

**CHILDREN (school age) OVER 4 YEARS COMPLEX CASE REFERRAL FORM
 FOR COMPLETION BY PROFESSIONAL ONLY**

The complex case panel is a group of health and education professionals working together when a child / young person needs to see more than one professional. If a child only needs a single health agency then use that agency referral form

Referral criteria:We assess and support children (up to 16) with a wide range of needs such as:

- Delay in development
- Physical, vision and hearing impairment
- Social interaction and communication issues
- Attention / hyperactivity difficulties

Please note: The referrer must include two evaluated graduated response plans (IBPS or equivalent) for any referrals that relate to behavioural issues particularly attention control / hyperactivity. The referral cannot proceed without this information.

Child's name _____ Male / Female _____ d.o.b. _____

Address _____

Postcode _____ Tel: _____ Mob _____ GP Name _____

NHS Number _____ Parent / Carer Full name _____

Does Parent / Carer have any disabilities that we need to consider for the appointments? Yes/No

Ethnicity _____ Is this child on a care pathway? Yes/No/Unknown

School _____

Main language spoken in the home _____ Interpreter needed Yes / No

Please list the names and details of all children and adults who are currently residing with this child:

Surname	First Name	DOB	Relationship to child

Please list all other professionals already involved with this child.

Professional	Name	Phone number	Base

PARENTAL / CARER CONSENT FOR REFERRAL TO COMPLEX CASE PANEL

Signed consent required:

- I had the reasons for the referral explained and I am happy for my child to be considered for assessment
- I understand that information gathering and sharing is beneficial for my child and that information recorded about my child and family may be shared with other agencies (including education) and used for the purpose of providing services for my child.
- I understand that this referral will be discussed at a meeting of Professionals in order for them to work together to provide my child with the support that is best suited to my child's needs.
- I am aware that I may limit the information shared and that I may withdraw my consent at any time. I do not want the information to be shared with
- I understand that I am expected to attend appointments and to carry out recommendations at home as advised by the clinicians.
- I am aware that if another adult brings my child to sessions they will receive all information about my child unless I inform the services otherwise.
- I confirm that I understand if this referral is accepted I will be offered choice of appointment times with the relevant professional in the appropriate setting.
- I understand that if my child's needs are not best met via the complex case panel this form will be returned to the referrer for them to provide future support.

Signature: _____ **Date:** _____

Print name: _____ **Relationship to child:** _____

Practitioner signature: _____ **Date:** _____

Referrers Printed Name: _____ **Base:** _____

Agency: _____ **Contact No:** _____

Email: _____

What do parents / carers wish to happen as a result of this referral?				
Does this child have an EHC (education health care plan / statement) Please circle one				
Yes	No	Unknown		
What is this child's general learning ability? Please circle one				
Above average	Average	Below average		
Does this child have a CAF / Family Support Plan? Circle Yes No Unknown				
If Yes please attach				

Please complete ALL questions for EVERY section
(this allows us to involve the appropriate professional at the outset)

If there are specific examples please add to page 6 or on a separate sheet.

BEHAVIOUR

Tick yes / no

- | | | |
|---|--------------------------|--------------------------|
| 1) Often loses temper | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Often argues with adults | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Often actively defies or refuses adult requests or rules | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Often deliberately does things that annoy other people | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Often blames others for his/her mistakes or misbehaviour | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Often touchy or easily annoyed by others | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Often is angry or resentful | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Often is spiteful or vindictive | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Often is aggressive to other children (eg. picks fights or bullies) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Often is destructive with property of others (eg. vandalism) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Often is deceitful (eg. steals, lies, copies the work of others or "cons" others) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Often and seriously violates rules (eg. is truant or completely ignores class rules) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Has persistent pattern of violating the basic rights of others or major societal norms. | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL DEVELOPMENT

Tick yes / no

- 1) Child appears to be losing skills at any age
- 2) Child has a diagnosed syndrome (please detail);

SOCIAL INTERACTION, COMMUNICATION

Tick yes / no

- 1) Child at 4 years or above has limited imaginative play
- 2) Child at 4 years or above has difficulty interacting with peers and joining in games
- 3) Child at 4 years or above is often confused when given whole class or individual instructions
- 4) Child at 5.0 years or above has unusual body language e.g. eye contact patterns, gesture intonation, facial expression.
- 5) Child at 5.0 years or above has difficulty following and demonstrating understanding of stories read aloud
- 6) Child at 6.0 years or above has difficulty taking turns and maintaining conversation on a range of topics e.g very repetitive, frequent monologues or regularly introduces random topics
- 7) Child at 6.0 years or above has difficulty giving logical explanations and / or telling logical, coherent stories
- 8) Child at 8 years of age or above has significant difficulty understanding humour, irony and sarcasm
- 9) Child in High School has difficulty understanding social rules, making and maintaining friendships and finds it difficult to locate the cause of his social breakdown
- 10) Child in High School has difficulty working in groups / completing group assignments

REPETITIVE AND RITUALISTIC BEHAVIOURS

Tick yes / no

- 1) Child has highly restrictive and fixated interests eg lining up objects, excessive spinning of objects, special interests in usual objects eg electrical objects
- 2) Child demonstrates highly repetitive habits such as turning taps on / off, hand flapping, walking around the perimeter of the school yard, drawing the same picture repeatedly
- 3) Child has excessive adherence to routines, a need for sameness and poor reactions to change such as new class teacher, new school routines
- 4) Child has a high degree of need for own materials and struggles to share with others

SENSORY ISSUES

Tick yes / no

- 5) Child appears to have inappropriate reactions / behaviour to sensory input including seeking or avoiding sensations such as noise, touch, lights that impacts on them day to day
- 6) Child has an excessive dislike of crowded places which affect family/school/leisure activities
- 7) Child eats an extremely restricted range of foods which causes disruption to family routines

ATTENTION CONTROL / HYPERACTIVITY / IMPUSIVITY

Tick yes / no

- 8) Child has great difficulty sustaining attention in tasks or play activities
- 9) Child often does not follow through on instructions and fails to finish homework / home chores due to attention difficulties rather than defiant behaviour
- 10) Child often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort
- 11) Child often loses things necessary for tasks or activities in school and home
- 12) Child is often easily distracted by extraneous stimuli and is often forgetful in daily activities
- 13) Child often fidgets with hands / feet and squirms in seat and seems to be always 'on the go'
- 14) Child often leaves seat in classroom or in other situations where remaining seated is expected
- 15) Child has great difficulty waiting turn / blurts out answers / intrudes on others conversations.

EMOTIONAL HEALTH AND WELL BEING

Tick yes / no

- 16) Child becomes very distressed with changes in daily routines
- 17) Child has unpredictable or extreme behavioural reactions
- 18) Child has tried to self harm or has talked about self harm
- 19) Child demonstrates anxiety affecting their daily functioning
- 20) Other family members are at risk of significant harm from this child (please ensure you have followed your agencies safeguarding procedures)

FUNCTIONAL & MOTOR ISSUES

- 21) Child has difficulty dressing feeding age appropriately
- 22) Child has difficulty using hands for play/writing/leisure activities age appropriately
- 23) Child has difficult moving to carryout throwing/catching/running/jumping age appropriately

PEN PORTRAIT ; for the **REFERRER** please describe the child's strengths and challenges they face. What is the impact on their daily lives at school and at home?

What has the referrer already done to manage these difficulties? What has not worked so well?

Any other information / concerns or observations to support your referral please add here or on a separate sheet

Return referral to: Referrals, Child Development Centre, Sandy Lane, Warrington, WA2 9HY

Phone number: 01925 867867

OFFICE USE ONLY

Date presented to Over 4s Complex Care Panel: _____

Decision: Accept / Return to referrer /Other

Action	By whom	By when
1		
2		
3		
4		
5		

Signed: _____

Actions to be reviewed by _____ on _____ date