / Carer’s View** |
|  |
| **Have there been any significant events in the child or family’s life that could have had an impact on their:**   * **emotional well-being / mental health** * **attachment / lasting connection to parents or primary caregivers?**   *(Examples may include: bullying, loss or bereavement of significant adults or relatives, experience of abusive relationships, domestic violence, illness)* |
| **Parent / Carer’s View** |
|  |
| **Please tell us about the child’s Physical Health needs:**  *Does the child have difficulties with sleep?*  *Is the child seeing GP, hospital or health care professional for any assessment or treatment?*  *Does the child have any difficulties with their hearing or sight?*  *Does the child have problems with bowel control / toileting?*  *Does the child have any difficulties with food?* |
| **Parent / Carer’s View** |
|  |
| **How would you describe your child’s language development?**  *Has your child had any support or assessment for their communication skills from Communication and Interaction services?* |
| **Parent / Carer’s View** |
|  |
| **Please describe your child’s self-care / adaptive behaviour and skills.**  *Examples include washing, getting dressed, avoiding danger, safe food handling, following rules in school / Early Years setting, managing money, cleaning, and making friends*  *Does the child have problems with toileting?*  *Does the child need additional or specific support with their personal care? (Dressing, washing etc)* |
| **Parent / Carer’s View** |
|  |
| **Have you got any concerns regarding your Child’s Emotional Well Being / Mental Health?**  *Is the child seeing counsellor or therapist regularly for anything?*  *Is Child and Adolescent Mental Health services (CAMHS) involved and support your child?*  *Has the child been referred to CAMHS? If so, who has been working with your child, what were the presenting concerns and what therapy/intervention work has been completed?*  *Has an Education Psychologist been involved with your child?* |
| **Parent / Carer’s View** |
|  |
| **Please tell us about any relevant family history regarding neurodiversity, additional education needs or mental health needs?**  *Biological family or extended family diagnosed with ASD or ADHD?*  *Biological family or extended family experienced any mental health needs requiring support.*  *Biological family or extended family diagnosed with epilepsy?*  *Biological family or extended family diagnosed with a learning difficulty or attended Special school?* |
| **Parent / Carer’s View** |
|  |
| **Has your child or family ever needed support or involvement from local authority children services (Social Services, Early Help Services, Youth Justice Services)?** |
| **Parent / Carer’s View** |
|  |

|  |  |  |
| --- | --- | --- |
| **Please tells us about the help and assistance you have accessed from School / Early Years setting / Support Services:**  **(To be completed by the Parent and Education / Early Years setting)** | | |
| **Service**  *i.e. School, Healthy Families Team, Speech and Language Therapy, Education Psychology, Children Centre, Schools and Families Specialist Services.* | **Described the Support Provided:**  *i.e. Sleep programmes, adjusted timetable, speech and language support, help with household routines, bespoke package of provision at school / Early Years setting, ASD/ADHD friendly classroom practice, Differentiation/adaptation of teaching, booster groups, general self-regulation strategies, parenting groups (NVR /123 Magic),* | **Dates of Involvement** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **VANDERBILT ADHD RATING SCALE – To be Completed by the Parent/Carer** |

|  |  |
| --- | --- |
| Child’s name: | Today’s date: |
| Date of Birth: | Child’s age: |
| Completed by: | Relationship to child: |

**Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child’s behaviours in the past 6 months.**

**Please ensure all relevant sections are completed over the 3 pages.**

**Is this evaluation based on a time when the child**

* **was on medication**
* **was not on medication**
* **not sure?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptoms** | **Never** | **Occasionally** | **Often** | **Very Often** |
| **Questions 1-35 All Children** | | | | |
| 1.Does not pay attention to details or makes careless mistakes for example, homework | 0 | 1 | 2 | 3 |
| 2.Has difficulty keeping attention to what needs to be done | 0 | 1 | 2 | 3 |
| 3.Does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| 4.Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (toys, assignments, pencils or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by noises or other stimuli | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 11. Leaves seat when remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs too much when remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or beginning quiet play activities | 0 | 1 | 2 | 3 |
| 14. Is “on the go” or often acts as if “driven by a motor” | 0 | 1 | 2 | 3 |
| 15. Talks too much | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting his or her turn | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes in on others’ conversations and/or activities | 0 | 1 | 2 | 3 |
| 19. Argues with adults | 0 | 1 | 2 | 3 |
| **Symptoms** | **Never** | **Occasionally** | **Often** | **Very Often** |
| 20. Loses temper | 0 | 1 | 2 | 3 |
| 21. Actively defies or refuses to go along with adults’ requests or rules | 0 | 1 | 2 | 3 |
| 22. Deliberately annoys people | 0 | 1 | 2 | 3 |
| 23. Blames others for his or her mistakes or misbehaviours | 0 | 1 | 2 | 3 |
| 24. Is touchy or easily annoyed by others | 0 | 1 | 2 | 3 |
| 25. Is angry or resentful | 0 | 1 | 2 | 3 |
| 26. Is spiteful and wants to get even | 0 | 1 | 2 | 3 |
| 27. Bullies, threatens, or intimidates others | 0 | 1 | 2 | 3 |
| 28. Starts physical fights | 0 | 1 | 2 | 3 |
| 29. Lies to get out of trouble or to avoid obligations (ie,“cons” others) | 0 | 1 | 2 | 3 |
| 30. Is truant from school (skips school) without permission | 0 | 1 | 2 | 3 |
| 31. Is physically cruel to people | 0 | 1 | 2 | 3 |
| 32. Has stolen things that have value | 0 | 1 | 2 | 3 |
| 33. Deliberately destroys others’ property | 0 | 1 | 2 | 3 |
| 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun) | 0 | 1 | 2 | 3 |
| 35. Is physically cruel to animals | 0 | 1 | 2 | 3 |
|  |  |  |  |  |
| **Questions 36-40 – *11 years plus*** | | | | |
| 36. Has deliberately set fires to cause damage | 0 | 1 | 2 | 3 |
| 37. Has broken into someone else’s home, business, or car | 0 | 1 | 2 | 3 |
| 38. Has stayed out at night without permission | 0 | 1 | 2 | 3 |
| 39. Has run away from home overnight | 0 | 1 | 2 | 3 |
| 40. Has forced someone into sexual activity | 0 | 1 | 2 | 3 |
|  |  |  |  |  |
| **Questions 41-47 – *All children*** | | | | |
| 41. Is fearful, anxious, or worried | 0 | 1 | 2 | 3 |
| 42. Is afraid to try new things for fear of making mistakes | 0 | 1 | 2 | 3 |
| 43. Feels worthless or inferior | 0 | 1 | 2 | 3 |
| 44. Blames self for problems, feels guilty | 0 | 1 | 2 | 3 |
| 45. Feels lonely, unwanted, or unloved; complains that “no one loves him or her” | 0 | 1 | 2 | 3 |
| 46. Is sad, unhappy, or depressed | 0 | 1 | 2 | 3 |
| 47. Is self-conscious or easily embarrassed | 0 | 1 | 2 | 3 |

**Performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Above Average** | **Average** | **Somewhat of a Problem** | **Problematic** |
| 48. Overall School Performance | 1 | 2 | 3 | 4 | 5 |
| 49. Reading | 1 | 2 | 3 | 4 | 5 |
| 50. Writing | 1 | 2 | 3 | 4 | 5 |
| 51. Mathematics | 1 | 2 | 3 | 4 | 5 |
| 52. Relationship with Parents | 1 | 2 | 3 | 4 | 5 |
| 53. Relationship with Siblings | 1 | 2 | 3 | 4 | 5 |
| 54. Relationship with Peers | 1 | 2 | 3 | 4 | 5 |
| 55. Participation in organized activities (eg, teams) | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Privacy Statement and Consent. – To be Completed by the Parent/Carer** |

**ANDERBILT ADHD RATING SCALE – To be Completed by the Parent/Care**

|  |
| --- |
| I have been told that Family Service will hold information about me and other members of my household (unless stated below). I understand that it will be used to provide services to me / my family and will be stored electronically. My information will be held securely with Nottinghamshire County Council's Children, Families and Cultural Services Department and may be used anonymously for monitoring purposes.  Further details about how we share your information can be found in our Privacy Notice at:  Nottinghamshire County Council: [Privacy Statement](https://www.nottinghamshire.gov.uk/global-content/privacy)  The Family Service: [Children and Family Services Privacy Notice](https://www.nottinghamshire.gov.uk/media/1731878/children-and-family-services-privacy-notice.pdf)    The Family Service will share information between the services that will contribute to the assessment for and delivery of an agreed plan of work for me and my family. This may include health, the police, probation, social care, education, district councils, registered social landlords, FUTURES, the Department for Work and Pensions (DWP) and Voluntary or 3rd party organisations.  All adults with parental responsibility and children with be asked to make contributions to the assessment. The assessment will underpin an agreed plan of work for the family. All relevant information will be shared. The exception to this is if there was an overriding safeguarding justification to not disclose the data, then it can be withheld.  Information will be shared between Nottinghamshire County Council and Jobcentre Plus.  If you have any concerns about the information sharing and storage raise this with your Case Manager.  Please note information will always be shared where there are risks of harm or safeguarding concerns. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of young person:** |  | **Date:** |  |
| **Signature of parent/carer:** |  | **Date:** |  |
| **Signature of FS Case Manager:** |  | **Date:** |  |