Information to school referrers to Cambridge Community Paediatrics for the assessment of Neurodevelopmental conditions.

Community Paediatrics is a specialist service for the assessment and diagnosis of children with neurodevelopmental disorders.

Children in the Early Years Foundation Stage (0-5 years) presenting with neurodevelopmental difficulties are likely to be seen by Community Paediatrics and there is a clear pathway for referral through Early Support services.

For school age children above the age of 5 years Community Paediatrics provides the following assessments:
- assessments for autism (for children still in primary school),
- screening assessments for ADHD for children still in primary school (but not intervention or management),
- medical assessments for children with clearly defined significant learning difficulties i.e. those who require an EHC plan.

All referrals for a neurodevelopmental condition require the following:
- completed referral form (see attached),
- an open CAF,
- involvement of the school SENCO,
- evidence of the school using a graduated response, and following a clear cycle of “Assess, Plan, Do, Review” with outcome measures of appropriate strategies and interventions used.
- Given that the children referred to us have the greatest level of need, we would expect that in the majority of cases, there will be other professionals involved. Where this is the case, it is essential for the school to send relevant records through with the referral, having first secured parental permission to share the information. We are unlikely to accept the referral if there is no supporting evidence showing the level and complexity of need and information showing the impact of suitable programmes or strategies over time.

Referrals will not be considered without the above supporting information

Assessments cannot occur in isolation and require adequate information about a child, including family background/ home setting, academic ability and social functioning. Therefore, we require that all referrals for school age children are made via a CAF, all cases should have been discussed with the school SENCO before a referral is made and parents should be aware of the possible outcomes of an assessment.

It is worth noting that diagnostic labels given at this age are life long and have major implications for a child’s future. In milder cases a child may not reach the diagnostic threshold but present with an overlapping picture of difficulties with no unifying diagnosis. Children will still require support and intervention which is needs based and is not dependent on a diagnostic label.

Children with social communication concerns/ Autistic Spectrum Condition

Community Paediatrics sees children for diagnostic assessments for Autistic Spectrum Condition. Children presenting after the age of reception class with social communication concerns are likely to have a milder form of Autism which can be difficult to diagnose. They may improve over time or their difficulties may become marked. It is important to have a clear picture of a child’s functioning over a period of time and it is reasonable to offer them support before a referral is considered. In many
cases, the Specialist Teaching Team will be involved before a referral for diagnosis is made as they provide support and educational advice within the school setting and their assessments contribute towards the diagnostic process.

Parents should also be aware that the purpose of an assessment is for a diagnostic label of an autistic spectrum condition and that community paediatrics do not offer any behavioural support or intervention.

For children with sensory issues, a referral to occupational therapy may be indicated if there are significant sensory issues.

For a diagnostic assessment for a suspected Autistic Spectrum condition to be made, the following information is required before the referral is considered:

- CAF initiated from school (if not already started),
- completed referral form,
- evidence of appropriate intervention and support put in place by school, and a clear process of “Assess, Plan, Do, Review” over time as per the SEND Code of Practice (2014) (please also see “Improving Outcomes for Children with Additional Needs” document and the ASD Pathway – both on Cambridgeshire’s local offer website) including implementation of any advice from a relevant professional (for example, Specialist Teacher or EP in they have been involved). Please include reports/records of involvement having first obtained parental permission for sharing information.
- social communications descriptors (downloadable from www.slc.cambridgeshire.nhs.uk),
- assessment of the child’s current academic progress.

Once all the above information has been received, additional information may be requested in the form of autism specific questionnaires. Once all information is received then an assessment will be considered and the family will be contacted directly. Assessments will not take place without sufficient supporting information.

Attentional and Hyperactivity issues (ADHD)

If a diagnosis of ADHD is suspected; where there are significant difficulties with a combination of inattention, hyperactivity and impulsivity across both the home and school setting, which have not responded to behavioural support and are out of keeping with that child’s developmental level, then the following information is required before a referral is considered:

- CAF
- completed referral form,
- evidence that the behaviour occurs both in the home and school setting,
- evidence of behavioural management/intervention,
- supporting information from other relevant professionals, interventions tried and response to those interventions,
- an assessment of the child’s academic level (e.g. national curriculum levels).

Once the above information has been received, additional information may be requested, i.e. Connors questionnaire (teachers /parent) before an assessment is considered.

Behavioural issues occurring at home only: direct parents for behavioural support either within the school based services or via locality teams – this will require a CAF. Referrers would be advised to contact their locality manager who may be able to signpost or advise local services.
Behavioural concerns only in the school setting: then school based support, following a clear cycle of “Assess, Plan, Do, Review”. If concerns persist, then the school should discuss with a member of the SEND Specialist Service (e.g. Specialist Teacher or Educational Psychologist). The presenting behaviour should be considered in terms of that child’s developmental level.

Learning disability

Community paediatrics will provide a medical assessment for children identified in school age as having a significant learning difficulty i.e. those children who meet the criteria for an EHC plan. A medical assessment will be offered to those families as part of the EHC process (if they have not previously been seen) to explore whether there is a medical or genetic reason for their difficulties.

Community paediatricians do not offer cognitive assessments on school age children. We would expect that the nature and extent of a child’s learning needs and appropriate investigation of any specific learning difficulties would already have been undertaken by the school. If the school needs advice on this, they should contact the Specialist Teaching Team.

Speech and language difficulties

Children under the age of 5 years

Children presenting with significant delays or difficulties with speech and language may be seen in a speech and language therapy drop-in session and do not require a formal referral: details can be found on the speech and language therapy website: [www.slc.cambridgeshire.nhs.uk](http://www.slc.cambridgeshire.nhs.uk/).

Where there are concerns about overall development or questions about conditions such as autism, children should be referred through the Early Support service via a CAF.

Children aged 5 and over – Speech and Language

Where concerns are primarily about speech and language development, the SENCO should discuss the referral with the local speech and language therapist who covers that school or call 01223 884494 for further information. All referrals must be discussed with parents and accompanied by the speech and language descriptors.

Children aged 5 and over – Social Communication

Where concerns are about social communication, follow the advice given above and refer to Community Paediatrics if appropriate. If a speech and language assessment might be helpful, say this on the CAF and this will be discussed at the joint referral meeting.

Re-referrals for speech and language therapy: please discuss with the local speech and language therapist who covers the school. Please note we are unlikely to accept re-referrals of school age children unless there are significant new concerns.

Motor planning difficulties

A number of children will be identified as having fine motor skills and motor planning issues out of keeping with their developmental level. These children can be referred to occupational therapy for assessment and management.
Prior to referral it is expected that schools enrol children in any motor groups within school before referral.

The exceptions to this would be progressive or asymmetric difficulties which would be seen separately.

A referral would require a Motor ABC before an appointment would be considered. Children identified with motor planning difficulties are offered advice and strategies for the difficulties that they experience. We would consider them to have a Developmental Coordination Disorder of which dyspraxia (motor planning and coordination difficulties) is part of.

**Enuresis**

Ongoing urinary incontinence/toiletting issues should be referred initially to the school nurse service.

**Cognitive assessments**

Please note that we do not offer cognitive assessments for school age children, educational support or advice; as part of their assessment over time, Educational Psychologist/Specialist Teacher may undertake some form of cognitive assessment in conjunction with the school if this is considered appropriate; it is not the role of the community paediatrics. We do not diagnose specific learning difficulties such as dyslexia. Please see Cambridgeshire’s Dyslexia Guidance (2012) and other information on Dyslexia on the Local Offer website.

**Useful information/websites:**

[www.cambridgeshire.gov.uk/SEND](http://www.cambridgeshire.gov.uk/SEND) (this is the Local Offer website address)

[www.pinpoint-cambs.org.uk/Cambridgeshire-county-council-send-support](http://www.pinpoint-cambs.org.uk/Cambridgeshire-county-council-send-support)

NB. From September 2015, all schools have to have a Special Educational Needs Information report on their school website. This will detail the provision that the school has in place to meet the needs of children with SEN.

**Referrals with supporting information should be sent to:**

**Community Paediatrics**
South Cambridge  
Block 13 Ida Darwin  
Fulbourn  
Cambridge CB21 5EE  

Tel: 01223 884160  

Email: ccs-tr.communitypaediatricssouth@nhs.net
Huntingdon & Fenland:

Clinical Support Team
The Oak Tree Centre
1 Oak Drive
Huntingdon PE29 7HN

Tel: 01480 418600

We hope that this is helpful. This information has been considered in conjunction with Cambridgeshire Community Paediatrics, the SEND Specialist Service, Cambridgeshire speech and language therapy service and locality teams. Further information can be found at:

If you have any queries or would like to discuss a referral please don’t hesitate to contact us.

On behalf of Cambridgeshire Community Paediatrics

(This information is current in July 2015. Further revisions of this service will be made over time).