



Together for Children and Young People

Neurodevelopment Diagnostic Assessment Pathway



Introduction

This document outlines the All Wales high level neurodevelopmental assessment pathway. The pathway is aimed at children presenting with symptoms and impairment in functioning that is indicative of a neurodevelopmental disorder.

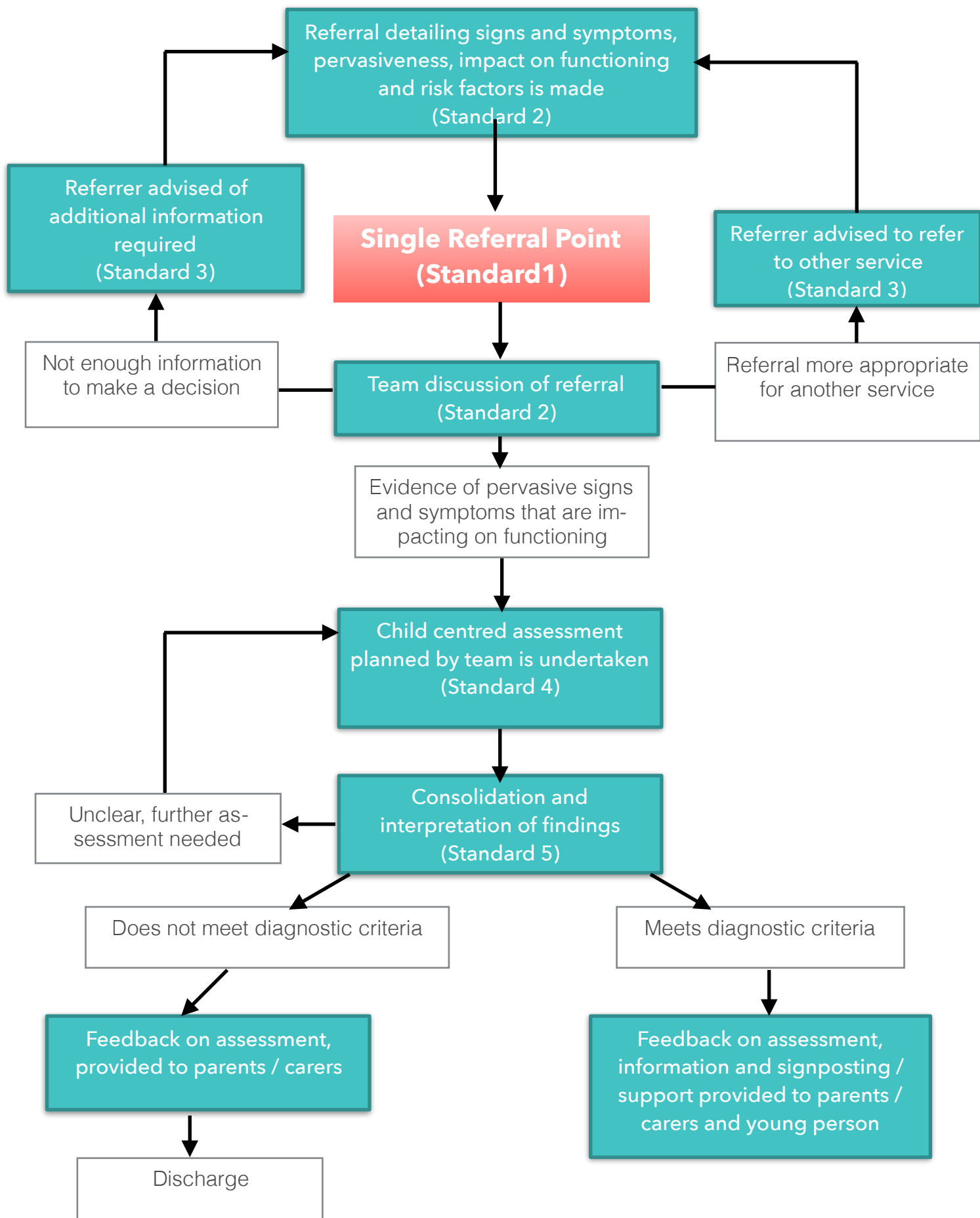
The pathway has been developed by the Neurodevelopment Workstream Steering Group with the aim of developing a consistent approach to assessment across Wales, and will be implemented by the Health Board Neurodevelopmental Team.

To access the pathway the child must be:

- aged **under 18**
- **resident in the Health Board area.**

Parental consent must be obtained prior to referrals being made.





This high level document sets out 6 agreed standards:

Standard 1:

There is a single point of access for diagnostic assessment of all neurodevelopmental disorders

Standard 2:

The decision as to whether to accept a referral or not is made on the quality of information provided (as outlined in NICE guidelines). Where there is adequate information to support concern, access should not be subject to permitted referrers, the use of screening questionnaires or other specifications.

Standard 3:

When referrals are not accepted, the referrer is provided with rationale for this, alongside advice on how to improve the referral or which other service to refer to as appropriate.

Standard 4:

Assessments are planned in a child centred way ensuring sufficient information to create a profile of the child's need is gathered (as outlined in NICE guidelines), whilst ensuring a prudent, flexible approach to the use of resources.

Standard 5:

There is a timely multi-disciplinary discussion involving all those involved in the assessment process which leads to a decision about the outcome of the assessment, a profile of the child's strengths and difficulties and agreement on future. The implementation of this process can be locally determined.

Standard 6:

A professional who has been involved in the assessment process will communicate the outcome of the assessment with the family (and where appropriate the child). This is followed up in writing, and where consent is given, should be shared with other professionals who support the child. For children who have received a diagnosis, advice about how best to meet the child's needs and support or signposting is provided.

Referral of adequate quality made to single access point

Standard: There is a single point of access for the diagnostic assessment of all neurodevelopment disorders

Team discussion of referral

Standard: the decision on whether to accept a referral should be based on the quality of information provided (as outlined in NICE guidelines). Where there is adequate information to support concern, access should not be subject to permitted referrers, the use of screening questionnaires or other specifications

Standard: When a referral is not accepted, the referrer will be provided with rationale for the decision and either advice on how to improve the quality of the referral or which service is more appropriate for the child

Referrer advised of course of appropriate action

Child centred assessment planned by team

Standard: Assessments should be planned in a child centred way, ensuring adequate information to ensure a profile of the child's needs is gathered (as outlined in NICE guidelines), whilst ensuring a prudent, flexible approach to the use of resources

Assessment is undertaken

Consolidation and interpretation of findings

Standard: There is a timely multi- disciplinary discussion involving all those involved in the assessment process, which leads to a decision on the outcome of the assessment, a profile of the child's strengths and difficulties and agreement on future actions. the implementation of the process can be locally determined.

Feedback on assessment

Standard: A professional who has been involved in the assessment process will communicate the outcome of the assessment with the family (and where appropriate the child). This is followed up in writing, and where consent is given, should be shared with other professionals who support the child. For children who have received a diagnosis, advice about how best to meet the child's needs and support or signposting is provided.