**The Children’s Learning Disability Service**

**CHILD REFERRAL FORM**

**Completed forms may be returned via the postal address below:**

The Children’s Learning Disability Service

1st Floor, Holmer Court

Essex Street (off Headgate)
COLCHESTER

Essex

CO3 3BT

**or via secure e-mail to:**

**epunft.clds@nhs.net**

**REFERRALS WILL ONLY BE ACCEPTED FROM**

**REGISTERED HEALTH OR SOCIAL CARE PROFESSIONALS**

**PLEASE NOTE – REFERRALS MUST MEET ALL OF THE FOLLOWING CRITERIA:**

* **Child being referred must be aged between 5-18 years**
* **Child being referred must have a diagnosed moderate to severe learning disability (guidance provided at the end of this form)**
* **Family must be registered with a GP in the Essex Area**
* **The difficult to manage behaviour being displayed by the child must be occurring within the home environment**

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| **CHILD / YOUNG PERSON’S DETAILS** |
| **NHS No:** |  | **Ethnicity:** |  |
| **Surname:** |  | **Forename(s):** |  |
| **Date of Birth:** |  | **Gender:** | Male 🞏 | Female 🞏 |
| **Usual / Home Address:** |  |
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|  | **Postcode:** |  |
| **Tel No:** |  | **Email:** |  |
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| **Responsible Local Authority:** |  |
| (If child/young person is known to be in the care of another local authority but living in Essex) |

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| **REFERRAL MADE BY** |
| **Name:** |  | **Title/Role:** |  |
| **Agency:** |  |
| **Address:** |  |
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| **Postcode:** |  | **Tel No:** |  |
| **Signed:** |  | **Date:** |  |
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| **AGENCIES INVOLVED WITH CHILD / YOUNG PERSON** |
| **Agency****(\*Mandatory)** | **Name of Clinician** | **Address** | **Telephone Number** |
| **Social Worker\***(if allocated) |  |  |  |
| **Paediatrician\*** |  |  |  |
| **GP\*** |  |  |  |
| **School\*** |  |  |  |
| SET CAMHS/LD |  |  |  |
| Child & Young People’s Service (CAYPS) |  |  |  |
| Any other significant agencies(List): |  |  |  |
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| **REASON FOR REFERRAL / REQUEST FOR SERVICE AND EXPECTATION** |
| Consider: type of difficult to manage behaviour, frequency and severity of behaviourand any other significant issues *(please continue on separate sheet where necessary).* |
| **Behaviour** |
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| **Frequency** |
| How many times per day / week does this behaviour occur? |
| **Severity** |
| Please describe evidence of harm or impact of behaviour upon the child or other people (i.e. injuries, risk of placement breakdown, emotional or physical harm, etc…) |
| **Has this child previously received assessment / intervention from the CLDS?** |
| **Yes** | 🞏 | **No** | 🞏 | **Date of Previous Involvement:** |  |
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| **ADDITIONAL INFORMATION** |
| **Child’s Health and Development** *Please include* ***evidence*** of *the child’s level of learning disability in this section where possible, and details of any physical health complications (where applicable), e.g. EHCP, SEN, results of psychological assessments (i.e. Griffiths Test) etc.* |
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| **Have you enclosed a copy of the child’s most recent EHCP?** | **🞏 Enclosed** |
| *Please enclose a copy of the child’s Education, Health and Care Plan (EHCP) when submitting this referral, to prevent delay in screening.* |
| **Family and Environmental Factors***(Please note any complex social/family issues which may be impacting upon the child, including parenting capacity)* |
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| **RISK INDICATORS (please tick if appropriate)** |
| **Drug/Alcohol Misuse** | 🞏 | **Mental Health Issues** | 🞏 | **Domestic Violence** | 🞏 |

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| **CHILD/YOUNG PERSON’S MAIN CARER AT THE USUAL/HOME ADDRESS** |
| **Surname** | **Forename** | **D.o.B.** | **Relationship** | **Parental Responsibility** |
| **Yes** | **No** | **Not Known** |
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| **OTHER CHILDREN AND ADULTS LIVING IN THE USUAL/HOME ADDRESS**(including non-family members, e.g. lodger) |
| **Surname** | **Forename** | **D.o.B.** | **Relationship** | **Also Referred?** |
| **Yes** | **No** |
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| **SIGNIFICANT FAMILY MEMBERS WHO ARE NOT LIVING IN THE CHILD/YOUNG PERSON’S USUAL/HOME ADDRESS**(e.g. sibling/relative/birth parent who has contact) |
| **Surname** | **Forename** | **D.o.B.** | **Relationship** | **Tel No.** |
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| **COMMUNICATION** |
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| **Child/Young Person’s first language:** |  |
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| **Parent(s) first language:** |  |
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| **What is the child/young person’s preferred method of communication?** |
| (e.g. verbal language, PECS, Makaton Signs, Writing, electronic communication devise, objects of reference etc) |
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| **Is an interpreter or signer required for this child/young person?** | **Yes** | 🞏 | **No** | 🞏 |
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| **AWARENESS OF REFERRAL** |
| The child/young person and parent(s)/carer(s) should be aware of your intentions to make a referral to the CLDS. The consent of the child/young person and parent(s)/carer(s) to share this information is required under the Data Protection Act. |
| **Is the parent/carer aware of this referral?** | **Yes** | 🞏 | **No** | 🞏 |
| **Is the child/young person aware of this referral?** | **Yes** | 🞏 | **No** | 🞏 |
| If no, please give reason: |  |
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| **Is the parent/carer aware that this information will be shared with other agencies?** | **Yes** | 🞏 | **No** | 🞏 |
| If no, please give reason: |  |
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| **Has consent to share information under the Data Protection Act been given?** | **Yes** | 🞏 | **No** | 🞏 |
| If no, please give reason: |  |
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| **REGISTRATION / STATUTORY STATUS** |
| Has the child/young person, or another child of the family been:(please give details) |
| **On the Disability Record?** |
| **Yes** | 🞏 | **No** | 🞏 | **Name:** |  |
|  |  |  |  | **Date:** |  |
|  |  |  |  |  |  |
| **On a Child Protection Register?** |
| **Yes** | 🞏 | **No** | 🞏 | **Name:** |  |
| **Date On:** |  | **Date Off:** |  | **Category:** |  |
|  |  |  |  |  |  |
| **Looked after by a Local Authority?** |
| **Yes** | 🞏 | **No** | 🞏 | **Name:** |  |
| **Date(s):** |  |
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**On the scale below, please indicate by circling the figure which best represents**

**the child’s’ level of function within each domain.**

**THE REFERRAL WILL NOT BE ACCEPTED IF THESE SCALES ARE NOT COMPLETED**

1. **Communication**

**Receptive**

E.g. 1 on scale = Turns eyes and head toward sound (e.g. a door closing / name being called)

5 on scale = Follows instructions with 1 action and 1 object (i.e. “bring me the book”; “close the door”)

 10 on scale = Listens and attends to a story for 15 minutes

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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**Expressive**

E.g. 1 on scale = Cries of fusses when hungry or wet

 5 on scale = Says about 100 words

10 on scale = Describes a short-term goal and what he or she needs to do to reach it (e.g. “I want to go to football at the weekend so I will need to behave myself this week”)

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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**Written**

E.g. 1 on scale = Recognises own name in printed form

 5 on scale = Reads at least 10 words aloud

10 on scale = Writes reports, papers, or essays at least one page long; may use a computer to do so.

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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**2. Daily Living Skills**

**Personal**

E.g. 1 on scale = Opens mouth when food is offered

 5 on scale = Feeds self with fork; may spill

 10 on scale = Washes and dries hair (with towel / hair dryer)

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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**Domestic**

E.g. 1 on scale = Is not careful around hot objects (e.g. oven or open fire)

5 on scale = Helps with simple household chores (e.g. feeds pet / picks up toys)

 10 on scale = Clears breakable items away from own place at table

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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**Community**

E.g. 1 on scale = Demonstrates no awareness of road safety skills

5 on scale = Follows household rules (for example, no running in the house, no jumping on the furniture)

 10 on scale = Looks both ways when crossing streets or roads

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1. **Socialisation**

**Interpersonal Relationships**

E.g. 1 on scale = Watches (follows with eyes) someone moving by bed for 5 seconds or more

 5 on scale = Uses actions to show happiness (i.e. hugs, pats arm, holds hands etc)

 10 on scale = Chooses not to say embarrassing things or ask rude questions in public.

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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**Play & Leisure Time**

E.g. 1 on scale = Responds when parent or carer is playful (for example, smiles, laughs, claps)

 5 on scale = Shares toys or possessions when asked

10 on scale = Goes places during the day without adult supervision (i.e. to the park / shopping etc)

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**Coping Skills**

E.g. 1 on scale = Changes easily from one activity to another

 5 on scale = Cleans or wipes face and hands during and/or after meals

10 on scale = Shows understanding that gentle teasing with family and friends can be a form of humour or affection

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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**4. Motor Skills**

**Gross**

E.g. 1 on scale = Takes at least 2 steps

 5 on scale = Throws ball of any size in a specific direction

 10 on scale = Rides bicycle with no stabilisers (without falling)

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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**Fine**

E.g. 1 on scale = Reaches for toy / object

 5 on scale = Can fasten / unfasten clothing with buttons on

 10 on scale = Colours simple shapes; may colour outside the lines

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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Adapted from: Vineland-II *Vineland Adaptive Behaviour Scales, Second Edition.* **2005**

**Additional Information (CLDS Referral)**

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| **Please provide evidence of the child’s level of Learning Disability and any physical health conditions they may have in the space below:** |
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| **Child’s Health and Development**Please be aware that in order for a referral to be accepted by the Children’s Learning Disability Service (CLDS) the child **must** have a diagnosis of a **moderate** to **severe** Learning Disability.Please refer to the guidelines below to ensure that your referral is suitable for this service. * A Learning Disability affects the way a person learns new things in any area of life, not just at school. It affects the way a person understands information and how they communicate. They may have difficulty with;
1. Understanding new information.
2. Learning new skills.
3. Coping independently (NHS 2015).
* Examples of Learning Disabilities include, but are not limited to,
1. Global Developmental Delay
2. Down’s Syndrome
3. Chromosomal Disorders
4. Fragile X Syndrome
5. Turner Syndrome
6. Cerebral Palsy
7. Foetal Alcohol Syndrome
* Please note Autism is not a Learning Disability. However, around 50% of people with Autism may also have a Learning Disability (Mencap 2017). Please provide evidence of this Learning Disability if you are referring a child with Autism Spectrum Disorder (ASD)
* A person with an IQ of 50 or below is described as having a moderate to severe Learning Disability (Department of Health 2001). Please note that to meet the CLDS referral criteria the child is meant to have an IQ of 50 or below.
* The CLDS specialise in behaviours that are exhibited and difficult to manage in the home environment. If you are referring a child for a sexual health assessment can you please ensure that the school has provided sufficient support and advice regarding sexual education to the child and parents before referring them to the CLDS.
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**References**

Mencap (2024) *Learning Disability Explained (*Online):

<https://www.mencap.org.uk/learning-disability-explained>

[Accessed on: 31/12/2024].

NHS (2024) *Learning Disabilities (*Online) : [www.nhs.uk/conditions/learning-disabilities/](http://www.nhs.uk/conditions/learning-disabilities/)

[Accessed on: 31/12/2024].

Gov UK (2024) *Building the right support for people with learning disability and autistic people* (Online): [Building the right support for people with a learning disability and autistic people - GOV.UK](https://www.gov.uk/government/publications/building-the-right-support-for-people-with-a-learning-disability-and-autistic-people) [Accessed on 31/12/2024].