**SOCIAL COMMUNICATION PATHWAY (SCP)**

**PARENT REFERRAL FORM**

Please return this form to:

South team: [mft.south.scp@nhs.net](mailto:mft.south.scp@nhs.net)

Central team: [mft.centralmanchesterscp@nhs.net](mailto:mft.centralmanchesterscp@nhs.net)

North team: [mft.northmanchesterscp@nhs.net](mailto:mft.northmanchesterscp@nhs.net)

**The Social Communication Pathway is an assessment service for children and young people who might be autistic. No intervention is provided by this pathway.**

Child/Young Person’s Name:

Date of Birth:

Ethnicity:

Address:

School/Nursery/Child Minder:

Year Group:

Your Name:

Relationship to child:

Telephone number:

Email address:

Address:

GP Name:

Address:

Please contact us if any of these details change. We are commissioned only to work with young people with a Manchester GP.

Does this child have English as an additional language? **YES/NO**

If yes, what is their first language?

Do you need an interpreter for appointments?  **YES/NO**

Does your child have an autistic parent or sibling?

Has your child lost any skills that they previously had, e.g. had some words and now does not speak?

How long has your child been in school/nursery?

Has your child been assessed for autism before? Please give details:

**CONSENT**

I agree to refer my child for assessment of their social communication needs **YES/NO**

I agree to this information being shared with health and education professionals in order to help in the assessment of my child **YES/NO**

I agree to professionals in the Social Communication Pathway sharing information that might be held on my child’s health record **YES/NO**

I agree that information from any educational psychology assessments can be shared with health professionals on the pathway team **YES/NO**

I agree that child health records may be accessed by professionals in order to help in the assessment of my child **YES/NO**

**Please let us know who is requesting this assessment?**

**Are you filling in the form yourself?**

**If not, please provide the name of the person filling in this form:**

**Parental consent: Date:**

**If you do not have an electronic signature, please write your name in the space provided. We will accept this as your consent.**

**Please note that older children and young people will also need to consent to an assessment.**

|  |  |  |
| --- | --- | --- |
| **What other professionals/services know your child?** | | |
| **Service** | **Name** | **Contact details** |
| Educational Psychology |  |  |
| Children’s Services (Children Families and Social Care)  Early Help? Child in Need? Child Protection? (please circle) |  |  |
| Child and Adolescent Mental Health Services (CAMHS) |  |  |
| Children and Parents Service (CAPS) |  |  |
|  | | |
| Paediatrician |  |  |
| Rodney House Outreach Service (RHOSEY) |  |  |
| Health Visitor or School Nurse |  |  |
| Occupational Therapy |  |  |
| Physiotherapy |  |  |
| Speech and Language Therapy |  |  |
| Other (please name)  **Please list the five main reasons you think your child needs an autism assessment. Please provide a sentence for each; this helps us to identify whether we are the appropriate service for your child.**  1.  2.  3.  4.  5. |  |  |

|  |
| --- |
| **When did you first observe these signs?** |
| **What are your child’s strengths?** |
| **Is there anything else we should know? For example, any significant life events that may have impacted your child?** |
| **Does your child have any specific diagnoses (e.g Cerebral Palsy or Down Syndrome) or any identified health needs?** |

The Social Communication Pathway is for children and young people for whom an assessment of autism is indicated

If we feel that this child or young person would be better supported by another team, we may refer your child or young person to a more appropriate service. For example, if we feel the right support would be from a team specialising in developmental language, learning needs, co-ordination, or differences with attention and concentration we would signpost you to the right team.

We will write to you and your GP to explain our decision.

For advice and information about support available, please visit the Social Communication Pathway Padlet: [https://tinyurl.com/padlet-scp](https://urldefense.com/v3/__https:/tinyurl.com/padlet-scp__;!!OL9ShTEEVu4!vG-5rBBN_s1spHuWCY1Ams-G8hZICU7F4USO79vx1gZAaWbJuBADInjBJ26NjhDjt361MhnkLaWVkkHfudC-vvm6NQgVNP069g$)

Information about waiting times is regularly updated on the Padlet.

There is also information about prioritisation criteria.

**Mental health teams**

If you have significant concerns about your child’s mental health, please consider a referral to CAMHS. Information and referral forms can be found on the website: <https://mft.nhs.uk/rmch/services/camhs/>

If you would like to discuss a referral, you can contact the local CAMHS team:

South Manchester CAMHS: Carol Kendrick Centre 0161 529 6062

Central Manchester CAMHS: Winnicott Centre 0161 701 6880

North Manchester CAMHS: The Bridge 0161 203 3250

Please note that CAMHS teams are open Monday to Friday, 9am – 5pm (excluding bank holidays). If you have serious concerns about a young person’s immediate safety due to their mental health, please utilise the emergency services or A&E.

For support with emotional health and well-being, please look at resources on the M-Thrive website where you can self-access the team:

<https://m-thrive.org/>