**Referral criteria to Community Paediatric Service for children and young people with developmental concerns including concerns about possible Autism Spectrum Disorder**

1. There is no direct referral for Autism Spectrum Disorder (ASD) assessment in Tower Hamlets. All children and young people (CYP) with developmental concerns who have social and communication difficulties possibly indicative of ASD have to be initially referred to Speech and Language Therapy( SLT) and Community Paediatric Service (CPS) via the Single Point of Access (SPA) referral form.
2. Referrals can be made by health and education professionals working in Tower Hamlets. For an appropriate assessment of CYP where primary concern is possible ASD, we need as much information as possible from the CYP’s previous contacts. This will allow us to understand if further assessment for ASD is indicated or not. For under 30 months old we need completed M-CHAT and nursery observations form and for older CYP SCQ and school/nursery observations. (forms attached).

Observed change over time assist greatly in the diagnostic assessments, copies of 6 monthly reviews, response to intervention and IEP reviews should be included and may be requested.

1. Having been assessed by the CPS as likely to have diagnosis of ASD, the CYP will be placed on the waiting list for Autism Diagnostic assessment.
2. We would see CYP with developmental concerns from 0 to 19 years.
3. If insufficient evidence is submitted, or if the submitted evidence does not meet our referral criteria, the referral will be rejected. The referrer and the CYP’s parents will be informed if the referral has been rejected.
4. Referral for children in educational settings: to be accepted CYP are likely to have a high level of need, of at least at ‘SEN Support’ level, with an individual educational plan (IEP) in place. Submitted evidence will need to illustrate the nature and severity of difficulties, indicating a high level of support has been put in place, including clear features of ASD if this is a concern. The difficulties will need to be seen in more than one environment.
5. To summarise, in order to support the assessment, the referral will need to include:
   1. A copy of the CYP’s IEP, indicating the nature and level of needs, and additional provision put in place
   2. Completed school/nursery observation questionnaire
   3. At least one additional assessment report from a professional independent of the CYP’s school or nursery, indicating likelihood of ASD e.g. Speech and Language Therapy, Occupational Therapy, Educational Psychology, Behavioural Support Team
   4. Completed ASD Screening Questionnaire (M-CHAT or SCQ)
6. Referral from Primary Care or other professionals: If the above information is not available the GP/professional is advised to request that the CYP’s school or nursery consider whether the referral is required and coordinate the referral.
7. For the child to be considered for further ASD assessment internally there should be evidence of significant impact including:

* Severe speech and language delay: no words by 30 months of age, no phrased speech by 36 months i.e. 2 word combinations
* Severely impaired or disordered communication functioning e.g. echolalia, lack of reciprocal conversation skills, self-directed in choice of activities and not able to engage in nursery/school routines without frequent adult support
* Severe peer relationship difficulties e.g. not interacting with other children, aggression towards other children, not forming friendships
* Stereotyped / repetitive behaviour, leading to dysfunctional behaviour or severe anxiety

Such difficulties will need to be seen in more than one environment.

1. Community Paediatric Service can only accept referrals if the main concerns are learning or developmental problems. Referrals for CYP with predominantly emotional and behavioural concerns for whom referrer may be concerned about ASD should be made to the Child and Adolescent Mental Health Service (CAMHS) who will triage and assess appropriately.

**Tower Hamlets Community Paediatric Neurodevelopmental Medical Service:**

**Criteria for new referrals**

**Inclusion Criteria Exclusion Criteria**

**Aged 0-16 years** (Up to 19 years if in full time education)

**Registered with a Tower Hamlets GP**

**And have one or more of the following problems:**

**Developmental concerns** in pre-school children, eg delayed milestones

**Neurodisability**, eg Cerebral palsy, muscular dystrophy, gross motor skills impairment

**Social communication difficulties,** eg suspected Autistic spectrum disorder

**Complex Speech and language difficulties** (following Speech and language therapist assessment)

**Chromosomal or metabolic disorders** associated with learning difficulties eg Down,

**Previously uninvestigated significant learning difficulties** eg new to country

**Acquired Brain Injury**

**ADHD** – should be referred to Child and Adolescent Mental Health Services (CAMHS)

**Clumsiness** – children over five years should first be referred to occupational therapy.

**Dyslexia** – refer to SENCO

**Emotional and Behavioural Problems** –should be reviewed by a health visitor or GP and offered simple strategies /signposting to local groups including parenting support, or assessed by school for services

**Enuresis and daytime wetting** refer to nurse led Continence clinic

**Growth faltering or weight loss** – should be referred to acute paediatricians for investigation to exclude organic illness.

**Hearing** – refer directly to Audiology.

**Learning difficulties in school age children** –should be assessed by the school special educational needs co-ordinator (SENCO) and educational psychologist.

**Mental health problems** – should be referred to Child and Adolescent Mental Health Services (CAMHS).

**Sleep problems-** refer to HV or School nurse

**Speech and Language delay**- refer to SALT

**Statutory referrals including SEN, LAC and Safeguarding:**

See separate process documents. All Child protection for possible non-accidental injury or child sexual abuse should be referred to social care in the first instance.

**Contact us** **if you have any questions or would like further information please call us on 020 8223 8686.**

**Developmental concerns including concerns about possible Autism Spectrum Disorder referral and triage process**

Referral information does not demonstrate significant impact or clear ASD features

Reject referral. Referrer and parents informed.

Discharge or refer for alternative assessment

Put on ASDAS waiting list for diagnostic assessment

Initial assessment does not confirm strong ASD features

Initial assessment confirms strong ASD features

Accept referral and offer initial assessment

Documentation incomplete or not meeting referral criteria for neurodevelopmental service

Documentation complete/meets referral criteria for neurodevelopmental service

Refer to Community Paediatrics with full set of documents:

1. Complete SPA form

2. Report from at least one of the following: SLT, OT, EP, Behaviour Support Team (BST)

3. If attending school or nursery: IEP and School Observation Questionnaire

4. Screening Questionnaire: MCHAT, or SCQ

Referral information demonstrates significant impact and clear ASD features

CYP with significant developmental concerns or learning difficulties and strong ASD features