



About our assessments

At Adoptionplus we believe a good assessment is the foundation for successful action, whether that be further intervention or simply by knowing and understanding more, can be sufficient in and of itself. This guide explains what is involved in the neurodevelopmental assessment of children and young people.

What to expect from our neurodevelopmental assessments

A neurodevelopmental assessment will seek to understand the day to day impact of any risks which your child may have been exposed to during pregnancy and in their early stages of development, alongside a medical history of their birth family.

They are conducted by a Consultant Clinical Psychologist and a Paediatric Occupational Therapist and results are discussed with an external Clinical Psychologist in Neuropsychology.

Families and referring social workers can expect a comprehensive assessment looking at what is known to be affected by exposure to risk factors associated with maltreatment, and which are important to the day to day functioning of your child.

These may include as appropriate:

- Their general abilities
- Their memory
- Their language abilities
- Their social perception
- Their learning
- Their co-ordination
- Their experience of sensation
- Their regulation of emotion and concentration and
- Their emotional and behavioural well-being.

A comprehensive assessment report will be prepared which is clear and yet detailed enough to be a useful reference to families, professionals and where relevant other decision makers.

A feedback session, which families and any invited professional can attend, will be arranged to discuss the implications of the findings of the assessment. Where professionals involved in the care of the child cannot attend, we will seek to ensure they receive direct communication about the assessment results.

Our approach is based on a Charter which explains our commitments to families, values and responsibilities working in collaboration with families.

What our assessments cannot do

We are open about the limits of our assessments. We cannot diagnose psychiatric disorder but know when this may require further assessment. In the case of autistic spectrum disorder or attention deficit disorder we may seek further opinion from your local statutory services, such as CAMHS or paediatrics to provide a medical diagnosis.

How we conduct the neurodevelopmental assessment

Our assessments are usually split over two half days. We begin with the child's parents or primary care-givers (and any key professional suggested by the family) to determine the goals of the assessment and plan what areas we need to focus on when we meet the child.

An invitation letter is sent out and with it there will be several questionnaires for parents to complete and bring with them. These include:

- A measure of the understanding, skills and confidence in the relationship with their child including three specific concerns rated for their impact and intensity (*using the Thinking About your Child Questionnaire*)
- A measure of the emotions and behaviour of their child (*using the Strength and Difficulties Questionnaire*)
- A screening measure of the child's planning, working memory, emotional regulation and self-organisation (*using the BRIEF questionnaire*)
- A measure of day to day functioning and skills (*using the REAL questionnaire*)
- A measure of sensory processing (*using the Sensory Profile*)

These questionnaires allow us to establish a general understanding of the child's needs.

The first half day assessment with parents and any invited professionals involves:

- Establishing hopes and expectations of the assessment
- An understanding of the child's functioning day to day at home and at school
- A review of the background of relevance to the child and identification/reading of any documents which may be useful
- An understanding of the development of any concerns and identification of continuing strengths
- If not done so already, a plan to contact the child's school to liaise with class teachers and where possible visit children in school to provide additional information about the child's functioning
- A plan shared with the parents of how we will conduct the assessment with their child. This will also include a discussion with parents of how to explain the assessment to their child if needed
- Explanation of use of video in assessing children with forms for consent to be considered and returned next time

Use of video

With the consent of families, video is used to ensure assessments can be reviewed and any behaviours of note can be open to closer observation. It can also be useful for parents to

see areas of note during the child's individual assessments. We usually find children and families soon forget the cameras are on. A guide on our data storage policy is available on request.

Information on our assessments for children and who they will meet is available on our website.

The second day involves:

- An introduction to Adoptionplus for the child
- An explanation of the assessment and activities to come for the child
- An explanation (as appropriate) of the use of video
- An emphasis on the importance of being settled and relaxed

There follows an assessment of the child's general cognitive abilities by the Consultant Clinical Psychologist, while the Paediatric Occupational Therapist obtains further information from parents based on the findings of questionnaires relating to sensory processing and day to day activities.

A list of all the assessments we may use can be found at the end of this guidance.

There follows an assessment of the child by the Paediatric Occupational Therapist. Depending on what the primary areas of concern are, and the findings of this part of the assessment, we may then conduct further assessments in the areas of language, memory, learning or social perception.

We usually provide lunch and will make the assessment as comfortable as possible building in rest periods to ensure testing fatigue is kept to a minimum. Once this is complete, we will then feedback and finish the day with the child and parents.

Whilst we seek to complete the assessment with the child on this day, occasionally we may need more time to do this and will discuss this with you on the day. This can be because the pace of the assessment needs to be reduced or there are behavioural difficulties for the child which make complying with the tests more difficult.

When the assessment is finished

When we have finished the assessment, we analyse all the information and arrange to meet with the parents and any relevant professionals to share the findings and develop a collaborative plan for action. After we have met we will finalise the report and because it is usually substantive, distribute this for final checks before circulation.

Please do not hesitate to ask us any questions if you have any concerns about the assessment process.

The assessments we will use:

The Wechsler Intelligence Scales for Children (WISC-IV and WPPSI-III)

These are individually administered clinical instruments designed to measure the cognitive ability of children aged 2 years 6 months to 16 years 11 months. The assessment provides a composite of intellectual functioning and also of specific cognitive domains of verbal, perceptual, memory and processing abilities. This is the most widely used measure of intelligence and forms the basis on which to investigate other areas of cognitive functioning.

The Sensory Profile

This is administered in order to determine how well children process sensory information in everyday situations and to profile the sensory system's effect on functional performance. The profile contributes to a comprehensive picture of a child's performance. We can combine it with other evaluation data to create a complete picture of the child's status for diagnostic and intervention planning. The assessment is a caregiver questionnaire.

The Roll Evaluation of Activities of Life (REAL)

This standardized rating scale provides information on the activities of daily living and independent activities of daily living most common among children ages 2:0–18:11.

The Bruinicks–Ostretsky Test of Motor Proficiency:

This is an individually administered test that uses engaging, goal-directed activities to measure a wide array of motor skills in individuals aged 4 through to 21. It is a reliable and efficient measure of fine and gross motor skills.

The additional assessments we may use:

A 'Developmental Neuropsychological Assessment'-The NEPSY-II (Second Edition)

This assessment for 3-16 year olds assesses six domains of functioning: Social Perception, Executive Functioning/Attention, Language, Memory and Learning, Sensorimotor Functioning and Visuospatial Processing.

The Test of Every Day Attention (TEA-Ch)

Suitable for children aged 6 to 16 years of age, the TEA-Ch comprises 9 subtests which measure children's abilities to:

- selectively attend
- sustain their attention
- divide their attention between two tasks
- switch attention from one thing to another
- withhold (inhibit) verbal and motor responses