**Referral Form for The Children’s Learning Disability Service (CLDS)**

Please complete electronically and return to [epunft.clds@nhs.net](mailto:epunft.clds@nhs.net)

**Please note:**

* Referrals can only be accepted when made by professionals who are registered with a Health or Social Care professional body.
* To enable screening of referrals, supporting information is required in the form of the most up to date Education Health & Care Plan (EHCP) and Annual Review documentation.
* Referrals cannot be accepted without confirmation of parental consent.

**All referrals must meet the following criteria:** If you are unsure, please contact the team on **01206 334026.**

* Child being referred must be aged between 5-18 years of age.
* Family and child must be registered with a GP in the SET area.
* Child being referred must have a diagnosed learning disability which falls within the moderate to severe range. (*See Guidance for Referrers on page 16)*
* Child is engaging in difficult to manage behaviours, within their home environment, as a direct result of their diagnosed learning disability.

**Please do not complete – Office Use Only**

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| **Eligibility** | **Yes / No** | **Appropriateness** | | **Yes / No** | **Clinical Notes** |
| **Referrer is a registered professional from Health or Social Care?** |  | **Child presents with difficult to manage behaviour associated with a learning disability?** | |  |  |
| **Child is aged between 5 - 18 years?** |  | **Behaviour occurs within the home environment?** | |  |  |
| **Child / Family is registered with SET GP?** |  | **General Notes:**    Aggressive Behaviour 🞏  Self-Injurious Behaviours 🞏  Sleep Difficulties 🞏  Sensory Seeking Behaviours 🞏  Sexualised Behaviours 🞏  Emotional Wellbeing difficulties 🞏 | | | |
| **Confirmation of Learning Disability diagnosis?** |  |
| **Consent from parents for referral?** |  |
| **Copy of EHCP attached?** |  |
| **Copy of most recent Annual Review attached?** |  |
| **Date Received:**  **Date Screened:** | | | **Accepted:** 🞏  **Rejected:** 🞏 | | |

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| **Child’s Details** | | | | |
| **Name:** |  | | | Male 🞏 Female 🞏 |
| **Date of Birth:** |  | **NHS number:** | |  |
| **Address:** |  | | | |
| **Telephone contact:** | *Mobile:* | | *Landline:* | |
| **Email address:** |  | | | |
| **GP Name and Practice Address:** |  | | | |

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| **Referrers Details** | |
| **Name:** |  |
| **Role / Team:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email address:** |  |
| **Details of current involvement with child and/or family:** |  |

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| **The child/young person and parent(s)/carer(s) should be aware of your intentions to make a referral to the CLDS. The consent of the child/young person and parent(s)/carer(s) to share this information is required under the Data Protection Act.** | |
| **Are both parents / carers aware of this referral and that information provided may be shared with other agencies?**  Yes 🞏 No 🞏 | *If no, please provide a reason:* |
| **Is the child aware of this referral?**  Yes 🞏 No 🞏  **If the young person is aged 16+, has an MCA been completed to determine their capacity to consent to the referral?** | *If no, please provide a reason:* |
| **Has consent to share information under the Data Protection Act been given?**  Yes 🞏 No 🞏 | *If no, please provide a reason:* |

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| **Family Details** | | | |
| **Parent/Carer details at main address:** | |  | |
| **Parent/Carer or important adults who do not live with the child:** | |  | |
| **Names and ages of any siblings:** | |  | |
| **Are there any communication difficulties / do the family require support from an interpreter?** | |  | |
| **Is the Child / Young Person ‘looked after’ by the local authority?** | Yes 🞏 No 🞏 | | Current 🞏  Historical 🞏 |

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| **Goals** | |
| **Referrer’s hopes for this referral:** | *Please detail your hopes and expectations for this referral?* |
| **Parent / Carer’s hopes for this referral:** | *Please detail the parent / carers hopes and expectations from this referral?* |
| **Are there any concerns regarding parenting capacity?**  **How ready are the child’s parents/carers to engage with support?** | *Please comment on parental readiness to engage in support – consider whether any additional support will be required from other services which may enable the family to implement recommended strategies.* |

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| **Professional Involvement - *Please confirm whether current / historical and add dates of involvement.*** | | |
| **Allocated Social Worker:**  **(Name, Team and contact details)** |  | Current 🞏  Historical 🞏 |
| **Details of Support Package / Respite Provision:** |  | Current 🞏  Historical 🞏 |
| **Child In Need Plan:** | Yes 🞏 No 🞏 | Current 🞏  Historical 🞏 |
| **Child Protection Plan:** | Yes 🞏 No 🞏  Category ………………………. Date………… | Current 🞏  Historical 🞏 |
| **Known to Dynamic Support Register (DSR):**  **Subject to CETR?** | Yes 🞏 No 🞏  Yes 🞏 No 🞏 | Current 🞏  Historical 🞏 |
| **Children and Young Peoples Service (CAYPS) Involvement:** |  | Current 🞏  Historical 🞏 |
| **Education Provision:** |  | Current 🞏  Historical 🞏 |
| **Community Paediatrics:**  (Name, Team and contact details) |  | Current 🞏  Historical 🞏 |
| **CAMHS Involvement;**  (Name, Team and contact details) |  | Current 🞏  Historical 🞏 |
| **Speech and Language Therapist Involvement:**  (Name, Team and contact details) |  | Current 🞏  Historical 🞏 |
| **Occupational Therapist Involvement:**  (Name, Team and contact details) |  | Current 🞏  Historical 🞏 |
| **Details of any other pending referrals for the child:** |  |  |

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| **Child’s Health and Development** | |
| **Level of Learning Disability:**  *Please refer to page 15 for further guidance* | Moderate 🞏 Severe 🞏 Profound 🞏  **Please provide supporting evidence – referrals cannot be accepted without.**  EHCP attached 🞏 Annual Review attached 🞏 |
| **Does the child have an Autism Diagnosis?** | Yes 🞏 No 🞏  **Are they awaiting formal assessment for Autism?**  Yes 🞏 No 🞏 |
| **Other Diagnoses:** | e.g. physical and/or mental health conditions: |
| **Does the child have physical health needs?** |  |
| **Date of most recent Annual Health Check for children aged 14+** |  |
| **For new or suddenly escalating behaviours, has a physical health check been completed by the child’s GP or Paediatrician?** |  |
| **How does the child communicate?** | *Please detail expressive and receptive communication skills:* |
| **Does the child take any medication?** | *Please provide details of prescriber, review date and any ongoing changes to medications:* |

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| **Needs and Difficulties / Reason for Referral – Complete as relevant / required** | |
| **Difficult to manage behaviour:** | *Please describe in as much detail as possible behavioural difficulties, including frequency and impact on the child or others as a result.*  How often do behaviours occur?  Daily 🞏 weekly 🞏  How long do behaviours last for?  When did these behaviours start? |
| **Sensory needs:** | *Please describe the impact of sensory processing problems on child’s behaviour and quality of life if known.*  *Has the child had a sensory assessment completed previously?*  Yes 🞏 No 🞏  By whom………………………… Date of completion:………… |
| **Sleep difficulties:** | *Please consider any behavioural issues affecting sleep, e.g. delayed sleep onset, night waking, early rising, etc…*  *Does the child have their own bedroom, do the family co-sleep?* |
| **Emotional wellbeing issues:** | *Does the child experience difficulties with their mental health or emotional wellbeing?* |
| **Sexualised behaviours:** | *Please describe in as much detail as possible any behaviours of concern, including frequency and impact on the child or others as a result. Please also detail any prior support or education offered regarding relationships and sexuality.*  *What protective measures are in place to help manage the risks associated with these behaviours?* |

**The Children’s Learning Disability Service (CLDS)  
Risk Identification Tool**

* When completing the below sections, please answer based on your reason for the referral, considering the concerns you have detailed above.
* Responses on this part of the form as well as additional information gathering will help to inform the appropriate level of intervention, with consideration of risk.
* Please indicate the most suitable answer in each section – **choose one option only (1, 2 or 3) and complete only the corresponding frequency indicator.**

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| **Risk to Self:** | | | |
| **Physical Harm:** | | **Tick below:** | **Frequency of Risk:** |
| **3.** | The child’s behaviour;   * Is causing significant injuries; e.g. open wounds, swelling from head banging, or life threatening injuries - these injuries often require medical attention or first aid. * Occurs with significant force to an area of concern (e.g. head). * Is extremely unpredictable and challenging to manage; high intensity behaviours occur without warning or obvious antecedents and caregivers feel unable to manage behaviour safely or effectively. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **2.** | The child’s behaviour;   * Is causing some injuries; e.g. bite marks, scratches, bruising - injuries may require first aid. * Is often unpredictable and it is difficult to manage behaviours effectively. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| ***1.*** | The child’s behaviour causes no visible signs of self-injury.   * Occurrence of behaviour is likely manageable with appropriate strategies. * Caregivers need education around management strategies and this may be impacting management of behaviour. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **Accidental Harm:** | | **Tick below:** | **Frequency of Risk:** |
| **3.** | Risk of significant accidental harm or injury due to:   * The child displaying behaviours such as; absconding, eating inedible items, climbing/jumping from dangerous heights, touching hot items. * Behaviours are extremely unpredictable and very difficult to manage safely. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **2.** | Moderate risk of accidental harm or injury due to:   * Behaviours such as eating inedible items, climbing/jumping without awareness of risk. * Behaviours are often unpredictable, but can be safely managed at times. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **1.** | Child may engage in developmentally appropriate risk taking behaviours, i.e. climbing, jumping, running, however these are safely managed by caregivers through observation and environmental adaptations. | 🞏 |  |
| **Quality of Life:** | | **Tick below:** | **Frequency of Risk:** |
| **3.** | The reported concern/s are causing a significant impact on child’s wellbeing;  - Severe interruption to daily routine and/or ability to complete activities.  - Child appears tired, withdrawn, or is self-neglecting.  - The current strategies use to manage risk in association to behaviour, appears to be causing significant emotional impact/distress to the child. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **2.** | The reported concern/s appear to be impacting child’s wellbeing;  - Some interruption to daily routine and/or ability to complete activities.  - Child appears withdrawn at times and/or some evidence of self-neglect.  - Steps taken to manage reported concern - appears to be causing some emotional impact/distress to the child. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **1.** | Reported concern is having minimal / no impact to child’s wellbeing. | 🞏 |  |
| **Risk to self due to the presence of aggressive or sexualised behaviours and/or child’s understanding of relationships:** | | **Tick below:** | **Frequency of Risk:** |
| **3.** | The reported concern is felt to put child at significant risk, of potential retaliation or exploitation from others;   * Child is frequently aggressive or inappropriately touches, members of the public or peers. * Child is frequently attempting to / masturbating or exposing privates in public areas; in presence of members of public or peers. Caregivers are not confident in managing this behaviour, safeguarding the child and/or others. * Child is actively interacting with familiar/unfamiliar people; and appears not to have an understanding of appropriate interaction with others and potential risks associated with this. * Child is accessing explicit online material on the internet or interacting with others in sexually inappropriate ways using social media and/or messaging platforms | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **2.** | The reported concern is felt to put child at some risk of potential retaliation of exploitation from others;   * Child can display aggressive behaviours to members of the public or peers, but caregivers are able to manage the risk. * Child is attempting to masturbates or expose privates; in public areas (in vicinity of members of public or peers) but caregivers feel behaviour is predictable and are able to manage and safeguard the child. * Child may interact with familiar/unfamiliar people; and appears not to have an understanding of appropriate interaction with others and potential risks associated with this. Caregivers are typically present and able to manage this risk. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **1.** | The reported concern is felt not to put child at risk;   * The occurrence of aggressive behaviours in public areas is very rare and is manageable by caregivers. * Child may need some support and education around appropriate interaction, relationships or sexuality, but developmentally appropriate and can be managed without specialist intervention. | 🞏 |  |
| **Risk to Others:** | | | |
| **Physical Harm:** | | **Tick below:** | **Frequency of Risk:** |
| **3.** | The child’s behaviour;   * Is causing significant injuries to adults; i.e. open wounds, life threatening injury, or concussion. Injuries may require Medical attention. * Is of a high intensity when directed towards other children; siblings, peers, pets. * May include use of weapons. * Is extremely unpredictable and challenging to manage; high intensity behaviours occur without warning or obvious antecedents and caregivers feel unable to manage behaviour safely or effectively. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **2.** | The child’s behaviour is causing;   * Some visible injuries to others; i.e. bite marks, scratches, bruising -Injuries may require first aid. * Is often unpredictable and it is difficult to manage behaviours effectively. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| ***1.*** | The child’s behaviour causes no visible signs of injury to others.   * Occurrence of behaviour is predictable and of low intensity. * Caregivers may benefit from education around management strategies in order to increase confidence. | 🞏 |  |
| **Accidental Harm:** | | **Tick below:** | **Frequency of Risk:** |
| **3.** | Risk of significant accidental harm or injury to others due to:   * Displaying aggressive behaviours during car journeys, physically harming the driver or impacting concentration. * Running away or absconding causing risk to caregivers during attempts to manage the risk. * These situations are extremely unpredictable and very difficult to manage. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **2.** | The child displays some risk taking behaviours that could impact the safety of others, however this is safely managed by caregivers through observation and environmental adaptations. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **1.** | There is minimal or no risk of accidental harm to others as a result of child’s behaviour. | 🞏 |  |
| **Quality of Life:** | | **Tick below:** | **Frequency of Risk:** |
| **3.** | The reported concerns are causing a significant impact their family’s wellbeing;  - Caregiver’s and/or sibling’s Mental Health is significantly impacted.  - Causing a severe interruption, to their family’s daily routine/ and or ability to complete activities; e.g. impacting their work or school.  - Significant social isolation - family unable to leave the house with their child or have visitors in the home. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **2.** | The reported concerns are having some impact on their family’s wellbeing;  - Caregiver’s and/or sibling’s Mental Health is slightly impacted.  - Causing some interruption, to their family’s daily routine/ and or ability to complete activities; e.g. impacting their work or school.  - Family have limited support network and some evidence of social isolation. | 🞏 | 🞏 - Never  🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **1.** | The reported concern is having minimal / no impact on their family’s wellbeing. | 🞏 |  |
| **Risk to others due to presence of sexualised behaviours/ child’s understanding of relationships:** | | **Tick below:** | **Frequency of Risk:** |
| **3.** | The reported concern is felt to put other children at significant risk, due to the type of behaviour;   * Child frequently attempts to inappropriately touch members of the public, family members or peers. * Child is masturbating and/or exposing themselves; in the presence of others – public areas or shared areas within the home (family, peers, siblings). * Child is actively interacting with familiar/unfamiliar people; and appears not to have an understanding of appropriate interaction with others and potential risks associated with this. | 🞏 | 🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **2.** | The reported concern is felt to put other children at some risk, due to the type of behaviour;   * Child is attempting to masturbate in public areas or shared spaces in family home; i.e. in presence of members of public, peers or family members. * Child may interact with familiar/unfamiliar people or children; and appears not to have an understanding of appropriate interaction with others and potential risks associated with this. Caregivers are typically present and able to manage this risk. | 🞏 | 🞏 - Monthly  🞏 - Weekly  🞏 - Daily  🞏 - Multiple times a day |
| **1.** | The reported concern is not felt to put other children at risk;   * The Child may need support and education around appropriate interactions, relationships or sexuality but this can be managed by support from the Child’s education provision. | 🞏 |  |

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| **Social Risks:** | | |
| **Risk of breakdown or loss of support at school or home environment:** | | **Tick below:** |
| **3.** | There is an imminent risk of loss of support and/or breakdown in the child’s education placement or home environment due to the reported concern; which could cause significant risk in relation to the management of child’s needs;   * The child’s caregiver’s family feel they are no longer able to care for child due to reported concern. * The child has been or is at immediate risk of being excluded from school. * The child’s support package has broken down or providers have reported they plan to withdraw support. | 🞏 |
| **2.** | There is potential risk of loss of support and/or placement breakdown due to the reported concern;   * The child’s caregivers are struggling to cope with need, exploring increase of respite and support; intensity of need exceeds parent’s capacity. * The child’s school have voiced concerns that continuation of this behaviour could lead to exclusion. The child’s support at school is being reviewed via appropriate MDT meetings * Services providing child’s support package are expressing difficulties in managing behaviour / meeting need. * The child is not currently in a school placement or is in a mainstream placement that are struggling to meet need; they are currently waiting for a place within a special school setting. | 🞏 |
| ***1.*** | There is a low or minimal risk of loss of support and/or placement breakdown due to the reported concern;   * Family are struggling to manage need but are exploring support from other agencies (Social Care, CAMHs) * The child’s education provider is voicing concerns about management child within school due to concern reported in referral. * The child is not in an appropriate school setting, but reported concern is manageable in current placement. | 🞏 |
| **Presence of risk indicators within family/support network:** | | **Tick below:** |
| **3.** | One or more of the following risk indicators are present within the child’s direct support network;   * Caregiver currently has difficulties with their usage of drugs and/or alcohol. * Caregiver and/or family are current victims of domestic abuse/violence (from another adult within the home) * Caregiver has significant Mental Health difficulties - impacting their ability to care for themselves and/or dependants. * Significant safeguarding concerns. | 🞏 |
| **2.** | There is a historic or potential presence of one or more of the following risk indicators. Agencies may currently be involved and the risk is effectively managed at present;   * Caregiver had difficulties with usage of drugs and/or alcohol. * Historic domestic abuse/violence. * Safeguarding concerns. * Caregiver has Mental Health difficulties; their needs are well supported, or not currently impacting on their ability to care for themselves and/or dependants. | 🞏 |
| ***1.*** | There is minimal or no concern regarding the presence of the risk indicators above. If the risk indicators are historic, these risks are no longer present or they are effectively managed and no longer have an impact on the child/family. | 🞏 |
| **Impact due to the needs of other family members:** | | **Tick below:** |
| **3.** | The individual health and social care needs of one or more family members are having a significant impact on the child;   * The child’s parent has additional needs; Learning disabilities/difficulties or Mental Health issues. * The child’s sibling/s has additional needs; Learning disabilities/difficulties and/or Mental Health issues. | 🞏 |
| **2.** | The individual health and social care needs of one or more family members are having some impact on the child;   * The child’s parent has additional needs; Learning disabilities/difficulties or Mental Health issues. * The child’s sibling/s has additional needs; Learning disabilities/difficulties and/or Mental Health issues. | 🞏 |
| **1.** | Members of the child’s family have individual health and social care needs, but these are well managed or are felt to have low or minimal impact on the child. | 🞏 |
| **Caregiver’s capacity for intervention:** | | **Tick below:** |
| **3.** | The child’s caregiver has very limited capacity to engage in the intervention or support provided by agencies involved due to these possible factors;   * Caregiver often shows a lack of willingness to engage with agencies. * Caregiver struggles to engage due to complexities within family environment. * Caregiver has a lack of understanding/education about the child’s diagnosis or general parenting approaches. | 🞏 |
| **2.** | The child’s caregiver has some capacity to engage in intervention but struggles to effectively apply approaches, this may be due to;   * Caregiver is not willing or struggles to implement strategies consistently (potentially experiencing increase in behaviour from child as a result of initial attempts) * Difficulties implementing due to complexities within the home; environment, other children’s needs, caregiver mental health. * Further education or understanding needed around the child’s diagnosis and presentation, or implementing parenting approaches. | 🞏 |
| **1.** | There are low or minimal concerns with the caregiver’s ability to engage in intervention.  Or if there are difficulties implementing strategies, this may be due to the need for a skilled response from caregiver, or a need for a higher adult to child ratio to manage the risk or implement strategies. | 🞏 |
| **Environmental Risks:** | | |
| **Risk of Environmental Damage:** | | **Tick below:** |
| **3.** | The child’s behaviour is causing significant environmental/ property damage which could additionally cause risk to themselves and others, i.e.;   * Damage to walls, ceilings or windows; holes in wall, water leaks, exposed wires, broken light fixtures. * Damage to appliances – broken electronics, exposed wires. * Damage to furniture. * Fire setting – successful, attempted or accidental. | 🞏 |
| **2.** | The child’s behaviour is causing some environmental damage;   * Aggression to environment – Slamming doors and cupboards, slight damage to furniture. * Throwing bulky items. * Breaking items; toys, electronic tablets, phones, belongings. * Ripping fabrics e.g.; Clothing, rugs, carpet, curtains. * Smearing faeces. | 🞏 |
| ***1.*** | The child’s behaviour is causing minimal or slight damage to the environment. | 🞏 |
| **Environmental Concerns:** | | **Tick below:** |
| **3.** | There are significant Health and Safety concerns within the child’s home environment;   * Significant mould, mildew and damp. * Significant clutter – i.e. potential evidence of hoarding. * Significant hygiene concerns – evidence of dirt, urine or faeces (human/animal). * Significant damage unrelated to child’s behaviour - broken doors, windows, stairs, ceilings or flooring. | 🞏 |
| **2.** | There are some concerns regarding the child’s home environment;   * Some Mould /Damp. * Cluttered, unkempt home - dust, dirt. * Damage to home that is reported, temporarily made safe and awaiting repair. | 🞏 |
| **1.** | There are minimal or no health and safety concerns within the child’s home. | 🞏 |

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| **Guidance for Referrers**  **Exclusion Criteria**   * The CLDS specialise in behaviours that are exhibited and difficult to manage in the home environment. The team are unable to offer a behaviour assessment or intervention in cases where there is no evidence of difficult to manage behaviour within the home. * We offer Sensory Assessments where sensory needs are having a direct impact on the child’s behaviour. The team are unable to offer Sensory Assessments where this need can be met by statutory partners i.e. education. * If you are referring a child for a sexual health assessment can you please ensure that the school has provided sufficient support and advice regarding sexual education to the child and parents before referring them to the CLDS.   **Child Health and Development**  Please be aware that in order for a referral to be accepted by the Children’s Learning Disability Service (CLDS) the child **must** have a diagnosis of a **moderate** to **severe** Learning Disability.  Please refer to the guidelines below to ensure that your referral is suitable for this service.  A learning disability is a reduced intellectual ability, usually identified soon after birth or in the early years, and will last a person’s whole life (Mencap, 2025). A Learning Disability affects the way a person learns new things throughout their life, not just at school. It affects the way a person understands information and how they communicate. A child with a learning disability may have difficulty with;   * Understanding new, complex or complicated information * Learning new skills * Coping independently - looking after themselves or living alone (NHS 2022, DHSC 2001).   There are some conditions that indicate a child is more likely to have a Learning Disability, these include, but are not limited to;   * + Angelman Syndrome   + Chromosomal Disorders   + Down Syndrome   + Fragile X Syndrome   + Rett Syndrome   + SYNGAP1   + Williams Syndrome   Additionally there are some terms or diagnoses that indicate the child may have a learning delay or a learning disability;   * + DiGeorge Syndrome   + Global Developmental Delay   + Turner Syndrome   (Mencap 2025, GOV.UK 2025)   * A person with an IQ of 50 or below is described as having a Moderate to Profound Learning Disability (WHO 2022). Please note that to meet the CLDS referral criteria the child is meant to have an IQ of 50 or below. * Please note Autism is not a Learning Disability. However, around half of autistic people may also have a Learning Disability (Mencap 2025). Please provide evidence of a Learning Disability if you are referring a child with Autism Spectrum Disorder (ASD). * If you are referring a child for a sexual health assessment can you please ensure that the school has provided sufficient support and advice regarding sexual education to the child and parents before referring them to the CLDS. |

**References**

Mencap (2025) *Learning Disability Explained* (Online): <https://www.mencap.org.uk/learning-disability-explained> [Accessed on 27/08/2025]

NHS (2022) *Learning Disabilities (*Online): [www.nhs.uk/conditions/learning-disabilities/](http://www.nhs.uk/conditions/learning-disabilities/) [Accessed on 27/08/2025]

GOV.UK (2025) *Learning disability – applying All Our Health* (online) [Learning disability - applying All Our Health - GOV.UK](https://www.gov.uk/government/publications/learning-disability-applying-all-our-health/learning-disabilities-applying-all-our-health) [Accessed on 27/08/2025]

Department of Health and Social Care – DHSC (2001) *Valuing People – A New Strategy for Learning Disability for the 21st Century* (Online)[Valuing People - A New Strategy for Learning Disability for the 21st Century - GOV.UK](https://www.gov.uk/government/publications/valuing-people-a-new-strategy-for-learning-disability-for-the-21st-century) [Accessed on 27/08/2025]

World Health Organisation – WHO (2022) *International Classification of Diseases, 11th Revision (ICD-11)* [ICD-11 for Mortality and Morbidity Statistics](https://icd.who.int/browse/2025-01/mms/en) [Accessed on 27/08/2025]