

**Guidance for referring to the Learning Disability Service, Community Hub teams.**

**Please make time to read through this guidance as this will prevent inappropriate referrals and ensure a more timely response from the teams.**

**We would actively encourage referrers to contact teams to discuss the referral and get advice if they are unsure about the criteria etc.**

**Criteria for referrals.**

The service will work with adults over 18 who have a diagnosis of learning disability and associated physical and/or mental health needs who are registered with a Lincolnshire GP.

The teams provide specialist interventions to people with a learning disability in order to:

- Ensure access to mainstream health services to have their physical and/or mental health needs assessed and treated.
- Provide specialist interventions where physical and/or mental health needs cannot be met by mainstream health services.
- Provide specialist assessment and interventions following an increase in behaviours of concern (this may include self harm, placing themselves at risk, harming others, damage to property, disruptive behaviours that are impacting on the wellbeing of other people).

For people with Autism the service provides a liaison service to support access to mainstream health services to ensure services are making Reasonable Adjustments.

The service also provides an Autism diagnosis pathway.

**Things we don't provide are:**

- a diagnostic service for assessment of learning disabilities.
- Support with learning difficulties i.e. dyspraxia, dyslexia.
- Specialist health interventions for people with autism or ADHD who do not have a diagnosis of learning disabilities

There is flexibility in regards to the age criteria for young people already known to services who are in the process of transitioning to adult services. This can be discussed with the team.

Please note- access to the specialised learning disability service for service users who have been placed in Lincolnshire with complex health and behavioural needs post April 1, 2016 will be recharged to the placing CCG.

## **The referral form**

The form must be completed in full in order for the team to decide on the appropriate intervention and allocate the appropriate professional. An incomplete form will be returned to the referrer and therefore this could delay the team's response.

## **Specific guidance for each section**

### **Communication**

Please be clear about the person's preferred method of communication as this will inform how we contact the person e.g. appointment letter in easy read format, telephone, text.

Please describe in as much detail as possible the communication needs of the person, this should include details of how the person communicates with people they are close to, other professionals and peers. Do they use any communication tools, do they have a communication passport. People often use a variety of different communication styles dependent on their emotional well being, life experiences and relationships, please give details about this. E.g. do they communicate more clearly if a family member is present? Do they have difficulty talking to professionals?

### **Outcomes and expectations**

Please be clear about the person perceptions of their current situation and whether or not they have contributed to the referral process. Often the person being referred has a different understanding of their needs and aspirations than either their carers or other professionals. The teams work to a Person Centred model of care and require an initial understanding of the person's view of their situation.

Re outcomes, we aim to assess and devise a plan of care within 12 weeks. We need to ensure we focus on the persons actual needs and are able to measure the accuracy and effectiveness of our interventions. As part of the assessment and planning process we will have specific goals/outcomes which will be informed in part by the referral.

### **Risk**

Please be clear about the risks that person presents to themselves and others. Please differentiate between historic risks and current risks. Give as much details as possible and include a description of how those current risks are managed.

### **Circumstances leading to the referral**

Give details re the events that have led to this referral, please be specific and give a concise picture of the person's current situation, where it is pertinent to do so a short history of the persons' difficulties can be included however history taking will be a part of the initial assessment so please be concise.