

Referral criteria for the ISCAN service (Integrated Service for Children with Additional Needs)

The ISCAN service accepts referrals for children / young people aged 0 – 17 years of age for the following reasons:

- Children / young people who are displaying concerns in two or more elements of their development.
- Children / young people presenting with a high possibility of a neuro-developmental disability i.e. ASD / ADHD

Referrals to ISCAN can only be made by professionals using the ISCAN referral form. The ‘reason for referral’ needs to be clear and specific examples need to be provided to demonstrate how the concerns are impacting on the child’s daily functioning. Full background information and up to date reports **must** be attached to the referral form to enable the ISCAN team to make an informed decision about the next steps in managing the child / young person’s care.

The ISCAN service aims to discuss referrals within three weeks of being received, therefore it is essential that all supporting documentation (as outlined below) is submitted with the completed referral form and consent form. If this information is not provided, the referral will be deemed incomplete and **will not** be accepted.

Referrals for pre-school aged children with two or more developmental needs or social communication concerns

- SOGS (Schedule of Growing Skills Assessment) completed by health visitors for children up to the age of 4.
(If a SOGS assessment is unable to be completed, an explanation as to why this assessment has not been completed and any additional information is beneficial (or essential?).)
- If the child attends nursery, a report from the keyworker is essential (providing ALN input where relevant)

Referrals made by school for school aged children with two or more developmental needs

- Report from school outlining their observations of the child.
- Movement ABC checklist if there are concerns around gross or fine motor skills.
- Information from the IDP process e.g. 1 page profile.

Referrals made by school for school aged children requiring a neuro developmental assessment (ASD / ADHD)

Essential information:

- Neuro developmental teacher questionnaire to be fully completed.
- The child / young person **must** have an IEP in place and two reviews need to have taken place before a referral is made to ISCAN.

- Educational Psychologist report (if involved with child) – please state reason if the Educational Psychologist has not been involved.
- Any additional school documentation i.e. IDPs, IBPs and SEN e.g. details of interventions, additional screening tools used, additional assessments carried out, academic attainment levels, particular support e.g. THRIVE, ELSA- *1 page profiles, Important to Important for-to capture pupil voice*
- Previous medical history
- Previous family history
- If PCMHSS have been involved, the assessment and professional opinion of the PCMHSS practitioner should be included.
- If S-CAMHs have been involved the assessment and professional opinion of the S-CAMHs practitioner should be included.
- If Families First have been involved, a report outlining intervention received and professional opinion of the support worker should be included.
- If parents have attended workshops, please provide details.
- For all ASD/ADHD referrals, the referrer can refer to Signs and Symptoms, NICE guidelines <https://www.nice.org.uk/guidance/cg128/chapter/Appendix-C-Signs-and-symptoms-of-possible-autism>

Home schooled children

ISCAN will accept referrals from home-schooled children but it must be made by a professional who has been involved and can evidence concerns that meet the threshold of the ISCAN referral criteria.

Supporting information from parents and/or young people

Although the ISCAN service does not accept referrals from parents, a supporting statement is extremely beneficial. This should be no longer than one side of A4 and information about how the child / young person copes at home or in the community enables the ISCAN team to consider pervasive behaviours. We can accept a short statement from the young person if he / she is able to tell us about their day-to-day feelings.

Single service referrals

Referrals for children / young people who are displaying concerns in only one area of their development e.g. speech delay, should be made directly to that service and not via ISCAN. Should the individual discipline which accepts that referral and makes an assessment of need, feel that the child has further developmental concerns then he / she can refer into ISCAN for discussion.

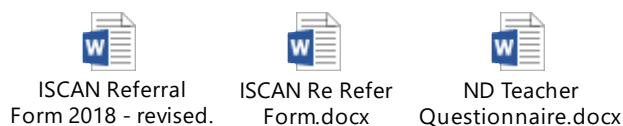
When referring to ISCAN, please ensure the following:

- The referral form should be completed in black ink and all sections filled in clearly and legibly.
- Demographic label will be accepted.
- Consent must be obtained for the referral. It is preferable that the consent form is signed by the parent / carer, however the consent form can be signed by the referrer if parent / carer signature is not possible for any reason. Young people can also sign their own consent forms where they have capacity.
- All relevant documents must be attached to the referral form (as listed above).
- The ISCAN referral form is preferred but a letter from GPs or paediatricians will be accepted in place of the referral form if it contains all the relevant information including a statement confirming parental consent and the child's educational setting.
- Any professional is welcome to contact ISCAN for a discussion prior to referral.

The outcome of the ISCAN team meeting will be communicated in the form of a written outcome report to the parent / carer and copied to the referrer, GP, educational psychologist, ALNCOs and support services (for all school age children) and relevant professionals who are involved with the child / young person's care, as appropriate.

An ISCAN re-referral form is available for professionals to use if they are re-referring back into ISCAN for further discussion within six months of the original ISCAN referral.

ISCAN Documents



**ISCAN Service
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