Guidance for Multi Agency Professionals

Integrated Care Pathway for the Management of ADHD in Children and Young People

Leicester, Leicestershire and Rutland

2009
This guidance has been put together for all multi agency professionals working with children and young people in Leicester, Leicestershire and Rutland.

One of the aims of the Multi Agency Group is to promote clarity of the local integrated care pathway for the management of ADHD in children and young people. The list of people involved in producing this guidance can be seen below and we would like to thank them for their hard work. We would like to also express our appreciation to parents and carers, voluntary and community sectors and multi agency professionals for their participation during the consultation in 2006.

The Pathway is now issued and will be reviewed in 12 months.

Michael Hodgkinson
On behalf of the Multi Agency ADHD Group
March 2009

MULTI AGENCY ADHD WORKING GROUP: (2006-2008)

Core group
Michael Hodgkinson (Joint Chair) Consultant Clinical Child Psychologist and Lead Clinician, Specialist CAMHS
Shila Mistry (Joint Chair) Consultant Paediatrician, SCCHS
Mohammed S Bham Senior Educational Psychologist, Leicestershire
Christine Jarvis Formerly Project Manager, British Red Cross ADHD Family Support Project / Now Director ADHD Solutions\textsuperscript{cic}

Group members
Amanda Davie Children’s Occupational Therapy, SCCHS
Amanda Hart Behaviour Support Coordinator (Behaviour Support Team/ARC/Primary Pupil Referral Unit–SNTS Leicester City)
Avril Holland Family Health Visitor LCWPCT
Christina Oppenheimer Parent Representative
Durairaj Jawahar GP representative from the LMC
Irene Dooher Policy and Planning Officer, Children and Young People’s Services, Leicester City Council
John Moran Family Health Visitor ELPCT
Paul Riddick Senior Educational Psychologist (Leicester City)
Sarah Mounsey Teacher Early Years Support Team (SNTS Leicester City)
Sheena Ashford Educational Psychologist (Leicester City)
Sue Harrison Development Manager Parent Carer Council
ADHD Integrated Care Pathway – Guidance for Multi Agency Professionals

CONTENTS

Introduction
What is Attention-Deficit Hyperactivity Disorder (ADHD) and Hyperkinetic Disorder? How common is ADHD? The need to identify early
Who is the ADHD Multi-Agency Integrated Care Pathway for? Why is the Integrated Care Pathway being developed now? Who commissioned this work, and who will oversee the operation of the Integrated Care Pathway? Guiding Principles for the Integrated Care Pathway
Making it happen
When will the Integrated Care Pathway be implemented?

ADHD Integrated Care Pathway
Process Map
Stage 1 Community Based/Early Years/School Action/Action Plus to address initial concerns about behaviour and learning:
• Community based support for parents
• Pre-school children
• School aged children and young people
Stage 2 ADHD is suspected: Gathering Information for Medical Assessment
Stage 3 Referral for Medical Assessment
Stage 4 Comprehensive Medical Assessment
Stage 5a ADHD diagnosed: After diagnosis of ADHD
Stage 5b ADHD not diagnosed: Complex Case Management
Stage 6 Transition

References

Appendices
  Appendix 1 Sources of Support and Advice
  Appendix 2 Pre-school Questionnaire
  Appendix 3 School Age Questionnaire
  Appendix 4 Assessment Booklet
  Appendix 5 Glossary of Terms
Introduction

What is Attention-Deficit Hyperactivity Disorder (ADHD) and Hyperkinetic Disorder?

Many children, especially under-fives, are inattentive and restless, but this does not necessarily mean they have hyperkinetic disorder or ADHD. The term hyperkinetic disorder was previously favoured in the UK, but has fast been over-taken by the American term, Attention Deficit / Hyperactivity Disorder (AD/HD). This variety of terms can be rather confusing, but there is increasing consensus that the syndrome of ADHD includes three main defining behaviours. These are:-

- **Attention-deficit** (short attention span)
- **Over activity** (excessively active or fidgety)
- **Impulsiveness** (acting without due thought for the consequences)

To some degree these are features of all children, but where they are continuing, they occur in more than one setting, and are at a level unusual for the child’s developmental level, a diagnosis should be considered.

ADHD is caused by a minor dysfunction in the brain that causes the child to become overloaded with information it cannot process appropriately. The majority of known cases indicate a genetic predisposition to ADHD as well as acquired factors for example premature birth. Diet does not cause ADHD but modification of diet may help in treatment.

Boys are more likely to be diagnosed with ADHD, but girls can have ADHD too – tending to have the predominantly inattentive type of ADHD. Because they are not disruptive they may be missed, which would impact on their learning and subsequent poor outcomes.

There is sometimes a history of undiagnosed ADHD in family members of children diagnosed with ADHD. For example, some fathers realise that they also have long-standing untreated symptoms of ADHD when their own children are diagnosed with ADHD. The parenting task tends to be harder for such families.

ADHD can cause problems throughout school and into adult life - as many as 60 per cent of children continue to show some ADHD behaviour in adulthood.

How common is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) affects about 5% of the school-aged population, although symptoms may be present before school-age. This translates to approximately 9,700 in Leicester, Leicestershire and Rutland, with 1% (approximately 1,940) being more severely affected. We estimate that a number of these children remain unrecognised with needs not being addressed or met by agencies. In Leicester, Leicestershire and Rutland, between SCCHS and CAMHS we may see approximately 550 new referrals each year as possible ADHD. There may be many children going through the medical route where other factors need to be considered and managed appropriately.
The need to identify early
In school age children appropriate medication, combined with behavioural strategies, is usually effective in reducing the inattentiveness, over activity and impulsiveness of children diagnosed with ADHD. This leads to a better quality of life for the children concerned (and for their families) and it leads to better outcomes for the young person in later life. The appropriate medication helps the distractible child to concentrate better on their learning, especially during their crucial early school years.

Who is the ADHD Multi-Agency Integrated Care Pathway for?
A large number of professionals in different agencies work with children who are struggling with problems of over activity, poor concentration and impulsivity, some of whom may warrant a diagnosis of ADHD and the specialist treatment that may involve. The care pathway is designed to help those professionals know where to go for additional help for the child, and to make the process as clear and timely as possible, ensuring that the child and family receive the appropriate input at the right time. Most importantly, the Pathway should allow children, young people and their parents to understand how the various services they are in touch with will work together, with the aim of obtaining the best outcome as soon as possible.

Why is the Integrated Care Pathway being developed now?
For a number of years this has been an area of ongoing work involving local professionals working together to develop local guidance. The following drivers have ensured that this work is embedded in local practice.

The National Service Framework for Children, Young People’s and Maternity Services (2004) articulated the need for specialist services for ADHD to be provided in a seamless fashion as close to the child’s locality as possible (Standard 9). It stressed the importance of effective multidisciplinary and inter-agency working in order to meet the child’s needs efficiently and without undue delay: and emphasised that universal services have a clear role to play in child mental health, though they also need ready access to appropriately skilled specialist mental health professionals for those children who go on to require it.

DFES guidance and policies such as the Special Educational Needs Code of Practice (2001) and Removing Barriers to Achievement (2004) have also identified key principles that should guide services provided for children with special needs, which would include ADHD:-

- A child with special educational needs should have their needs met
- The special educational needs of children will normally be met in mainstream schools or settings
- The views of the child should be sought and taken into account
- Parents have a vital role to play in supporting their child’s education
- Children with special educational needs should be offered full access to a broad, balanced and relevant curriculum

The SEN Code of Practice also stresses the importance of: early identification; use of best practice in meeting needs; partnership working between parents and professionals; multidisciplinary approaches to service provision; and timely intervention. Although these apply specifically to educational needs in this case, the principles enshrined are replicated in the broader ‘Every Child Matters’ agenda, which recognises the need to bring services together, working in a multidisciplinary
‘team around the child’ and focused on the needs of the child in the home, community and education settings.

**Who commissioned this work, and who will oversee the operation of the Integrated Care Pathway?**

In response to this range of policy drivers, a joined-up approach was identified as a local priority by the **Multi-agency CAMHS Joint Strategy Group (now known as the CAMHS Partnership Group)**, addressing concerns about current delivery of service brought by the voluntary sector on behalf of parents, as well as by professionals within the statutory services.

The **Children’s ‘Model of Care Board’** oversaw the development of the pathway but has since ceased to meet due to NHS reorganisation. However, the performance of the Health components of the pathway will now be monitored by the commissioning PCTs.

Leicester City, Leicestershire and Rutland also each have their own **Children & Young People’s Service Board**, which keeps an overview of all the services for children and young people in their area and receives regular reports and up-dates from them. Given that the ADHD Integrated Care Pathway is a cross-agency venture, its success and performance will also be scrutinised by each of these boards.

**Guiding Principles for the Integrated Care Pathway**

The new ways of working will involve breaking down organisational barriers, limiting the hurdles families have to cross, and offering the opportunity for early voluntary sector support, even in the absence of a diagnosis or confirmed definition of the problem as ADHD.

A guiding principle is that whenever possible, a child’s presenting needs should be met from within **universal services** (such as Education), since in reality, this is where they will spend most of their time. However, in some cases a child and family may require an additional, more specialist level of intervention (such as from CAMHS or Community Child Health Services) to inform or enhance how they will continue to be managed in the universal setting. This involves a **graduated approach** in which more **specialist services** may be incrementally added to the universal services on the basis of individual need, but without in any way replacing them.

The **Children, Young People’s and Maternity Services NSF (2004)** states the following about partnership working (Standard 9, page 25):

“Partnership working across agencies working with children and young people with mental health problems can be a challenging task. The lack of understanding of the respective roles, duties, responsibilities and organisation of the different agencies and professionals, and of their different language, may lead to poor communication, misunderstandings and frustration. Effective partnership working can improve children and young people’s experience of services and lead to improved outcomes. There is a continuing role for universal services once a young person has been referred to specialist CAMHS, and ensuring that partnership working is effective is particularly important in these situations”.

Review 12 months after implementation
Making it happen

The aim of the working group was to create an integrated pathway for a seamless service for the assessment, diagnosis, and comprehensive management of children with ADHD - with support to their families across education, health, social care and the voluntary sector. The pathway has focused on the pre-school and school-age population of children and young people, although there is growing awareness within services of a need to develop to meet the continuing needs of young people post-18 years. The working group gathered information on existing services, and created a pathway for joint working that is based on what is currently available.

The flow chart in the next section shows how we intend to use existing resources more effectively and efficiently to provide a better service for children, young people and their families. This does not represent an ideal situation, but in the current financial climate, the group was aware that arrangements needed to be realistic and deliverable, rather than aspirational but unworkable.

When will the Integrated Care Pathway be implemented?

The first draft of the Pathway was issued in January 2006 and there was a 12 week period of consultation when a wide variety of parents, carers, voluntary and statutory agencies had the opportunity to comment on it and offer suggestions for changes and improvements. Comments, both complimentary and critical, were considered by the working group and significant amendments made.

This document represents the 2\textsuperscript{nd} Draft of the Pathway, and the intention is to achieve 'sign-off' by all stakeholders \textbf{by the end of August 2008}. Plans will then be made for a formal launch date.

Although we have tried not to use jargon in this document to make it more accessible to a wider range of readers, the use of some specialist terms has been unavoidable. A Glossary of the abbreviations and acronyms used in this document is included in Appendix 5.

**ADHD Integrated Care Pathway**

This pathway recognises that currently, there is a move towards offering support to improve parenting for children of all ages. Also, as part of the Healthy Schools programme, there is an increasing awareness of the need to address the emotional development of the child and young person, thereby enabling them to achieve in other areas of development and education.

For some children, their disturbed behaviour may be as a result of another clinical condition or it may be the expression of an emotional reaction to trauma. For others, early behaviour problems are likely to diminish with the use of parent training in appropriate behavioural management techniques, reinforced in the early years child care or school setting.

Whatever the reasons for a child or young person’s problem behaviours, early identification of difficulties and the appropriate level and type of help should be offered as soon as possible.
### Integrated Care Pathway for ADHD

#### Stage 1: Initial Concerns about Behaviour

<table>
<thead>
<tr>
<th>Concerns at home only</th>
<th>Concerns in the community, or in more than one setting</th>
<th>Concerns in education setting only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess &amp; trial Behavioural Strategies or Parenting Programmes (Early Years support if under 5 years)</td>
<td>Close home-school liaison and COMMON ASSESSMENT FRAMEWORK (CAF) and then Lead Professional identified</td>
<td>Special Educational Needs Code of Practice or Individual Behaviour Plan</td>
</tr>
</tbody>
</table>

Ongoing concerns at review about behaviour (attention control, overactivity, impulsivity) impacting on learning/development despite behavioural interventions

#### Stage 2: Gathering Information

Lead Professional collates information

(Parental support to complete Assessment Booklet offered by school, Menphys SOS, ADHD Solutions cic etc.)

#### Stage 3: Referral for Medical Assessment

(Notify GP if GP is not making referral themselves)

See Referral Criteria in text

#### Stage 4: Comprehensive Medical Assessment

Supported by multi-agency information

#### Stage 5a: ADHD Diagnosed

- Multi-modal management involving multi-agency “Team Around the Child” and referral to ADHD Solutions cic

#### Stage 5b: ADHD Not Diagnosed

- ADHD Excluded
- ADHD Not Excluded Complex case management

- Alternative diagnosis and appropriate support
- Joint assessment by CCHS and CAMHS

MULTI AGENCY WORKING CONTINUES WITH TEAM AROUND THE CHILD

#### Stage 6: Transition

Timeline is a guide, but cases can progress quicker through stages if there is significant professional concern

Review 12 months after implementation
STAGE 1: COMMUNITY BASED/EARLY YEARS/SCHOOL ACTION/SCHOOL ACTION PLUS TO ADDRESS CONCERNS ABOUT BEHAVIOUR AND LEARNING
(NSF Standard 2, Supporting Parenting)

Community based support for parents (NSF standard 2, Supporting Parenting; and 3, Child, Young Person and Family – Centred Services)

- If parents approach their GP, then the GP can assess and redirect to Family Health Visitor (Children’s Centres / Sure Start Centres) for the Under 5s or the School Nurse and/or the school SENCo for school age children. The GP should also advise parents of other community-based support.

- If other professionals are approached, parents and carers should be given information about other sources of help and support while awaiting assessment and diagnosis, particularly voluntary and community sector support. Parents will then have a choice about who else could be approached and who seems most appropriate to help them.

A directory is available at the bridges website: www.bridgesdirectory.org.uk that should be accessed to look at available local resources. Another local resource is the Disabled Children’s Database and Inclusion Service, website: www.infoxchange.org.uk which gives parents the opportunity to register and be updated on inclusive services and leisure activities.

Examples of other sources of help and support could include (see Appendix 1):

- Menphys SOS
- Parent Carers Council
- Parent Partnership Officers (if SEN Action/Action Plus)
- ADHD Solutions® (they can help support parents where ADHD is suspected but may not necessarily be the eventual diagnosis).
- British Red Cross advocacy support
- ADHD Leicester Family Support Group
- Centre for Fun and Families

These agencies can help with a range of issues including:

- Advocacy and signposting
- Liaison with school issues
- Help in collating information
- Ongoing support to manage behaviour including sleep issues
- Sibling support
- Access to inclusive activities in or out of school

Pre-school children

If a parent/carer identifies a behaviour problem then a behavioura programme, devised in conjunction with the family health visitor, should be tried in the first instance, with signposting to appropriate services. If a parent approaches the GP, they should be encouraged to seek input from the health visitor for assessment and advice.
If the problem exists in an Early Years setting, then the relevant child’s keyworker/Senco in partnership with the parent/carer should start an individual education plan at Early Years Action. This should involve a process of information gathering and assessment to clarify needs and plan appropriate interventions to support the child’s personal, social and emotional development. This should be reviewed by the setting with the parent/carer within a maximum of a term or sooner as appropriate.

Where the review outcome indicates the child is not making adequate progress, then referral should be made to relevant early years support services. The relevant support services, in partnership with the early years setting and parent/carer, plan an individual education plan at Early Years Action Plus. This should involve a further process of information gathering and assessment to clarify needs and plan appropriate interventions to support the child’s behaviour.

- In Leicester City, a parent/carer, any practitioner, setting or school (with the parent/carer’s permission) concerned about a child’s behaviour or development can refer a child to the Early Years Support Team for assessment and support. Parents or professionals can seek input from CBII for help at home.

- In Leicestershire, the parent or Health visitor or the early years setting should refer to the Early Years Panel. Additionally the early years setting can seek advice from area SENCOs. The early years setting or other professionals can refer to the Family STEPs (Solutions To Everyday Problems) service for parental support at home.

- In Rutland contact should be made with the Area SENCOs in the first instance who may then liaise with the Educational Psychology Service.

Child Behaviour Intervention Initiative (CBII) and Family STEPs workers need to consult with their local Educational Psychology service (EPS) who would be able to advise on the appropriate approaches to address the behavioural, emotional and social difficulties, and also be in position to unify strategies in the home and Early Years Setting.

If there are significant behaviour concerns about the child in the community (e.g. parents having difficulty taking the child out) then a meeting with all professionals involved should be held and assessment carried out along the lines of the Common Assessment Framework CAF (with the consent of the parents). If necessary a ‘Lead professional’ would then be identified; to seek advice from other relevant professionals (e.g. speech and language therapist, occupational therapist, etc). If the child and family may need extra support, a Child in Need Assessment should be considered making full use of information available within the CAF. Parents who want to pursue this need to ask any of the professionals (e.g. teachers, support services, voluntary agencies) involved to initiate it.
School Aged Children and Young People

If a parent/carer identifies a behaviour problem in the home setting then they should be given information of other sources of support both statutory and voluntary and community sector by their GP:

- In **Leicester City**, the child under 12 may be referred to CBII by the parent/carer or by another professional, to support parents in behaviour management at home.
- In **Leicestershire**, the child under 12 may be referred to the Family STEPS by the parent/carer or by another professional, to support parents in behaviour management at home.
- In **Rutland**, the child under 12 may be referred to CBII.
- In all 3 areas, other parenting support programmes, e.g. Fun and Families, ADHD Solutions© may be accessible. However, given the non-recurrent funding of some of these programmes, it will be necessary for referrers to check the current position via the Bridges website.

Child Behaviour Intervention Initiative (CBII) and Family STEPs workers need to consult with their local Educational Psychology service (EPS) who would be able to advise on the appropriate approaches to address the behavioural, emotional and social difficulties, and also be in position to unify strategies in the home and school.

If the concern exists in a school setting, then school SENCo, in partnership with the parent/carer, should consider provision mapping, and then start an individual education plan at School Action or continue the plan started in previous settings. This should involve a process of information gathering and assessment to clarify needs and plan appropriate interventions to support the child/young person’s behaviour. This should be reviewed by the school with the parent/carer within a maximum of one term or sooner as appropriate. Where the review outcome indicates the child is not making adequate progress, then referral or consultation request should be made to relevant school support services.

- In **Leicester City**, referral should be made to the Special Needs Teaching Service (e.g. Behaviour support teams – BST; for children up to school year 7) and Psychology Service for advice on school based interventions.
- In **Leicestershire and Rutland**, a consultation request should be made to the Educational Psychology Service for advice on school based interventions, including an environmental audit, e.g. Positive Learning Environments.

The relevant support services in partnership with school staff and parent/carer should plan an individual education plan or individual behaviour plan at School Action Plus. This should involve a further process of information gathering and assessment to clarify needs and plan appropriate interventions to support the child’s behaviour. This should be reviewed by school and parents/carers within a maximum of one term or sooner.
If there are significant behaviour concerns about the child or young person in the community, then a meeting with all professionals involved should be held and assessment carried out along the lines of the Common Assessment Framework (with the consent of the parents). If necessary a ‘Lead professional’ would then be identified; to seek advice from other relevant professionals (e.g. speech and language therapist, occupational therapist, etc). If the child and family may need extra support, a Child in Need Assessment should be considered, making full use of information available within the CAF. Parents who wish to pursue this need to ask any of the professionals (e.g. teachers, support services, voluntary agencies) involved to initiate it.

If children and young people are at risk of exclusion from school it is important that school share information with and involve, appropriate support services to inform a decision whether to make a referral for medical assessment. If a child or young person is excluded from school then the local Education Welfare Officer should collate information and involve the appropriate support services to inform a decision to make a referral for medical assessment.

If review outcomes at Early Years/School Action Plus/ Common Assessment Framework indicate ongoing concerns about possible ADHD (i.e. problems with attention control, over activity and impulsivity, lack of anticipated educational progress) impacting on the child in more than one setting then a referral with supporting information (see Appendix 4 – Assessment booklet) for medical assessment should be made. This should be provided by the existing team around the child (i.e., education, social care and health and/or voluntary / community professionals) in partnership with the parent/carer.

The Child /young person may have ADHD if in more than one setting:

The child/young person has persisting problems such as-

- Inattentiveness: leaves tasks unfinished, poor short –term memory
- Impulsiveness: acts without thinking, frequent accidents, has a short fuse
- Hyperactivity: restless, fidgety, rarely sits still for long.

Other behaviours which may be seen:

- Social difficulties: e.g. has difficulty making and maintaining friendships
- Physical clumsiness: e.g. uncoordinated or bumps into things because of inattention
- Disorganisation
- Enormous fluctuations in performance and mood
- Extreme sensitivity: e.g. to noise or different textures
- Insatiability: goes on about a subject

Comprehensive assessment is necessary, as not all behavioural manifestations suggestive of ADHD have that as the underlying diagnosis. Similarly many children may go unrecognised if only learning is affected by the inattention and distractibility.
Lack of recognition may lead to the development of secondary problems of:

- Increasing opposition and defiance (in early childhood)
- Conduct disorder (in late childhood and adolescence)
- Disturbances in relationships with others
- Low self esteem
- Educational failure
- Emotional problems
- Long term problems into adulthood

**STAGE 2: ADHD IS SUSPECTED: GATHERING INFORMATION FOR THE CLINICAL ASSESSMENT** (NSF Standard 1, Promoting Health & Well-being, Identifying Needs and Intervening Early; and Standard 3, Child, Young Person and Family – Centred Services)

The pre-school questionnaire (Appendix 2), school-age questionnaire (Appendix 3) and assessment booklet (Appendix 4) can be used by professionals to help to think through some of the presenting difficulties at any stage. The completed assessment booklet and relevant questionnaire will need to accompany the referral to the relevant medical agencies.

**Pre-school.** Family Health Visitors/Early Years Support Teachers/Area SENCos are generally the practitioners with closest involvement with the child and family where there is concern about behaviour or development and learning. They would be able to collate (or support parents and setting/school to collate) the information required to make a decision about an appropriate referral. This could be done in liaison with the Educational Psychologist who may have already been consulted.

**School aged.** SENCos and School nurses may already be involved with the child and family where concern has been identified about behaviour and learning. They would be able to collate the information required to make a decision about the appropriate referral. This could be done in liaison with the Educational Psychologist or Special Needs Teaching Service or Children and Young People’s Services Behaviour Support Team if they are already involved; and thought should be given to involving them at this stage if they are not.

**In the community.** Local organisations that can support parents and act as advocates, (e.g. Menphys SOS, Parent Carers Council, Parent Partnership Officers, ADHD Solutions©, British Red Cross, and ADHD Leicester Family Support Group) will help collate information required to make a decision about the appropriate support and/or referral. This is particularly important if parents feel there are difficulties in approaching the school directly.

Although a request can be made for clinical assessment of persisting concerns, the core team around the child (child/young person, parents/carers, education social care, health, community and voluntary professionals,
connexions, youth workers etc.) would maintain ownership and input into the assessment and ongoing management.

**STAGE 3: REFERRAL FOR MEDICAL ASSESSMENT**

Referral for medical assessment can be made to either Child and Adolescent Mental Health Services (CAMHS) or Community Child Health Services (CCHS).

**A referral to CAMHS would be appropriate for:**

- Generally older children who have more oppositional behaviour
- Looked After Children
- Adopted Children
- Children and young people involved with the Youth Offending Service (whether involvement voluntary or statutory)
- Children and young people whose parents/carers have significant Mental Health problems
- Those children where other mental health symptoms are becoming a problem such as depression/anxiety etc.

Referrals to CAMHS are accepted from GPs, Educational Psychologists, Paediatricians and Social Workers. All referrals need to be copied to the GP for information, monitoring and commissioning purposes.

**A referral to CCHS would be appropriate for:**

- Any concerns about development/behaviour in young children (especially language/social skills and motor skills problems or where there are problems with functional skills or daily living skills)
- Primary school age children with no significant oppositional behaviour or other mental health problems evident.

Referrals to CCHS are accepted from professionals working as part of the ‘Team Around the Child’ with a concern, via the single point of access (SPA). All referrals need to be copied to the GP for information, monitoring and commissioning purposes.

**Parents should be informed that although the initial referral would be to one agency, there would be information sharing and close working between CAMHS and CCHS.**

In some cases there may be joint assessments between CAMHS, CCHS and other appropriate professionals at times of diagnostic uncertainty, or when a family which has been functioning well with a diagnosis suddenly finds itself in crisis.
STAGE 4: COMPREHENSIVE MEDICAL ASSESSMENT

An individual professional cannot not make a comprehensive assessment alone - there needs to be information sharing between the child's family and other involved agencies, known as the ‘Team Around the Child’. Locally, it has been agreed that Paediatricians working in the community and Child and Adolescent Psychiatrists would be in a position to liaise, and hence assess children for ADHD. If local Paediatric Neurologists are already involved in the care of a child / young person, they could continue the assessment and management with family consent. There would need to be appropriate multi-agency information sharing for multi-modal management (optimising outcome by taking into account the roles of education, social care and family support, as well as medication).

Community Paediatricians and Child and Adolescent Psychiatrists will use this existing information in their assessment, advise on diagnosis; and form appropriate management plans as part of the multi-agency team.

The Medical assessment process will include the following:

- information gathering (referring to the completed Assessment Booklet if available)
- Interview with child and parents/carers separately
- Observation
- Physical examination
- Considering co-morbid and other functional difficulties
- Information sharing /addressing identified needs

This will give a holistic assessment and evaluation of the child’s:

- Development
- Communication
- Social skills
- Medical problems
- Sensory processing problems
- Emotional / psychological factors
- Family’s needs

The medical assessment should be completed within three months of first appointment. The total time to diagnosis and assessment of co-morbidities will be dependant on completeness of information received; opportunity for patient contact and therapy; and educational resources. However if a comprehensive assessment has not been completed one year from referral of a school-aged child, then this should form part of variance monitoring.

At the end of the assessment process there needs to be a clear outcome: ADHD diagnosed OR alternative diagnosis OR inconclusive. This information needs to be communicated to parents/carers and the ‘Team Around the Child’. It is unhelpful and misleading to report using terms such as ‘probable’ or ‘possible’ as this can prevent access to some services or interventions. Where an alternative diagnosis is made then appropriate support programmes need to be considered by the ‘Team Around the Child’. 
STAGE 5a: AFTER DIAGNOSIS OF ADHD

Once a diagnosis of ADHD is made, all children and families should be referred to the ADHD Support group with parental / young person’s consent, for support and information about the condition. Also with consent, all professionals working with the child and family should be notified of diagnosis and implications.

If a child moves into the area with a diagnosis of ADHD, it is the GPs responsibility to inform CAMHS or CCHS, and the school need to consult their support services as necessary.

A multimodal programme of support needs to be agreed, implemented and monitored by the team around the child. Support options may include a combination of the following:

- Use of medication will be considered if the symptoms are severe, pervasive and disabling, following discussion of advantages and disadvantages with the parents and/or young person.

- Educational setting: continuation of appropriate behavioural interventions and identification and support of any associated learning and social difficulties as part of a graduated approach of SEN Code of Practice.

- Parent training and appropriate behaviour intervention in the family – ADHD Support / CAMHS /Clinical psychologists /Educational psychologists

- Support to participate successfully in age appropriate social activities (e.g. Disabled Children’s Inclusion Service or British Red Cross Play4All, Menphys SOS)

- Recognition of other ongoing issues: re sleep, parental mental health issues and in some cases referral to social services for support will be appropriate

- Identification and Management of co-morbidities and equipping child with skills for life e.g. organisation, social skills, anger management, based on needs of the child

- Advice on diet
STAGE 5b: DIAGNOSIS NOT MADE: COMPLEX CASE MANAGEMENT

For cases where ADHD is excluded, the existing ‘Team Around the Child’ is informed of identified needs. This could be done by the relevant medical professional and a discussion needs to be held to clarify the support options available to the child/young person/carers within the SEN code of practice or CAF.

It is important for all to understand that excluding ADHD as the explanation for a young person’s problems does not make them any less real or deserving of assistance – it simply means that alternative explanations and management strategies need to be considered.

Where diagnostic uncertainty remains by the nature of the symptoms displayed or by differences in opinion between clinicians, then the case would be taken to a joint CAMHS / CCHS ADHD Clinic. This will enable the professional resources of both specialist services to be combined, with the aim of testing out the areas of uncertainty and providing a definitive outcome for the child/young person and the family.

STAGE 6: TRANSITION (NSF Standard 4 Growing up into adulthood)

Transition arrangements for young people above 13 years old will be supported by a Transitions Personal Advisor (PA) and in some cases a specialist PA, from the Connexions Service. Referrals are made through the school SENCo or by approaching the Connexions bases within the child’s local community.

Protocols have yet to be negotiated to inform the progression to Adult Services for ADHD.
REFERENCES

www.bps.org.uk/publications/working-party-reports

Every Child Matters: Change for Children. 2004
www.everychildmatters.gov.uk/aims/background/


www.dh.gov.uk/policy/AndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenInformationArticle/

www.nice.org.uk/page.aspx?o=TA013giudance


Removing Barriers to Achievement. 2004
www.dfes.gov.uk

Special Educational Needs: Code of Practice. 2001
www.dfes.gov.uk

### SOURCES FOR SUPPORT AND ADVICE

( NSF Standard 3, Child & young person and Family centred services)

For updated information see either the Bridges Website: www.bridgesdirectory.org.uk or the Database and Information Service website: www.infoxchange.org.uk

The following services may be able to help families with the specific problem around the child’s behaviour or with other pressures on the whole family.

#### GENERAL

<table>
<thead>
<tr>
<th>Agency</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD Leicester Family Support Group (Leicester, Leicestershire &amp; Rutland)</td>
<td>07947 047573</td>
</tr>
<tr>
<td>ADHD Solutions</td>
<td>07947 047573</td>
</tr>
<tr>
<td>Bal Raksha</td>
<td>0116 261 0860</td>
</tr>
<tr>
<td>British Red Cross</td>
<td>0116 271 0359</td>
</tr>
<tr>
<td>Bridges website for appropriate support</td>
<td><a href="http://www.bridgesdirectory.org.uk">www.bridgesdirectory.org.uk</a></td>
</tr>
<tr>
<td>Centre For Fun and Families</td>
<td>0116 223 4254</td>
</tr>
<tr>
<td>Menphys SOS</td>
<td>01455 894 880</td>
</tr>
<tr>
<td>Discussion with primary mental health worker(Advice Line for professionals only)</td>
<td>0166 225 2918 (Please see leaflet on <a href="http://www.lampdirect.org.uk/publications/patientleaflet.pdf">www.lampdirect.org.uk/publications/patientleaflet.pdf</a>)</td>
</tr>
<tr>
<td>Family Health Visitors or School Nurses</td>
<td>See local Health Centre or Local Schools</td>
</tr>
<tr>
<td>Parent and Carer Council</td>
<td>07968 857598</td>
</tr>
</tbody>
</table>

#### LEICESTER CITY

<table>
<thead>
<tr>
<th>Agency</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years Support Team (for 0-3yrs old)</td>
<td>0116 225 4795</td>
</tr>
<tr>
<td>Connexions Leicester Shire</td>
<td>0116 261 5900</td>
</tr>
<tr>
<td>Leicester City Family Support &amp; Safeguarding Service – Duty and Assessment Service</td>
<td>0116 253 1191</td>
</tr>
<tr>
<td>CBII Leicester</td>
<td>0116 223 2339</td>
</tr>
<tr>
<td>Parent Partnership at Voluntary Action Leicester</td>
<td>0116 257 5027</td>
</tr>
<tr>
<td>Psychology Service</td>
<td>0116 252 7000</td>
</tr>
<tr>
<td>Leicester Special Needs Teaching Service (Behaviour Support Team)</td>
<td>0116 225 4800</td>
</tr>
<tr>
<td>Social Inclusion Service (City Only)</td>
<td>0116 223 2296</td>
</tr>
</tbody>
</table>

#### LEICESTERSHIRE

<table>
<thead>
<tr>
<th>Agency</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family STEPs Leicestershire</td>
<td>01509 410660</td>
</tr>
<tr>
<td>Educational Psychology Service</td>
<td>0116 2845100 <a href="mailto:psychology@leics.gov.uk">psychology@leics.gov.uk</a></td>
</tr>
</tbody>
</table>
Adopted children and Looked After Children may have specific needs which can be discussed with the CAMHS Young People’s Team or Westcotes House, Telephone 0116 225 2900.
Appendix 2

PRE-SCHOOL QUESTIONNAIRE

Notes to referrer if concern about behaviour of Pre-school children:

1. Please check who has concerns (parents/carers/early years teachers/family health visitors/others) and also mention anyone that does not share these concerns.
   Give details ......................................................................................................................

2. If at pre-school or in childcare setting please check with parents that those with parental responsibility are in agreement that information can be gathered/ shared from these areas (particularly if G.P. making referral)
   Give details ......................................................................................................................

3. Some information that would be helpful includes:
   a. What are the concerns about the child’s behaviour?
      ........................................................................................................................................
   b. Are the concerns at home or other setting or both?
      ........................................................................................................................................
   c. What aspects of behaviour are the most disabling for the child?
      ........................................................................................................................................
   d. What aspects of the behaviour are causing the most disruption to those around the child?
      ........................................................................................................................................
   e. Does the child go to a nursery or other childcare setting? (Please Name)
      ........................................................................................................................................
   f. Does the child enjoy going? What is attendance like?
      ........................................................................................................................................
   g. What is the child’s behaviour like at dropping off or picking up time?
      ........................................................................................................................................
   h. Does the child play in an age appropriate manner – please describe? Does the child relate better to peers or adults?
      ........................................................................................................................................
   i. Does the child find it easy to make and keep friends? Are they of the same age group or older or younger?
      ........................................................................................................................................
   j. How is the child in free play (e.g. playtime) or unstructured classroom time compared with structured activities (carpet time)?
      ........................................................................................................................................
k. Does the child need instruction to be simplified or repeated compared to his/her peers?

l. What strategies do you use to gain optimum behaviour and performance in home and or class?

m. How much extra help does the child receive and what form does this take?

n. Has the child been assessed by an Educational Psychologist or the Early Years Support Team or the Special Needs Teaching Service?

o. Are there any other concerns that you want to bring to our attention? (e.g. mannerisms, motor skills difficulties, any other developmental issues, or external factors affecting the family)

4. Please indicate how the child is doing in the following compared to his/her peers (tick appropriate box)

<table>
<thead>
<tr>
<th>Areas of learning for the Foundation Stage (for 3 to 5 year old)</th>
<th>Well below average</th>
<th>Below average</th>
<th>Average</th>
<th>Above average</th>
<th>Well above average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal, social and emotional development (PSED)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication, language and literacy (CLL)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematical development (MD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge and understanding of the world (KUW)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical development (PD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creative development (CD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self esteem/Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to rules and discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3

SCHOOL AGE QUESTIONNAIRE

Notes to referrer if concern about behaviour of school-age children:

1. Please check who has the concerns (parents/ carers/ teachers/ other carers/ coaches) and also mention anyone that does not share these concerns.
   Give details……………………………………………………………………………………………

2. Please check with parents that those with parental responsibility/young person are in agreement that information can be gathered/ shared from these areas (particularly if G.P. making referral)
   ………………………………………………………………………………………………………...

3. Information that would be helpful includes:
   a. How has child/young person settled into school – does child/young person enjoy school or any particular subjects?
      …………………………………………………………………………………………………………
   b. Have there been any changes in staff, class group or school routine? If so what was the impact on the child?
      …………………………………………………………………………………………………………
   c. What is attendance like?
      …………………………………………………………………………………………………………
   d. Does child/young person converse in an age appropriate manner – please describe? Does child/young person relate better to peers or adults or younger children?
      …………………………………………………………………………………………………………
   e. Does child/young person find it easy to make and keep friends? Are they of the same age group or older or younger?
      …………………………………………………………………………………………………………
   f. How is child/young person in free play (e.g. playtime) compared with structured class activities or in PE?
      …………………………………………………………………………………………………………
   g. Does child/young person need instructions to be simplified or repeated (think of class situations or PE) compared to his/her peers?
      …………………………………………………………………………………………………………
   h. What aspects of behaviour are the most disabling for child/young person?
      …………………………………………………………………………………………………………
i. What aspects of the behaviour are causing the most disruption to those around child/young person?
…………………………………………………………………………………………………………………

j. What strategies do you use to gain optimum behaviour and performance in class?
…………………………………………………………………………………………………………………

k. How much extra help does child/young person receive and what form does this take?
…………………………………………………………………………………………………………………

l. Has child/young person been assessed by an Educational Psychologist or the Special Needs Teaching Service or the Behaviour Support Team? If not has a referral been made?
…………………………………………………………………………………………………………………

m. Are there any other concerns that you want to bring to our attention? (e.g. mannerisms, motor skills difficulties, specific learning difficulties or external factors affecting the family)
…………………………………………………………………………………………………………………

4. Please indicate how child/young person is doing in the following compared to his/her peers (tick appropriate box)

<table>
<thead>
<tr>
<th>Ability</th>
<th>Well below average</th>
<th>Below average</th>
<th>Average</th>
<th>Above average</th>
<th>Well above average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creative Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spelling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical and practical activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PTO
<table>
<thead>
<tr>
<th>General</th>
<th>Well below average</th>
<th>Below average</th>
<th>Average</th>
<th>Above average</th>
<th>Well above average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self esteem/ Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to rules and discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General level of attainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. What are the child's/young persons views of their strengths and difficulties if it has been discussed already.

........................................................................................................................................
Appendix 4

Assessment Booklet
for Children who display Overactive and Impulsive Behaviour and/or are Inattentive
INTRODUCTION

This booklet forms the first part of the clinical assessment process to investigate concerns raised by yourself, your child’s school or another professional working with your family about your child having problems with their behaviour (being overactive, inattentive and / or impulsive). Many professionals will already be working with you and your child; they will have a crucial role in the ongoing management as well as informing the assessment. The input you receive from them will be based on the needs of your child; this assessment will support you and them in the ongoing work.

There are sections for you, your child’s school and any one working with your child or family to complete. Some of these questions are factual some are based on your opinions. For these, base your answers on how you generally feel. Please complete each section to the best of your ability, if you find something difficult to answer, don’t worry we can help. Some of the sections are to be completed when you are seen for the initial assessment but it may be helpful to look at these questions.

If there are sensitive issues these can be completed at the medical assessment.

Below is a checklist to ensure that all relevant information is enclosed to assist in the process, try and collect as much as is available.

Parents

- Completed questionnaire

School

- School reports
- Relevant school letters,
- Current Statement of Special Educational Need
- Individual Education Plan
- Pre school questionnaire or
- School age questionnaire

Supporting information from other professionals who are / or have been working with you and your family

- Behaviour Support Team
- Educational Psychologist
- Social Worker
- Family Steps / CBII
- Youth Worker
- Connexions
- Youth Offending Team
- Other – please list
Date of Completion....................................................................................................................

Child's Name..............................................................................................................................
Date of Birth ............................................................................................................................... Age ........................................................................................................................................
Address................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Telephone
Home.........................................................................................................................................
Work..............................................................................................................................................
Mobile...........................................................................................................................................
Names of those with Parental Responsibility
...................................................................................................................................................

Consent to Share information with appropriate multi-agency professionals
Parent............................................................................................................................................

Child or Young Person (if appropriate) ........................................................................................

GP................................................................................................................................................
Address........................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Telephone.....................................................................................................................................

Name of School ...........................................................................................................................
Address........................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Telephone.....................................................................................................................................

Head Teacher..............................................................................................................................
Class Teacher..............................................................................................................................
SENCO...........................................................................................................................................

Other Professionals Telephone contact details
CHILD’S MEDICAL HISTORY

Has your child had periods of illness that has required visiting your GP or the hospital regularly? If so please give details:
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Has your child suffered with any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any problems with sleep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear infections or hearing problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyesight problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has your child ever visited a hospital accident and emergency department or other emergency treatment centre?
If so what for?
........................................................................................................................................
........................................................................................................................................

Has your child had all their vaccinations?

..............................................................

CHILD’S DEVELOPMENTAL and BEHAVIOURAL HISTORY (you may find it useful too check in your red book for answers to this section)

Early years
Child psychologists suggest that we can group most new born babies into three different temperament types: - ‘easy going’, ‘slow to warm up’ and ‘difficult’. Which of these best described your child as a baby?
........................................................................................................................................

Did your baby settle in to a good routine?........................................................................

Did your baby have any problems with sleep, feeding, crying or any other similar problems?
........................................................................................................................................
........................................................................................................................................
Developmental milestones (please refer to your red book)

At what age did your child first:
Sit .......... Crawl .......... Walk ..........

At what age was your child dry during the:
Day .......... Night ........

As a toddler -
Did your child follow you around the house and copy you? E.g. dusting, washing up etc.

Did your child point at items to draw you attention to them?

Did your child enjoy playing by his/herself?

What did they enjoy playing at / with?

Did you feel that you both enjoyed playing with each other?

Did you or anyone else have any concerns about your child’s language development?

Did your child go to a nursery or play group? If so please tell us about it?

Did the staff make any comment about your child’s behaviour?

Interests and Achievements

What does your child enjoy doing?
What does your child not like doing?

What are your child’s strengths? Sport, a hobby, caring nature etc.

Does your child have any unusual interests or things that he/she has to do?

Are there any activities your child has difficulty with?

Can they ride a bike (with or without stabilisers)? Yes No
Can they catch a ball? Yes No
Can they use a knife and folk properly? Yes No
Do they have difficulty with dressing? Yes No

Social and Emotional Development

How well does he/she get on with his/her brothers and sisters?

Does your child find it easy to make friends?

Does he/she have long-term friends?

Does your child generally make friends with children who are: the same age. older than themselves. or younger than themselves?

Do they prefer the company of adults compared to children?

Does your child get invitations to parties, tea or sleepovers?
Do other adults find it easy to get on with your child?

What makes your child happy?

Is your child often aggressive, do they swear, throw things, and threaten to hurt others or hit other people? If so when does it happen?

Does your child suddenly lose their temper in a way that is explosive or over the top? If so when does this happen?

Do you think your child is sadder, more tearful or unhappy than other children?

Does your child seem overly worried, anxious or nervous?

Does your child become fixated on things or obsessive about things?

Is your child very emotional in the way they react to things, new situation or surprises?
Attention Deficit Hyperactivity Disorder Pathway for Children and Young People in Leicester, Leicestershire & Rutland: March 2009

Does your child butt into conversations, and try to take over the conversation?
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

Does your child find it difficult to accept change, get upset if routines are changed or do they compromise?
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

Would your child understand that they should feel sorry if they have hurt someone?
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

BEHAVIOUR

When did you first begin to think your child’s behaviour was a problem?
……………………………………………………………………………………………………
……………………………………………………………………………………………………

What was it that was different?
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

Who did you first go to for help with the problem?
……………………………………………………………………………………………………
……………………………………………………………………………………………………

What has been tried so far?
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

What are your main concerns NOW?
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
Can you describe these behaviours?

What do you think starts the behaviours off?

Is there anything that makes the situation better?

Or worse?

How have you tried to manage these behaviours?

SCHOOL CONCERNS

Have you ever been contacted by school about your child’s behaviour?
If the answer is yes, what were the circumstances?
Have you ever been asked to collect your child from school for behaviour problems?

Has your child ever been officially excluded from school?  Yes / No
If the answer is yes, what was the reason? How often has it happened and for how long?

Has the school expressed any concerns about your child in the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How is the school trying to help your child?

What do you think would help your child in school?
Attention Deficit Hyperactivity Disorder Pathway for Children and Young People in Leicester, Leicestershire & Rutland :March 2009

Please indicate with a circle how worried you are about your child’s behaviour at home

1 2 3 4 5 6 7 8 9 10

I am not worried about my child's behaviour  I am very worried about my child’s behaviour

Please ask your child to indicate with a circle the amount of trouble they feel they get themselves into

1 2 3 4 5 6 7 8 9 10

I feel I am never in trouble at home  I feel I am always in trouble at home

I feel I am never in trouble at school  I feel I am always in trouble at school

Eating and Drinking Habits

Does your child have any food allergies or food intolerances that you are aware of?

Are there some foods that your child really likes and eats a lot of?

Are there certain foods or textures that your child does not like?
Please can you complete food diaries for 2 weeks prior to your child’s appointment.

Sleeping habits

How would you describe your child’s current bedtime routine and sleep pattern?
..........................................................................................................................................................................................
..........................................................................................................................................................................................

What time does he/she go to bed?
..........................................................................................................................................................................................

What time do they settle and drop off to sleep?
..........................................................................................................................................................................................

Do they wake in the night? ..........................................................................................................................................................................
If so how often? ...................................................................................................................................................................................

Do they snore heavily?
..........................................................................................................................................................................................
..........................................................................................................................................................................................
..........................................................................................................................................................................................

What time do they wake / get up in the morning?
..........................................................................................................................................................................................

PREGNANCY (TO BE COMPLETED AT INITIAL ASSESSMENT BY DOCTOR)

Did you have a good pregnancy? ...................................................................................................................................................................

Did you take any medication (including illegal drugs) during the pregnancy?
..........................................................................................................................................................................................

No. of cigarettes smoked daily ...........................................................................................................................................................

Alcohol consumption per day ...........................................................................................................................................................

Was there anything unusual during your pregnancy and / or after delivery?
..........................................................................................................................................................................................
..........................................................................................................................................................................................
..........................................................................................................................................................................................

Was your pregnancy full term?...........................................................................................................................................................

If not how many weeks early was the baby? ............................................................................................................................................

How much did your baby weigh? ...........................................................................................................................................................
Did you feel low, sad or unhappy after the birth? ..............................................................

How did you feel towards your baby when you got home?
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

FAMILY HISTORY (Please fill in as much as you can)
Please can you give details of your other children:

Name.............................................. Age.........................................................
Relationship to the referred child e.g. half-brother
........................................................................................................................................
Does he or she live in the same household?
........................................................................................................................................

Name.............................................. Age.........................................................
Relationship to the referred child e.g. half-brother
........................................................................................................................................
Does he or she live in the same household?
........................................................................................................................................

Name.............................................. Age.........................................................
Relationship to the referred child e.g. half-brother
........................................................................................................................................
Does he or she live in the same household?
........................................................................................................................................

Name.............................................. Age.........................................................
Relationship to the referred child e.g. half-brother
........................................................................................................................................
Does he or she live in the same household?
........................................................................................................................................

Name.............................................. Age.........................................................
Relationship to the referred child e.g. half-brother
........................................................................................................................................
Does he or she live in the same household?
........................................................................................................................................

Have there been any similar concerns regarding any of the above children? If so please give details ........................................................................................................................................
........................................................................................................................................
Space for doctor to draw family tree

The next section will be considered at the assessment, fill in as much as you are comfortable with beforehand.

Have there been any upsetting events for you or your children? E.g. death, or illness in your family, domestic violence, divorce or separation, a house move or school change? Also consider events that occurred while your child was a baby or small child.

…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

Do you have any local family or friends to support you?
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

Name of mother .............................................. Age........

Please give details of medical history
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
Do you remember having any difficulties at school? E.g. Learning, behaviour, attention, social, emotional etc

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
How many jobs have you had?

Have any of your blood relatives experienced problems at school? If so, please give details.

Do you have any other comments you would like to make?

Thank you for completing this booklet.

We suggest you keep a photocopy of this booklet for your information.
WHAT HAPPENS NEXT

Notes for Referrer

Please send the completed booklet and accompanying reports with a referral letter to one of the following addresses if the child meets these criteria:

Either

- Any concerns about development / behaviour in young children (especially language /social skills and motor skills problems or where there are problems with functional skills or problems with daily living skills)
- Primary school age and not significant oppositional behaviour or other mental health problems

Address: Single Point of Access (SPA)
Specialist Community Child Health Services (SCCHS)
Bridge Park Plaza
Bridge Park Road
Thurmaston
Leicestershire
LE4 8PQ

Or

- Generally older children who have more oppositional behaviour
- Looked After Children
- Adopted Children
- Involvement of the Youth Offending Service (whether involvement voluntary or statutory)
- Parental Mental Health problems
- Those children where other mental health symptoms are becoming a problem such as depression /anxiety etc

Address: Child and Adolescent Mental Health Service (CAMHS)
Westcotes House
Westcotes Drive
Leicester
LE3 0QU

Please inform the family that there may be joint working between the two services depending on issues identified, or referrals may be passed onto other appropriate services.
WHAT HAPPENS NEXT (Parent/carer)

Thank you for taking the time to complete this booklet. It will now be used to help us to decide on the best course of action for your child.

Please keep a photocopy of the booklet and other supplied documents for your reference.

Your child will then be sent an appointment at your local clinic within the next 12 weeks. The complete assessment may take several appointments to clarify the issues, but you should be advised of support available to you and your family at the first appointment.
## Appendix 5

### GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>ARC</td>
<td>Assessment and Reintegration Centre</td>
</tr>
<tr>
<td>ASD</td>
<td>Autistic Spectrum Disorder</td>
</tr>
<tr>
<td>BST</td>
<td>Behaviour Support Team (Leicester City)</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CBII</td>
<td>Child Behaviour Intervention Initiative (Leicester City &amp; Rutland)</td>
</tr>
<tr>
<td>DfES</td>
<td>Department for Education and Skills</td>
</tr>
<tr>
<td>ELPCT</td>
<td>Eastern Leicester PCT (now Leicester City Primary Care Trust)</td>
</tr>
<tr>
<td>EP</td>
<td>Educational Psychologist</td>
</tr>
<tr>
<td>EPS</td>
<td>Educational Psychology Service</td>
</tr>
<tr>
<td>EYST</td>
<td>Early Years Support Team</td>
</tr>
<tr>
<td>FHV</td>
<td>Family Health Visitor</td>
</tr>
<tr>
<td>Family STEPs</td>
<td>Family Solutions To Everyday Problems (Leicestershire)</td>
</tr>
<tr>
<td>LCWPCT</td>
<td>Leicester City West PCT (now Leicester City Primary Care Trust)</td>
</tr>
<tr>
<td>LMC</td>
<td>Local Medical Committee</td>
</tr>
<tr>
<td>NSF</td>
<td>National Service Framework for Children, Young People and Maternity Services</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>SALT</td>
<td>Speech and Language Therapist</td>
</tr>
<tr>
<td>SCCHS</td>
<td>Specialist Community Child Health Services</td>
</tr>
<tr>
<td>SCHD</td>
<td>Social Care and Health Department, Leicester City</td>
</tr>
<tr>
<td>SENCo</td>
<td>Special Educational Needs Coordinator</td>
</tr>
<tr>
<td>SN</td>
<td>School Nurse</td>
</tr>
<tr>
<td>SNTS</td>
<td>Special Needs Teaching Service (Leicester City)</td>
</tr>
<tr>
<td>STS</td>
<td>Specialist Teaching Service (Leicestershire)</td>
</tr>
<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
</tr>
</tbody>
</table>