

Before making a referral to a Paediatrician

What services can community paediatrics offer?

Assessment for suspected Autism Spectrum Condition (ASC), ADHD, Developmental Coordination Disorder (dyspraxia). Where there is concern there may be an underlying neurodevelopmental condition.

Schools are obliged to follow the NHS referral pathway:

In order for children to grow and develop to their full potential, they need to be surrounded by an environment (family, home, nursery, school) that provides rich opportunities for them to develop, communicate and learn. Most children will progress as expected, but some may find it harder and experience specific difficulties which may need additional input, sometimes from universal services and sometimes from more specialist services. Children are clearly all individuals and there will be differences between them which may not be best understood using a diagnostic framework. It is important to understand that a child's difficulties require recognition and support, not necessarily a specific diagnosis. Support may involve school as well as the family in the home setting.

Children who present with behavioural and developmental difficulties, where there is concern there may be an underlying neurodevelopmental condition requiring a diagnostic assessment may be referred. Difficulties should be causing an impact on the child's functioning and should have been present and persistent for a period of time in different settings, although presentation may vary. There should be ongoing concern, even after early intervention/support.

What schools should do if they feel a child needs a paediatric referral?

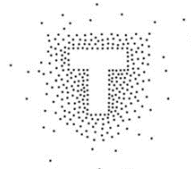
Schools will need to ensure they are following a graduated response to addressing the child's needs. The identification of a child's needs through school will enable appropriate educational strategies to be implemented. These, along with recommendations from external assessments, will be incorporated into the child's SEN support plan. This takes place over at least two terms as part of the 'plan, do, review' cycle (as per Special Educational Needs and Disability Code of Practice: 0-25 years 2014).

Schools should:

- Consider whether the child's difficulties may be due to an underlying learning problem and seek advice from relevant specialists where possible, for example, Educational Psychologist if there are significant concerns regarding cognitive ability, or specific learning difficulties, such as dyslexia.
- School should ensure parents/carers have been offered an evidence based parenting/behaviour management course (e.g. Triple P, Incredible Years/Webster Stratton)

Parents are currently being refused an appointment if they have not undertaken any parenting courses.

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- Consider the whole context of the child's daily life and note the potential impact of family disruption, social deprivation, parental mental health difficulties and traumatic life events on their presenting behaviour.
- Consider whether the child's difficulties may be due to an underlying problem with core speech and language skills and, if so, make a referral to the Speech and Language Therapy Service, according to their service referral criteria.
- Provide early support/intervention for identified needs whilst assessment continues. Support should be 'needs led' and does NOT require a specific medical diagnosis to have been made.
- Ask the school nurse to check hearing and signpost parents/carers for vision testing at a local optician/optometrist – **this is free for children.**
- Advise parents to take their child to the GP if there are concerns regarding physical health or signpost to school nursing team.

At what age can I refer for an ADHD query?

Referrals querying ADHD will be considered from the age of 6 years and above only.

How will a parenting course help in an assessment for a neurodevelopmental condition?

We ask families to complete parenting courses as the introduction of additional parenting techniques, and a consistent approach, can have a positive impact on the families involved. In particular, where there are concerns around challenging behaviours, it is possible that a parenting course can make a difference without the need for a neurodevelopmental assessment or lifelong diagnosis. During assessment for neurodevelopmental conditions it is important that there is a settled consistent environment at home, and there are times where a full conclusion of assessment cannot be made without ensuring that a consistent approach is used at home.

What to do if a parent feels a child needs a paediatric referral:

- Discuss their concerns with the class teacher
- Class teacher to share any additional support or strategies that are being used in class and may be useful at home.
- School will monitor and observe
- SEN support plan in place if needed
- Contact School Pastoral team for Parenting support and courses.
- If concerns continue class teacher will direct to SENco who will then observe and ask for further information before considering whether a referral is appropriate at that time.

Once a referral has been made to community paediatrics it will be triaged by their team. If further investigation is deemed appropriate a child may be put on the waiting list to see a Paediatrician. There is currently an 18 month waiting list in BCP.