

Is an ASD and/or ADHD assessment appropriate for the child or young person?

Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are the official names of a diagnosis within a broader category called neurodevelopmental disorders (NDD). Both conditions are associated with a higher chance of both physical and mental health problems, therefore it is important to try and identify children and young people with ASD and/or ADHD as early as possible. Nevertheless, both conditions are complex, and the diagnostic assessment can be lengthy and intrusive. Therefore, it is also important not to put a child or young person through the process without good reason.

For a diagnosis of either ASD and/or ADHD, it requires the individual to have pervasive difficulties in areas such as communication, interaction, play, friendships, attention, emotions, and behaviour, that impact their ability to function. If the child or young person has needs within, for example, just one or two of these areas, it may be that an ASD and/or ADHD assessment is not appropriate.

Similarly, many difficulties associated with ASD and/or ADHD can be due to other causes, for example, speech and language difficulties, learning needs, emotional difficulties resulting from early trauma, and hearing impairment. Whilst it may seem sensible to refer for an ASD/ADHD assessment at the earliest opportunity, it is usually better for the child or young person to be assessed first by a single agency (e.g., Speech and Language Therapy (SLT), Occupational Therapy (OT), Child and Adolescent Mental Health Services (CAMHS), Paediatrics, Learning Disability (LD), Educational Psychology etc.), so that they receive interventions and support as their needs arise. Immediate referral for ASD/ADHD assessment may mean the child or young person misses or is delayed accessing the most appropriate support for them. For example, a socially anxious child with a language impairment would not benefit from having an ASD assessment before they receive assessment and intervention from SLT and CAMHS.

Neurodevelopmental Disorder (NDD) Referral Criteria and Guidance

Children between the ages of 5-18 years old (up to 18th birthday)

The Suffolk Neurodevelopmental Disorder (NDD) Pathway delivers ASD and/or ADHD assessments for children and young people between the ages of 5-18 years old (up to 18th birthday).

Children under the age of 5, should be referred directly to the Integrated Community Paediatric Service by a health visitor or early years practitioner.

Please send referrals to email:

ASD 5-11: Suffolk.ccc@esneft.nhs.uk

ASD 11+: U18autismdiagnosticservice@nsft.nhs.uk

ADHD Under 18s: ADHDReferrals@nsft.nhs.uk

Please note that:

- ▶ The NDD pathway is currently an **ASD/ADHD assessment only** service.
- ▶ **Requests for treatment or medication only reviews** for children and young people will **not be accepted** if they have received a diagnosis via private assessment.
- ▶ Access to pre-diagnostic support directly via the NDD pathway will be determined by a **needs assessment**, based on the information provided within the form and supporting evidence.
- ▶ **No diagnosis is necessary** to access a wide range of locally commissioned support services. Access to these, and implementation of strategies known to be useful for children and young people with neurodevelopmental needs should be encouraged. For further information please visit: [Home - Suffolk SEND Local Offer \(suffolklocaloffer.org.uk\)](http://suffolklocaloffer.org.uk)
- ▶ The service **does not** monitor other areas of need such as risk, safeguarding concerns, or other unmet health needs. If these are present, **then** the referrer should ensure such needs are monitored appropriately or refer onto other relevant services.
- ▶ It is **not** necessary to have an ASD or ADHD diagnosis to apply for an EHCP, nor does a diagnosis of ASD and/or ADHD mean that a child will require an ECHP.

Pre-referral input

Difficulties associated with ASD and ADHD can be due to other causes. It is important therefore, to include in your referral, details of interventions which have been put in place prior to a referral being considered. This might include:

- ▶ Early intervention from therapy services such as SLT, OT etc.
- ▶ Needs led support within the education environment.
- ▶ Parent led intervention through locally commissioned groups, such as [a parenting workshopcourse](#).
- ▶ Involvement of other single agencies, such as CAMHS, paediatrics, audiology, educational psychology.

Please also include with your referral any relevant assessments or reports related to the child's needs.

How to make a referral for an ASD and/or ADHD Assessment

Referrals can be made by any professional, but it is important to include information from the child or young person's school setting. [For those not in a school setting, please see page 4 for further details.](#) Please see below for further information regarding the role of the lead professional.

At present we are **not able** to receive self-referrals.

Referral forms for both professionals and parents/carers, can be obtained on the SEND Local Offer website: [Autism, ADHD and Neurodevelopment - Suffolk SEND Local Offer \(suffolklocaloffer.org.uk\)](http://suffolklocaloffer.org.uk)

Lead Professional - who can act as the lead professional and what is their role?

The lead professional should be the individual with the best professional knowledge of the child or young person, who knows them and their family well. This is most likely to be someone from the child's school setting, such as teachers and/or SENCOs, ~~however~~ this may however also include, but is not exhaustive to, health visitors, school nurses, GPs, social workers and/or CAMHS clinicians. When the lead professional is not from the child's education provision, we would recommend that the form is completed jointly to include the input and information from the child's school setting. If the child or young person is home educated or not in school, we will welcome referrals from a professional who is known to the family.

The role of the lead professional

It is the lead professional who hold the primary responsibility for the child or young person's care and for communicating and actioning any onwards referrals and recommendations following the submission of an ASD/ADHD assessment request. For example, if further information is requested, it would be the role of the lead professional to ensure that sufficient evidence is provided so that the referral can be processed. Similarly, if a recommendation from the referral triage is that the child accesses ~~access~~ a specific support service, it is the lead professional's role to ensure that the family are supported in doing so.

Please note, the NDD service, does not monitor other areas of need such as risk, safeguarding concerns, or other unmet health needs. If these are present, then it is the lead professional's role to ensure such needs are monitored appropriately and that the child or young person is referred onto other relevant services. A referral for an ASD and/ADHD assessment does not preclude input from other services if there are identified needs that warrant support.

Before completing the form

Before completing the referral form, it is vital that consent is obtained from the parent/carers or guardians and from any young person who is 16 years of age and older.

Without consent we will be unable to process the referral.

Part 1: Parent/carer Form - under section two, parents/carers/guardians are asked to consent for NDD services to access their child or young person's records and review information that is relevant to the referral. As well as if they allow for information relevant to this referral to be shared with appropriate support service providers.

For any **young person 16+** consent must also be obtained from the young person.

Part 2: Professional(s) Form - this should be completed by the **lead professional** and **collaborating referrer** (if applicable).

Completing the Referral Form

Referrals will only be accepted using the official referral form which must be completed in full for all relevant areas. Referral letters will **not** be accepted. The referral form has been shared with services and education settings across Suffolk and is included with this guidance.

Part 1: Parent Form - this should be completed by the **parent/carers/guardians**. This also includes an **optional** page for young people **aged 11+** to share their views on the referral on the final page of the document.

Part 2: Professional(s) Form - this should be completed by the **lead professional** and **collaborating referrer** (if applicable).

What if a child is not in an education provision or I have electively chosen to home educate?

We understand that every child is different, and to meet their needs may require a more flexible form of education. We have developed a separate referral form for children and young people who may be accessing alternative education or **are** not currently in education, to ensure that the neurodevelopmental pathway is easily accessible by all.

This form may be used for children and young people who are:

- ▶ Electively home educated-
- ▶ Enrolled at a school but not in the education setting
- ▶ Attending an alternative education provision (such as a pupil referral unit, therapeutic provision)
- ▶ Awaiting a placement but not in education
- ▶ Not in education

In order to be in the best position to understand the child or young person's needs, the parent/carer will need to complete the parent/carer form, along with supporting evidence from **multiple sources; one of whom must be a professional**, to ensure that enough information is provided to process the referral. Ideally it should be written by a professional with regular involvement in the child's care who completes part 2 of the referral form. However, if there is not a professional who is regularly involved with the child, it may be best to ask multiple individuals to complete a copy of the form to the best of their knowledge, so a comprehensive understanding of your child's needs can be gained.

Sources of evidence can be provided by:

- ▶ **a** Paid carer
- ▶ **R**elative or friend
- ▶ **H**health care professional
- ▶ **S**ocial worker
- ▶ Teacher or tutor

Suggested professionals to assist with the referral could include (but is not exclusive to):

- ▶ School Nursing Team/School Nursing Alternative Provision Team
- ▶ Specialist Education Services (if accessing)
- ▶ Alternative Tuition Service (if accessing)
- ▶ Key adult from education provision.
 - If your child remains on roll, the school continue to have a **duty of care to your child**.
 - If your child is no longer registered at the school, information from their previous education placement may be considered as part of the supporting evidence.
- ▶ Elective Home Education Team
- ▶ Social Worker/ Family Support Worker
- ▶ Health professional; GP, medical specialist, primary mental health worker, mental health professionals
- ▶ Therapeutic provision practitioner (e.g., P.L.O.T)
- ▶ Private Tutor

Once completed, please **return part 1 parent/carer form along with any supporting evidence** and submit along with **part 2 professional referral form** to the relevant service provider below:

ASD 5-11: Suffolk.ccc@esneft.nhs.uk

ASD 11+: U18autismdiagnosticservice@nsft.nhs.uk

ADHD Under 18s: ADHDReferrals@nsft.nhs.uk

What evidence are we looking for?

We are looking for evidence ~~where~~ that needs have been identified and that support has been put in place. In each of the boxes under the assessment section, we would like **descriptions of the difficulties** themselves, with **clear examples** included. For example:



Thomas appears to find it difficult to interact with his peers. At playtime, Thomas usually tries to keep to himself. He will often spend his time alone on the edge of the playground, usually playing with items that he has either collected or brought in from home. He does not appear to want to play with others in his year and seems content on his own.



Thomas finds it difficult to interact with his peers.



“Thomas frequently finds it difficult to look at people when he is talking to them or when they are talking to him. He will often not look directly at them but look out the corner of his eyes or sometimes in a different direction. This is more noticeable when he is talking to unfamiliar people or is in a new environment. Thomas does make eye contact with those he is comfortable around.”



“Thomas does not make eye contact.”

Information should detail the support and interventions that have been tried, any potential signs and symptoms of ASD/ADHD ~~including~~ and their impact, and an outline of how an ASD/ADHD assessment will benefit the individual.

What can be used as supporting evidence?

Please see below a checklist of supporting evidence that may assist with the referral process and be submitted alongside the referral form.

Supporting Evidence Checklist	
Parent/carer views and concerns including in referral form	ESSENTIAL
Professionals / education's views /concerns including in referral form	ESSENTIAL
Child/young person's own views	
Medical report (birth and early development, medical history, GP/hospital letter)	
Speech and language therapist report	
Occupational therapist report	
Community paediatrician assessment	
School nurse or health visitor report	
Educational psychologist report	
CAMHS/LDCAMHS/Other specialist CAMHS	
EHCP / provision agreement / coordinator support plan	
Individual education/behaviour Plan (or equivalent)	
Early help assessment	
Personal education plan for Looked after child (LAC)	
Behaviour intervention/Youth justice service report	
Children's social care report	

Common [reasons for](#) not accepting ~~pitf~~

The most common reasons why we cannot accept referrals are:

- Insufficient evidence of needs, or evidence of one need only.
- There are multiple needs, but not in all areas, for example difficulties in interaction and communication but not in rigid behaviours and thinking.
- The needs have only recently appeared, and there is no evidence of persisting difficulty.
- There is no evidence of the concerns having an impact on the child or young person's day to day life and function.

The best way to avoid these [common reasons for](#) not accepting ~~pitfalls~~ [are](#) is to ensure that the individual's basic needs are assessed by education and core services in a timely way. Referrals of children and young people who have never been seen by other services (e.g., SLT, paediatrics, LD, EP, CAMHS etc.) may be less likely to be accepted.

What happens once I submit a referral?

Once a referral is received it will be triaged to ensure there is sufficient evidence of need for an assessment of ASD and/or ADHD. This will consider the impact on functioning. If there is

limited evidence of impact on function, then an ASD and/or ADHD assessment may not be recommended.

Once needs are identified, if there are definite indicators that the child or young person could have either ASD and/or ADHD, they will progress for a full diagnostic assessment. If the child or young person's presentation could potentially be explained by something else, then the panel will make recommendations to access other support services that may be more appropriate to their needs.

Further information

ASD and ADHD are pervasive conditions, and the assessments requires multi-agency collaboration. We respond to referrals by requesting reports and opinion from relevant agencies, including education, social care, and a variety of organisations with Children and Young People Services. It is the responsibility of individuals across all agencies to acquire skills in the identification of possible ASD and ADHD, but also to learn when it is appropriate to refer, and when it is not, to ensure the child or young person has access to the most appropriate support for their needs in a timely manner.

Referral Form

[PARENT NDD form v.6 FINAL](#)

Referrals forms can be found on the following link: [Making a referral and the process - Suffolk SEND Local Offer \(suffolklocaloffer.org.uk\)](#), along with a wide range of resources and support information [NDD Pathway resources - Suffolk SEND Local Offer \(suffolklocaloffer.org.uk\)](#)