



## Child Development Service (CDS) – Developmental Concerns Referral Form for Children aged 0-5 years

### Parental Information and Consent

The Developmental Concerns Meeting is a multi-disciplinary panel of professionals from Health & Social Care and Education. They discuss cases where the child and or family's needs are known or anticipated to require multiple professional team involvement.

From this meeting, support and guidance may be offered to the family via the referring therapist, and/or a referral may be accepted by the most appropriate services. In addition, onward referral to professionals outside the meeting may be recommended.

The information in this form will be shared with the all the members of the panel and the content will be discussed to establish what support is required. Further requests for information from Education, School, Nursery, GP or other areas of Health & Social Care, may be required. This will ensure the panel has the right information, on which to base any decision about advice offered or referrals accepted.

We will hold data in accordance with our retention and destruction policy. A copy of HSCs full fair processing notice can be found at <https://gov.gg/hscprivacy>

#### Consent to the Child being discussed at RAP:

*Please check to confirm verbal consent gained:*

Print Parental Name:

.....

Date: .....

Relationship to child:.....

### Information for Professionals

All referrals to be submitted electronically to [cdsreferral@gov.gg](mailto:cdsreferral@gov.gg)

If you are unsure which service you wish to refer to please phone the Child Development Service on Tel: 222011 and speak with one of the team.

Following the meeting the parent and referrer will be notified by letter of any actions agreed.

#### Before submission, please place an X in the box to confirm you have:

1. Discussed the Parental information with parents and have gained consent
2. Completed the General information section
3. Completed the relevant appendix/appendices \*

**Any Referral forms missing the above stated information will be rejected and returned to you**

## General Information

### Child's Personal Details

Child Name:	DOB:
Address/Main Residence:	
Post code:	Tel no:
Email:	
Name of Parent/Carer's with parental responsibility:	
1.	
2.	

### Referral and Referrer Details

Name:	Date of referral:
Address:	
Post code:	Tel no:
Email:	
Your Role/Profession:	
GP's Name:	
GP's Address:	

### Child's Wider Details

If child is cared for by anyone other than the above – please provide address (include if parents separated)	
Name of parent/carers:	
Address:	
Post code:	Tel no:
Email:	
What is their ethnicity?	

### Questions about the Child

What is their main method of communication? (Verbal / Signing / Communication aid – please give details)
What is the first language spoken in the family home?
List any other language spoken in the family house:
<b>Are they subject to a: CIN / LAC / CP Plan/TAC?</b> If so, who is the lead professional?

### Sibling/s Details (Name/s, ages and whether they live with the Child)

Name: _____	Age: _____	Same residence? <u>Yes / No</u>
Name: _____	Age: _____	Same residence? <u>Yes / No</u>
Name: _____	Age: _____	Same residence? <u>Yes / No</u>
Name: _____	Age: _____	Same residence? <u>Yes / No</u>

What school/Nursery setting does the child attend?

**Please indicate by placing an X in the box, for who else is currently involved in supporting the child/young person and their family? This may include, but not limited to:**

GP	Speech and Language Therapist	
Paediatrician	Physiotherapist	
Teacher	Occupational Therapist	
Social Worker	CAMHS	
Educational Psychologist	Autism Diagnostic Service	
Clinical Psychologist	Other:	
School Nurse/Health Visitor		

## Child Development Service Developmental Concerns

This is a multi-disciplinary team: OT, Physio, SLT, PBS, Clinical Psychology, Educational Psychology, Nurse and Consultant Paediatrician.

**Referral criteria:** Please only refer if the child you are referring has 2 or more developmental delays. This will be evidenced through:

- The Ages and Stages Questionnaire (ASQ 3)
- For children attending pre-school, inclusion of a summative assessment from preschool or childcare setting
- Specific observations by professionals and the impact on daily life e.g. physical function, social communication, social interaction, repetitive behaviours and sensory needs.
- Attendance and summary from "Lets Talk" clinic run by Speech and language Therapy

Provide a summary of the child's physical, psychological and emotional needs including any diagnosis given, pregnancy/birth history and/or any risk factors for developmental concerns e.g. birth trauma, premature birth, family history of developmental problems:

Provide a summary of any social care needs e.g. MASH referrals, safeguarding concerns, domestic violence:

What concerns do **professionals** have about the child's health and development? (Please provide feedback from most recent ASQ completed)

What are the **parent/ carers** concerns about the child's health and development?

Provide a summary of Health Visitor involvement and what supports/strategies are in place at home and at preschool?