

Integrated Service for Children with Additional Needs (ICAN)

ICAN IS NOT AN ACUTE OR URGENT SERVICE - IF A CHILD IS ACUTELY UNWELL, PLEASE REFER TO LTHT OR SEEK FURTHER ADVICE

REFERRALS FOR SUSPECTED AUTISM SHOULD GO VIA 0-19 TEAM – SIGNPOST FAMILIES TO RING 0113 843 5683

(To enable completion of this form on SystmOne click on 'Form Protection' - top left of the screen)

Date of Referral:			
Suitability	☐	I confirm that by making this referral for the named Child/Young Person below, I have assessed that all appropriate interventions at Universal Service Level* have been attempted.	
Consent	☐	I have gained the appropriate informed consent of either the Parent/Carer or the Child/Young Person. (Please note: Consent MUST be obtained for this referral to be accepted)	
Child's details (please complete with as much information as possible)			
*Name: <Patient Name>		*NHS Number: <NHS number>	
*Address: <Patient Address>		*Contact Number: <Patient Contact Details>	
*DOB: <Date of Birth>		Gender: <Gender>	
*School/ <Patient School> Nursery:		GP Practice: <GP Name> <GP Details>	
Ethnicity: <Ethnicity>		*Interpreter required? Y ☐ N ☐	*Language: <Main spoken language>
Select the primary reason for referral: NOTE: If the referral reason is not matched to one of the categories below, ICAN will not be able to accept the referral. In this case, please consider referrals to other agencies (see guidance for referrers on page 4)			
			Tick One Only
Significant delay affecting two or more areas of development			guide ☐
Suspected or known conditions presenting with neuro-disability			guide ☐
'Needs Led Only Support' for pre-school children who have an existing Autism diagnosis *No additional clinical information is required, this referral will be directly sent to the Needs Led Support Pathway			guide ☐
Isolated gross motor concerns			guide ☐
Concerns with functional ability in children with known neurological or developmental disorders			guide ☐
Persistent tics (2-16 years only)			guide ☐
Suspected Non IgE mediated cow's milk allergy (under 2-years)			guide ☐
Complex feeding difficulties unresolved by first line intervention (under 7-years only)			guide ☐
Faltering weight with suspected underlying medical cause (under 5-years only)			guide ☐
BMI ≥ 98th centile: Assessment for co-morbidity (under 10-years only)			guide ☐
Chronic constipation (post 3-months laxative treatment)			guide ☐
Permanent hearing loss: Paediatric assessment for co-morbidity and underlying cause			guide ☐
Symptoms suggestive of vulvo-vaginitis where no concerns about child sexual abuse. *Parent/carers informed that child will be seen in child protection clinic due to staff expertise and availability of equipment, but no child protection concerns (tick to confirm) ☐			guide ☐

*Please state clearly what you are referring for, including what specific support you are requesting from ICAN (Note: One box on the preceding page must have been ticked and referral criteria must have been checked and met)	
*Presentation, including history:	
*Please detail the intervention/treatment that has been undertaken prior to this referral and its effect:	
*Safeguarding Concerns:	Yes ☐ No ☐
If yes, please detail:	
*Are other services/ professionals involved?	Yes ☐ No ☐
If yes, who?	

Parent/Carer/Child Contact Details <i>(please complete with as much information as possible)</i>		
*Who will be the main point of contact for this referral? Parent/Carer ☐ Child/Young Person ☐		
*Name (if different):	*Contact No:	Other Contact No:
*Address: (if different)		*Postcode (if different):

Referrer's Details <i>(please complete with as much information as possible)</i>		
*Name of Referring Service:		
*Referrer Name:	*Profession:	*Contact No:
*Address:	Postcode:	

How do I make a referral? Please ensure that consent has been obtained and that the consent box has been checked Referrals can be made by completing this form and sending by: - Secure email to ican.referrals@nhs.net - For LCH Staff – follow guidance on the Children's E-Referral Launcher 

Guidance for Referrers

- Enquiries/referrals for a young person attending a specialist inclusive learning centre (SILC) should be directed to the SILC nursing team in the child/young person's school to avoid duplication.
- Long COVID: ICAN are not commissioned to provide rehabilitation for children/young people with long COVID – referrals should be directed to LTHT Physiotherapy
- If you are not sure about making a referral email: ican.referrals@nhs.net for enquiries

Suggested alternative referral agencies

Suspected autism (School age)	Mindmate SPA
Diagnosed tic disorder	Mindmate SPA
Confirmed cow's milk protein intolerance	LCH Children's Nutrition & Dietetics
Faltering weight- suspected nutritional reason	LCH Children's Nutrition & Dietetics
Daytime and night-time wetting	Refer to LCH Wetting Services (separate referral form)
Speech, language, and communication difficulties	LCH Children's Speech and Language Therapy Service
Swallowing difficulties (mechanical issues)	LCH Children's Community Dysphagia Speech and Language Therapy Service
Toe walking / gait concerns	LCH Paediatric Podiatry Service
Abnormal foot posture	LCH Paediatric Podiatry
MSK issues as primary presentation	Sano Physiotherapy Clinic
Vision concerns including squint	LCH Children's Community Eye Service
Concerns about child's hearing	LCH Paediatric Audiology Service
Vulvo-vaginitis	Contact St George's Centre on 0113 843 2000
Concerns about sexual abuse	Contact St George's Centre on 0113 843 2000
General medical referrals not covered by ICAN services	Leeds Teaching Hospitals Trust Paediatric services
Babies (under 2-years only) exposed to drugs or alcohol in pregnancy	Refer to the Springfield Service: St George's Centre on 0113 843 2000
Talipes equinovarus (CTEV)	Correctable - LTHT physio service. Non-correctable or unsure – LTHT orthopaedics
Generalised hypermobility or concerns about hypermobility syndrome	LTHT Rheumatology
Isolated Plagiocephaly	LTHT Maxillofacial

Isolated spinal deformity (e.g. scoliosis)	LTHT Spinal / Orthopaedic Team
Torticollis, Bell's Palsy, Brachial Plexus Injury	LTHT Children's Physiotherapy
Home adaptations	CHAD OT
Wheelchair referrals	Leeds Wheelchair Service

Significant delay affecting two or more areas of development

Who can refer?

- Any healthcare professional

Inclusion criteria:

- 0-18 years of age for children in mainstream education
- Up to age 19-years of age for children in SILC schools
- Children presenting with significant developmental delay in **two or more** areas of development:
 - Learning skills
 - Gross motor
 - Fine motor
 - Social interaction
 - Communication

The child may also present with associated vision or hearing difficulties.

Exclusion criteria:

- Isolated behaviour difficulties
- Isolated speech delay/language and communication needs (consider a referral to SLT)
- Isolated vision/hearing concerns – refer to relevant specialist service
- Social skills/interaction only – suggest universal services/nursery input for three-months initially
- Delayed feeding skills - refer to universal services, or specialist Speech and Language therapy if concerned about unsafe swallow

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Suspected or known conditions presenting with neuro-disability

Who can refer?

- Any healthcare professional

Inclusion criteria:

- 0-18 years of age for children in mainstream education
- Up to age 19-years of age for children in SILC schools
- Includes but not exclusive to cerebral palsy, spina bifida, Down Syndrome
- Known diagnosis as above, accepted for medical neurodevelopmental surveillance/ therapeutic intervention
- Suspected or known neurodevelopmental condition with functional difficulties impacting on self-care, school, or life skills
- Moderate to severe intellectual disability for medical assessment and investigation
- Pre-school children with Downs Syndrome – please note there is a specific pathway within ICAN for this

Exclusion criteria:

- Other known diagnosis without any current neurodevelopmental concerns

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Needs Led Support Pathway for children with an existing Autism Diagnosis (Pre-school age only)

Who can refer on this form?

- GP
- Any Healthcare Professional

Inclusion criteria:

- Pre-school-age children with an existing diagnosis of Autism (from 27 months to 1st September after the child's 4th birthday)

Exclusion criteria:

- Children who do not have an existing Autism diagnosis – signpost to 0-19 team via 0113 843 5683
- School age children – refer to MindMate Single Point of Access

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Isolated Gross Motor Concerns

Who can refer?

- GP
- Paediatricians
- Advanced Clinical Practitioners
- Occupational Therapists
- Physiotherapists (e.g. acute trust, out of area therapists)

Inclusion criteria:

- 0-18 years of age for children in mainstream education
- Up to age 19-years of age for children in SILC schools

Where there is a clear goal that can be met by support from the physiotherapy service. This includes:

- Children with a known neurodevelopmental condition or developmental delay where the only difficulty is their motor function. Specific difficulties may exhibit as lack of more advanced motor skills e.g., stairs, unable to run/ jump or poor-quality motor skills
- Children with an unexplained (due to other medical circumstances) motor delay that is beyond normal developmental variance. For example:

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- 10+ months old and not sitting independently
- 18+ months old, not walking
- Children with established independent walking skills (more than 3-months) presenting with clumsy/unsteady gait, frequent falls for 3 consecutive months
- Toe walking where neurology is inconsistent or concerning
- Children with a functional difficulty or delay that is associated with 'soft' neurological signs:
 - Stiffness, increased muscle tone, mild spasticity, floppiness (mild hypotonia)
 - Unilateral toe-walking, posturing of arms while walking

ALL referrals must state the findings of neurological examination

Exclusion criteria:

- Abnormal lower limb posture (e.g. flat feet, in-toeing, genu valgum/ varum and toe-walking) not associated with developmental motor delay, where neurology has been excluded should be referred to LTHT orthotics
- Diagnosis of Functional Neurological Disorder

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Concerns with functional ability in children with known neurological or developmental disorders

Who can refer?

- Any health or social care professional
- Parents/carers
- School staff

Inclusion criteria:

- 0-18 years of age for children in mainstream education
- Up to age 19-years of age for children in SILC schools
- Children with known neurological or medical presentation impacting on their functional ability, where there is a clear goal that can be met by support from the Occupational Therapy Service, including:
 - Self-care – dressing, eating, drinking, toileting, bathing/showering, meal preparation, personal hygiene
 - Play – using technology, outdoor activities, community access
 - School – handwriting/ recording school work, using classroom equipment, participating in school learning activities
 - Home environment – equipment to enable participation, access and safety (NB – see exclusion criteria re built environment)

- Suspected developmental coordination disorder in children aged over 5-years where there are clear movement difficulties affecting daily task performance and where the movement difficulties cannot be explained by any other cause (i.e., low learning levels, visual impairment, or neurological condition)
- Please include evidence of the child's overall learning profile, an overview of their physical and communication skills and evidence of a functional goal e.g. related to writing, dressing, PE.

Families will be expected to have regularly practised tasks that are developmentally appropriate following advice from universal services

Please note: Children with normal development who experience functional difficulties will be signposted to a variety of online resources

Exclusion criteria:

- Pre-school age children
- Behavioural presentations
- Children with sleep difficulties who have not previously accessed ICAN
- Requests for sensory integration/ sensory assessment/ sensory circuits
- Condition – we do not accept a referral based on a diagnosis only in the absence of a functional difficulty
- Where there is no evidence of the things that have been tried and for how long these have been used
- Where there is no clear functional goal that needs OT support
- Requests for home adaptations and building works – CHAD OT

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Persistent Tics (age 2 – 16 years)

This is normally a paediatric screening appointment to assess and exclude co-morbidity. The service does not offer intervention.

Who can refer?

- Any healthcare professional

Inclusion criteria:

- Age 2-16 years
- Persistent tics, present over at least a 12-months period (with no consecutive 3-month period of remission of all tics) and unresponsive to routine advice

Exclusion criteria:

- Child or young person with previously diagnosed tics should be referred to Mindmate
- Children that have already been seen within ICAN (or other service) for tics
- Child with associated mental/emotional health concerns or comorbid neurodiversity concerns should be directed to Mindmate
- If there are suspected seizures please refer to LTHT paediatrics

Primary care and self-help:

<https://www.nhs.uk/conditions/tics/treatment/#self-help> for simple tics and transient tic disorder

For more information see <https://www.nhs.uk/conditions/tics/>

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Suspected Non IgE mediated cow's milk allergy (under 2-years)

Who can refer?

- GP
- Paediatricians

Acceptance for LCH Rapid Access Clinic (Joint Paediatrician/Dietetic review):

- Child remains symptomatic and there has been a 2–4-week trial of dairy exclusion
- Child presenting with symptoms and GP uncertain/not confident of CMPA

Gastrointestinal symptoms:

Blood and/or mucus in stool, Diarrhoea, Constipation; can include straining with defecation, but producing soft stools, vomiting in irritable child, Gastro-oesophageal reflux, Food refusal and aversion

Skin reactions:

Pruritis, Erythema, Atopic eczema, Urticaria (hives)

If symptoms felt to be cow's milk related, advise complete dietary avoidance of cow's milk.

- If breast fed – mother to exclude cow's milk from diet
- If formula fed - cow's milk substitute **1st line SMA Althera** trial for **2-4-weeks** (hydrolysed formulas are thinner in consistency and may require the addition of a **thickener** in cases of gastro-oesophageal reflux. May make stools loose and green)

If **symptoms improve** following initial management, refer to **LCH Community Dietetic Service** via the following link 0 [Children's Community Nutrition and Dietetic Service
 For Children 0 – 15 years](#) for advice regarding cow's milk free weaning and re-introduction of cow's milk if required. There is no need then to refer to a paediatrician.

Exclusions:

- Response to dairy exclusion not reviewed/completed prior to referral
- Children >2yrs, consider referring to allergy clinic in LTHT
- Children acutely unwell and requiring urgent medical assessment should be directed to LTHT CAT unit

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- IgE mediated CMPA – symptoms within 2 hours of ingestion should be directed urgently to LTHT Allergy clinic
- Children with multiple allergy symptoms should be directed to LTHT Allergy clinic
- Children with pure gastro-oesophageal reflux (with no suspicion of CMPA) should be directed to LTHT Paediatric Medicine clinics

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Complex Feeding difficulties – unresolved by first line intervention

Who can refer?

- GP
- Paediatricians

Inclusion criteria:

- Children under 7-years of age
- Children with significant feeding problems with/without weight faltering, despite having first received appropriate advice from a health professional
- Children being considered for tube-feeding, for reasons other than unsafe swallow
- Children who are fed via naso-gastric tube or gastrostomy, for support with tube weaning.
- At risk of impaired nutrition associated with sensory feeding problems, aversive eating or neophobia that could not be improved despite appropriate health professional advice.

Exclusion criteria:

- Unsafe swallow
- Child over 7-years, unless for consideration of tube weaning and discussed with the team.
- Receiving ongoing input from Child Development Team
- Already under care of a paediatrician for this problem (if referral from another professional)
- Autistic Spectrum Condition

If a child is already under the care of a dietician or paediatrician, please liaise first, before referring.

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Faltering weight with suspected underlying medical cause (under 5-years)

Who can refer?

- GP
- Paediatricians

Inclusion criteria:

- Children under 5-years presenting with faltering weight where there is suspected underlying medical cause
- Weight should have fallen as per NICE guidelines
- A fall across 1 or more weight centile spaces, if birthweight was below the 9th centile
- A fall across 2 or more weight centile spaces, if birthweight was between the 9th and 91st centiles
- A fall across 3 or more weight centile spaces, if birthweight was above the 91st centile
- When current weight is below the 2nd centile for age, whatever the birthweight
- Weight fall of 2 or more centiles below the height centile spaces

Exclusion criteria:

- Infants under 28 days – refer to LTHT by midwives if they lose more than 12% of their birth weight
- Children under 5 years with short stature – refer to LTHT
- Children under 5 years with suspected nutritional deficiency only should be referred directly to dieticians

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BMI ≥ 98th centile - assessment for co-morbidity (< 10 years age)

Who can refer?

- GP
- Paediatricians

Inclusion criteria:

- Children under 10-years of age with a BMI ≥ 98th Centile
- Children under 2-years of age with a Weight ≥ 98th Centile
- Weight should be confirmed and documented on the Electronic Patient Record or the referral form

Exclusion criteria:

- Children previously assessed by a paediatrician for BMI ≥ 98th Centile
- Children over 10-years of age should be seen by their GP for an assessment

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Chronic constipation (post 3-months laxative treatment)

Who can refer?

- GP
- Advanced Clinical Practitioners or equivalent
- Paediatricians

Inclusion criteria:

- Child presents with chronic constipation, soiling or signs of overflow, having been trialled with first line laxatives consistently for 3-months at time of referral

Exclusion criteria:

- Currently under a hospital consultant for bladder or bowel
- Child has not completed 3-month trial of laxative (first line intervention) from GP
- Acute illness (e.g., obstruction - needs to be referred to LTHT)
- Possible Hirschsprung Disease
- Neurogenic Bowel
- Evidence of ano-rectal malformation
- Assessment and distribution of continence products in isolation
- Behavioural soiling without evidence of constipation
- Child is attending SILC provision – referrers should liaise with the relevant SILC nurse to discuss the support/review required for the child

Please note: Once opted into service Children with constipation will be signposted to a variety of online resources whilst waiting for an appointment GP requested to continue to prescribe and review laxative medication whilst child waiting to be seen by ICAN clinicians.

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Permanent hearing loss – paediatric assessment for co-morbidity / underlying cause

Who can refer?

- Hearing and balance Service (LTHT)
- Community Audiology Service (LCH)
- GP

Acceptance Criteria:

- 0-18 years of age for children in mainstream education
- Up to age 19-years of age for children in SILC schools
- Unilateral or bilateral permanent hearing loss
- Sensorineural, conductive, or mixed
- Children presenting with new concerns related to permanent hearing loss e.g., significant deterioration in hearing, balance, vision, social communication issues or development

Exclusions:

- Temporary hearing loss

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Symptoms suggestive of vulvo-vaginitis where no concerns about child sexual abuse

Symptoms of vaginal soreness, itching, slight discharge, bleeding or dysuria (pain on passing urine) with a noticeable odour in prepubertal girls in the absence of a proven UTI or suspicions of sexual abuse.

Exclusions

- Proven UTI
- Suspicion of child sexual abuse

Please note that parent/carer should be informed that the child will be seen in a child protection clinic regardless of whether or not there are any child protection concerns. The doctors who deliver this clinic have the most relevant expertise and there is the availability of equipment.

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