

Peterborough ASD/ADHD Pathway Frequently Asked Questions for Professionals



1. What is the aim of the ASD/ADHD pathway?

The aim of the pathway is:

- To ensure that sufficient information is gathered through the Early Help Assessment to help identify appropriate support for children, young people, and their families.
- To provide families with early support, providing them with additional appropriate strategies to help manage children and young people's presenting behaviours and emotions.

- To ensure that referral for any further assessment / diagnosis process has the relevant and necessary information and that the right children and young people are referred.

Presenting behaviour may be as a result of neurodevelopmental disorders.

Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder are both neurodevelopmental disorders that can affect how children and young people behave and how they are able to engage with the world around them.

Attention Deficit Hyperactivity Disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity, and impulsiveness. Common symptoms of ADHD include a short attention span or being easily distracted, restlessness, constant fidgeting or over activity and being impulsive.

Autistic Spectrum Disorder (ASD) is a developmental disorder of communication, social interaction, and restricted, repetitive, and stereotyped behaviours.

2. Why was the pathway introduced for ASD/ ADHD?

The pathway was introduced to prevent families having to wait on lengthy waiting lists without any support. It is not designed to act as a barrier to accessing the integrated neurodevelopmental service (Community Paediatrics and CAMHS).

The pathway is designed to ensure that children, young people, and families who need a specialist assessment and associated support receive it, in a timely manner. Following support, if difficulties continue, a referral for a specialist assessment can be made.

In the past, the school age neurodevelopmental service received a high number of referrals for suspected ADHD/ASD, requesting an assessment. The referrals often included limited information, which made it difficult to determine which children and young people needed a comprehensive assessment. This led to lengthy waiting lists with families not receiving any interim support.

3. What is the recommended pathway?

The recommended pathway is designed to provide support to families as early as possible, following the identification of potential emotional and social development issues.

The recommended starting point for the gathering of information is to open an **early help assessment**. This will enable a range of practitioners to contribute to the assessment. The early help assessment is the tool through which a range of support can be accessed, including evidence-based parenting programmes.

Multiagency early support will be provided, including evidence-based parenting programmes through the Local Authority via one of the Early Help Panels – the **Multi Agency Support Group (MASG)**, the **Early Support Panel** or the **Behaviour Panel**.

Not all children who start on the pathway will have a neuro-developmental assessment, as sometimes the support is sufficient to reduce the concerns or resolve the problems. In addition, the behaviours causing concern may not be attributed to a possible underlying neurodevelopmental disorder and so further assessment is not indicated or warranted.

4. Can I get help with completing/submitting an Early Help Assessment (EHA)?

Yes – the Early Help Service can provide advice and support to help you complete an Early Help Assessment. earlyhelp@peterborough.gov.uk or by telephone on 01733 863649.

5. Why does it need to be an ‘Evidence Based Parenting Programme’?

As part of the early help offer there is an opportunity to engage in an evidence-based parenting programme. A parenting programme can help families flourish by giving parents the confidence, skills, knowledge and understanding to build a strong and positive life, helping parents to keep children and young people safe, happy, and healthy.

Parenting programmes can help parents learn:

- Effective parenting strategies
- How to promote a child's development
- How to manage common child behavioural problems
- Principles to help parents deal with situations that arise
- Strategies to manage challenging behaviour regardless of whether these are because of an underlying neurodevelopmental disorder

In Peterborough, **Webster Stratton, The Incredible Years, and the Triple P** parenting programmes are available. These programmes are free to parents and have been chosen because there is a strong evidence base to demonstrate consistently positive impact for parents accessing the programme and their children. They have also published evidence of having a positive impact on children and young people with emotional and social difficulties. Additionally, such programmes provide an opportunity to meet other parents and develop a support network.

6. If the parent has previously completed a parenting programme, will they have to do another one?

No – not if they have completed a parenting programme in the past three years. However, the parenting programme must be a recognised evidence-based parenting programme (either Webster Stratton Incredible Years, or Triple P) and delivered by an appropriately qualified professional. If this is the case, the lead professional can liaise with the family about what further support may be required.

7. What happens after completion of the Evidence Based Parenting Programme?

Once the parent(s)/carer(s) has completed the parenting programme there needs to be a period to give opportunity to use and embed the strategies that have been learned in the parenting programme.

It is recommended that this should be approximately six weeks after completing the course. Should further support be required after this period, then the lead professional should refer the family to the most appropriate service. This may be a request for specialist assessment through the neuro-developmental service, or a request for a specialist Mental Health Assessment through CAMHS.

8. What is a General Development Assessment (GDA) and how do parents' access one?

A general developmental assessment is used for primary aged children where there is concern about Autism or ADHD. It is used to collect background information about the child/young person to help paediatricians decide if a specialist assessment is needed.

A paediatrician will take a detailed developmental history and review all the information from the Early Help Assessment and school. If they feel that a more specialist assessment of ADHD/ASD might be needed, they will discuss/send a referral to the neurodevelopmental team who will then review the information and decide whether to accept or decline the referral.

GDAs (General Development Assessment) are not offered where concerns are about learning, behaviour, speech, or co-ordination, as there are other services who provide these assessments.

9. How do I request a specialist assessment?

To request a Specialist Mental Health CAMH assessment, or a specialist neurodevelopmental assessment, the lead professional should contact the CAMHS Single Point of Access via one of the following routes:

By post:

% Newtown Centre

Nursery Road

Huntingdon

Cambridgeshire

PE29 3RJ

Secure email: accesscamhs@nhs.net

Telephone: 01480 428115

The request will need to include a detailed referral form that has been completed by the lead professional and has the consent of the young person/family.

You can find the new CPFT referral form [here](#):

10. What happens next?

The family will be contacted to let them know whether their child has been accepted for assessment. This information will be shared with the professionals involved.

11. Can a GP make a direct referral for a neuro-developmental assessment?

The recommended pathway for families to access early help is via an **Early Help Assessment** through the **Early Help Service** in Peterborough.

12. What do I need to include in my referral to CAMHS?

The request will need to include:

- A copy of the EHA, including any additional documentation such as Multi Agency Support Group minutes, Child in Need minutes, Team around the Child minutes
- Confirmation of the Evidence Based Parenting Programmes attended along with details of engagement, and any feedback from the programme (this may be provided by the organisation delivering the EBPP). Parents/carers will be expected to share the strategies they have put in place and what happened.
- Evidence of the child's learning levels and evidence of school providing support based on needs, and following a clear cycle of 'Assess, Plan, Do, Review', in line with the SEN Code of Practice, details of strategies and interventions used and the outcome of these. Information on learning problems, dyslexia etc, any results of testing/assessments done, descriptions of behaviour covering behaviour challenges, social interactions with peers and staff, classroom behaviour, playtime behaviour and any other concerns school have.
- It is essential for the school to send relevant records through with the request, including contributions from other professional where these are involved.

- The request may not be accepted if there is no supporting evidence showing the level and complexity of need and information showing the impact of suitable programmes or strategies over time.
- Further information, for example Conners Questionnaires and Social Communication Questionnaires.

13. Who should complete the Early Help Assessment?

Professionals best placed to complete the Early Help Assessment (EHA) are those staff who have regular contact with the child(ren) and family. This may be a member of staff in the school or nursery, a health visitor, or a school nurse. GPs may well wish to contribute information from a general health perspective that will add detail to the EHA.

When a GP identifies that a family would benefit from engaging in an EHA they should, in the first instance, contact Peterborough's Early Help Service via email, at earlyhelp@peterborough.gov.uk or by telephone on 01733 863649. In the communication they should indicate their concerns and presenting issues which will be added to a future EHA. The Early Help team will identify the most appropriate person to complete this.

14. What happens if the child/young person has a Child Protection Plan or Child in Need plan?

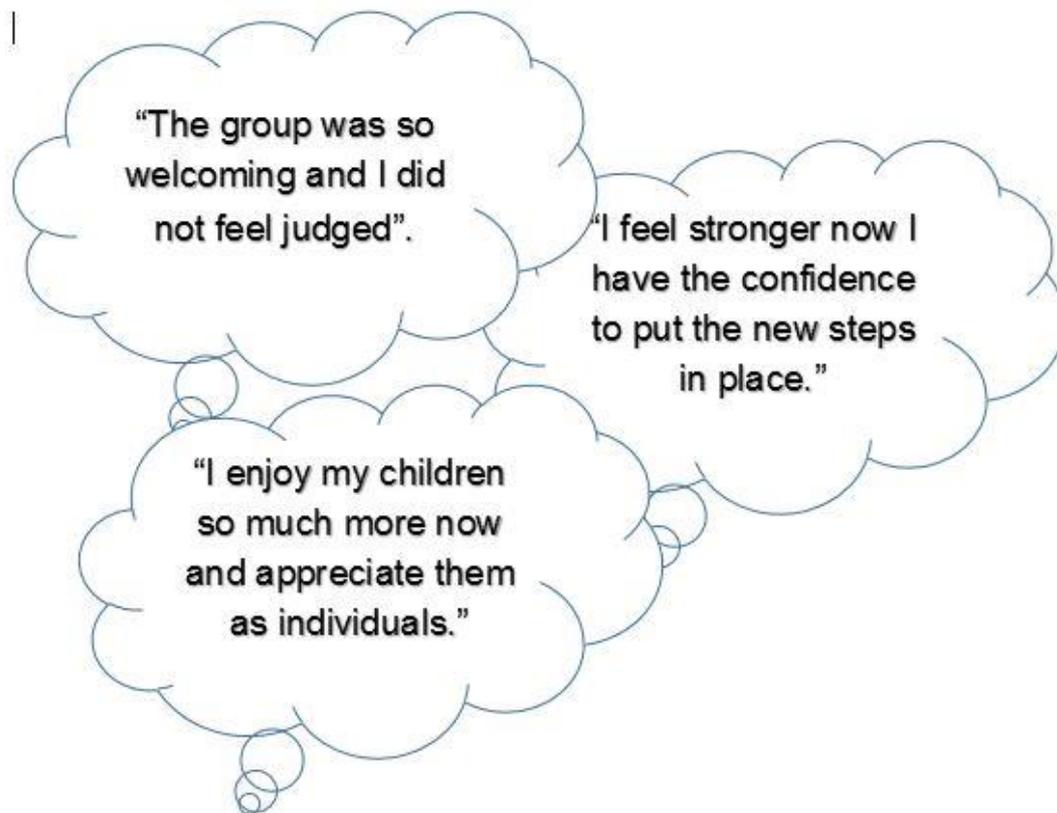
In such instances there is no need for the completion of an EHA, as the assessment completed by Children's Social Care can be used for this. An evidence-based parenting programme may still be recommended. The social worker, as the Lead Professional, will need to liaise with parents in respect of seeking permission to share copies of assessments and plans.

15. What happens if the parent has concerns about engaging in the pathway?

It is important that professionals recognise the value of the pathway and an evidence-based parenting programme, share this information with parents and explain the rationale for the support with them.

Feedback from families have recognised the benefits of attending an evidence-based parenting programme.

Some comments provided by parent/carer(s) include:



16. What happens if the parent/carer is unable to attend the parenting programme?

Some parents might work full time. We strive to meet the needs of parents/carers who want to access a parenting programme. For example, we offer a range of both face-to-face meetings, virtual meetings via Zoom and online options to suit the needs of all parents/carers. We will continue to try to deliver as flexible and accessible programmes as possible, to enable parents/carers to access the support.

17. What happens if the parent does not want to attend an evidence-based parenting programme?

The specialist services need all the information from multiple sources to conduct a proper assessment and this can only be done with permission and engagement of the parents/carers.

It would be beneficial for the lead professional to fully explore reasons for not wanting to engage with the pathway and work with the family to highlight the positive impacts engagement may have.

18. What happens if a diagnosis is not given?

A report will be compiled which may include some recommendations or suggestions and then the child is discharged. Ongoing support, if needed, could be provided via the school or children's social care if applicable, or the via the emotional health and wellbeing service, email: ccs.ehw@nhs.net

19. What support will I receive if a diagnosis is given?

The family will receive post diagnosis psychoeducation on the diagnosis and the child or young person (dependent on age and capacity) may receive specific post diagnosis psychoeducation on disorder and strategies to manage behaviour, as well as reading material and post diagnosis booklets.

Following this, if there are no comorbid mental health difficulties, then the young person is discharged. If there are concerns about a comorbid mental health disorder this will be assessed and, if meeting CAMHS criteria for treatment, will receive treatment. If sub CAMHS threshold, we may recommend you make a referral to the emotional health and wellbeing service, email ccs.ehw@nhs.net

When a child is diagnosed with ADHD (Attention Deficit Hyperactivity Disorder), the parent is offered a post diagnosis psychoeducation group. Once completed, the child is discharged whilst parents embed the strategies for 12 weeks and the school implement ADHD strategies.

Following this if there are ongoing concerns and family wish to consider medication then a referral can be made by school or GP (because the child already has a diagnosis).

Schools should seek support from the Specialist Advisory Teachers and/or Educational Psychologists. Health is not commissioned to provide support to schools around neurodevelopmental diagnoses but will often attend a school meeting if a youngster is open to the service.