

Service Specification No.	MH_19
Service	Child and Adolescent Mental Health Services
Commissioner Lead	Nicola Bromage
Provider Lead	David Pike
Period	1 st April 2022 to 31 st March 2023
Date of Review	By 31 st March 2023

1. Population Needs

All current and future legislation and guidance in relation to the delivery of child and adolescent mental health services and services children and young people.

The service is expected to comply with all local safeguarding policies and respond to any recommendations from Serious Case Reviews, learning reviews and independent Reviews

The service will adopt relevant NICE guidance as it is issued.

The service will adopt agreed pathways of care as they are developed in partnership with the service and partners.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

Staffordshire's Emotional Wellbeing and Mental Health Strategy (2014-2018) outcomes:

Domain 1	Children and Young People develop emotional resilience which enhances their emotional wellbeing and mental health	X
Domain 2	Reduction of demand for specialist services More children and young people maintain good emotional wellbeing and mental health	X X
Domain 3	Children and Young People who become emotionally and mentally unwell are supported to manage their conditions and recover quickly Children and young people recover without recourse to medication	X X
Domain 4	Increase in seriously ill children and young people who can be cared for in their community	X

Domain 5	Vulnerable groups of children and young people are able to access support quickly, and therefore manage their conditions enabling quick recovery	X	
Domain 6	Commissioners will have better information about need and prevalence of emotional wellbeing and mental health issues within the 18-25 age groups; in order to commission effective, evidence-based solution	X	

3. Scope

3.1 Aims and objectives of service

Aim

Improve and enhance the emotional wellbeing and mental health of children and young people who are experiencing emotional and mental distress.

Provide high quality, comprehensive, multi-disciplinary and multi-modal specialist child mental health provision to the children and families of South Staffordshire and support transition to adult services.

3.2 Service description/care pathway

The Child and Adolescent Mental Health Services (CAMHS) is a community based specialist mental health provision. The service provides direct assessment and a range of interventions with children and young people and their families (individual, family or group format); indirect consultation to professionals, families and/or carers; training programmes on relevant child mental health issues; consultative supervision by arrangement; and other activities including audit and evaluation, research, specialist projects and service development.

Community CAMHS Services (South Staffordshire)

The Service will:

- Provide assessment, advice, consultation and treatment for children/young people with severe, complex or persistent mental health disorders (see Appendix A for referral criteria)
- Offer multi-disciplinary services that include psychological therapists including (Child Psychology, Family Therapy, Child Psychotherapy), Allied Health Professionals (Occupational Therapy, Art Therapy), Specialist Nurses, Medical staff, effective operational leadership and administrative support, social workers (employed by Local Authority), youth workers and support workers.
- Provide direct clinical assessment of child and young people admitted to acute settings in South Staffordshire due to deliberate self-harm (provision will extend to children from South Staffordshire admitted to Royal Stoke Hospital and New Cross Hospital – when CV agreed).
- Provide daily screening of referrals to the service, this will include screening referrals to assess priority / urgency in accordance with the CAMHS criteria. Referrals that do not meet the referral criteria will be rejected and discussed with referrer for appropriate redirection. The provider will work with both public and third sector providers to explore and develop agreed care pathways that ensure the most expedient and effective care to children, young people and families.
- Accept referrals for children and young people aged 0-18 where there is a reasonable description that suggests that the child/young person may have an emotional wellbeing or mental health problem in accordance with referral criteria.
- Provide comprehensive assessment of child or young person's mental health, outcome of assessments will be shared with other services involved in the care of the service user with the informed consent of the young person and/or parent/carer.
- Ensure assessment and care planning views a child/young person holistically and within the context of their wider systems including: family; socialising/relationships; wider leisure; education/employment; housing; creativity; spirituality; self-management with the aim of optimising emotional wellbeing, mental and physical health.
- Work in a collaborative and transparent manner with parents/carers and multi-agency partners whom also may be (or may be required) to become involved within the care of any individual child

or young person (this will include active involvement in Early Help Assessment, Team Around the Child, CPA)

- Ensure assessments are undertaken with due regard to obtaining appropriate and informed consents, confidentiality and child protection policies.
- According with best Child Protection practice, ensure each child/young person is given the opportunity to be seen individually as part of the assessment, should this not be possible, clear reasons for this must be recorded within the child/young person's notes
- Ensure every child/young person who receives continuing care from the service has a care plan. A written care plan will be drawn up by the key worker and will incorporate the views of the child/young person and will involve their parents/ carers and wider family members where appropriate. All care plans must include risk management and crisis planning, where appropriate. Care plans should be regularly reviewed, where a significant change has taken place, or when there is a change in the care management plan, review should be carried out as soon as is practical.
- Ensure outcomes of assessment and care planning are conveyed in writing to referrer, GP (if different) and copied to service users (as per Trust policy). It may be copied to other agencies with consent of the child/young person and their parent/carer, taking into account requirements of child protection policies.
- Provide intervention/treatment options that are age-appropriate, in accordance with evidence-based treatment / NICE guidance. Treatment may include pharmacological and psychosocial interventions, environmental and occupational/educational interventions or provision. Interventions may also take the form of consultation to other professionals and input into multiagency planning meetings
- Any planning for children and young people with severe educational needs should take account and be part of the child or young person's Education Health and Care plan.
- Put protocols in place to ensure that transitions between services are robust and that, wherever possible, services work together with the service user and parents/carers to plan in advance for transition (this is especially critical in the transfer from CAMHS to adult mental health services and primary care or other services, e.g. voluntary/third sector). As a minimum, children/young people leaving CAMHS should have; a written and agreed care plan detailing what service they will receive post-CAMHS, at least one face-to-face meeting with a named CAMHS key worker and the key worker from the service to which they will move for further care, follow up after the transition, within six months, to ensure appropriate interventions are in place, a written and agreed plan (if no further interventions or treatment are planned) so that the young person and, where appropriate, parents/carer knows what to do if they become unwell
- Use Care Programme Approach is used when young people are discharged from in-patient care or over the age of 16 years and on transition from child and adolescent to adult services
- Ensure that discharge plans are completed with active engagement from child/young person, parent/carer and multi-agency partners. Discharge letters to be sent to General Practitioner, referrer and parent/carer and young person where appropriate

The service will also provide the following additional specialist service provision:

That Place (East Staffordshire only)

That Place provides a tier 2 service for 14-19 year olds; it offers assessment, 1-1 interventions and drop in events across Burton, Tamworth and Lichfield. Its focus is emotional wellbeing and offers predominantly a 6-8 session model. It has robust links with CAMHS and third sector agencies: LSTs, YESS, Paediatrics and Dove.

Provide services to Children and Young People experiencing mild to moderate emotional wellbeing and mental health problems. The service will work with children young people and parents/carers either in clinics and/or community settings such as GP practices, schools or, where appropriate, the home environment.

Children and young people will typically present with one or more of the following; family issues –having an adverse effect and the child or young person is showing signs of developing a mental health problem or disorder mild to moderate emotional and behavioural disorders, anxiety, depression, stress and or other mood disorders, e.g. low self-esteem , adjustment reactions simple phobias, self-harm – where this is mild to moderate, bereavement, bullying, anger management issues, relationship problems.

CAMHS Early Years (Cannock and Stafford only) – see Appendix B

The CAMHS Early Years' Service is a pre-school service and aims to support young children before they become of age to start full-time school (i.e. prior to them being eligible to start school Reception year).

The service see children with complex, persistent and/or severe emotional or behavioural difficulties, usually where interventions have already been attempted in primary or social care services. This might include presenting problems of attachment, trauma, concern over attention, and significant challenging behaviour and social dysfunction.

Additionally, the service will support other professionals in their work with young children and to offer training and consultation, as required.

Paediatric Psychology (Cannock and Stafford only) – see Appendix C

The Paediatric Psychology service is a specialist team offering a range of evidence-based, client-centred interventions to children, young people and families experiencing psychological distress in the context of a physical health problem or disability.

The services will provide:

- Assessment, formulation and therapeutic intervention at the level of the child or family dependent on what is indicated.
- Group based therapeutic interventions where indicated
- Neuropsychological assessment screening for functioning difficulties in situations such as acquired brain injury etc.
- Consultation to medical professionals across a range of disciplines including Paediatricians, Specialist nurses and ward staff
- Diabetes education workshops promoting psychological wellbeing around issues such as adjustment to diagnosis, transition to secondary school and coping with curiosity
- Teaching/training around psychological aspects of different physical health conditions
- Participation in research/audit projects as indicated

Primary Care Mental Health Services (Seisdon only)

Provides consultation and training to professionals working at a Tier 1 level. The service will provide direct clinical interventions when required, and provide a liaison role between community services and Tier 3 CAMHS.

Lead for Participation (South Staffordshire)

Lead on activities in relation to the engagement, involvement and participation of children, young people and their families/carers in service development, including provision of a participation worker on behalf of the CYP IAPT partnership. NB: The participation worker may be sub-contracted from other providers as part of the CAMHS partnership for CYP IAPT.

Leadership for Improving Access for Psychological Therapies (CYP IAPT) (South Staffordshire)

Lead the development and implementation of work streams related to the CYP IAPT programme (in conjunction with other CAMHS partners). Specific responsibilities will include:

- Developing and implementing care pathways, ensuring delivery of evidence based therapies in accordance with CYP IAPT programme
- Implementing the use of routine outcome measures to inform individual care planning and review in addition to overall service evaluation and improvement
- Improving access to psychological therapies, developing pathways and systems that support self-referral and timely access to services.
- Increasing children and young people's participation in service delivery and development (see lead for participation above)

3.3 Population covered
Geographic coverage/boundaries

The Service will be available to children and young people up to the age of 18 years who are registered with a South Staffordshire GP and/or live within South Staffordshire.

NB Young People aged between 16 and 18 years will be managed through either CAMHS or adult services, as appropriate and accepted to age appropriateness and individual need, however all young people of this age will be offered a service.

Days/Hours of operation

The Service will operate flexibly within normal working hours (9-5pm Monday to Friday) for the majority of its services.

Community CAMHS Services will operate out of services. Out of hours services will support acute hospital staff and relevant community professionals in providing for the mental health assessment and needs of children/young people in their care out of hours, this includes referrals from police for Section 136 assessments where there is a clearly demonstrated urgent mental health need only.

Out of hours services will operate from 5pm until 10pm on Weekday and 9am – 5pm on Weekends and Bank Holidays Outside of the hours the Adult Crisis Resolution Team will provide telephone consultation and advice for under 16s and take referrals for assessment and treatment of over 16s in accordance with Crisis Resolution referral criteria.

Priority Referrals

CAMHS will prioritise referrals as follows:

- Emergency/Acute* referrals/cases to be seen **same/next** working day
- Next working day access for those children/young people admitted for self-harm
- For routine referrals (**define**), carry out initial assessment within **eight (8) weeks** of receipt of accepted referral.
- Offer to provide the agreed intervention within **eighteen (18) weeks** of the initial assessment.

*Definition of an emergency and urgent need – Children and young people presenting as emergencies or as requiring urgent assessment and intervention include those who have rapidly developed a serious or life-threatening condition, for example a young person who is psychotic or suicidal; those whose needs have become urgent as a consequence of the more routine services being unavailable to them in a timely way; and those about whom adults are urgently seeking reassurance and support. This includes children/young people who may be detained under a section 136 who have a clear mental health problem

Referral route

Referrals to all functions within Community CAMHS will be accepted by the following:

Referrals to Community CAMHS Accepted from:	Referrals only accepted from the following after consultation with Tier 3 CAMHS team:
<ul style="list-style-type: none"> • General Practitioners • Acute Paediatrics • Health Visitors • School Nurses • Child Development Centre staff • Adult Mental Health Service staff • Social Workers • Education Welfare Officers • Behavioural Support Service staff • CAMHS Primary Care/Early Intervention Service • Schools 	<ul style="list-style-type: none"> • Head teachers * • SENCO's * • School Counsellors * • Dieticians <p>Speech and Language Therapists</p> <ul style="list-style-type: none"> • Educational Psychologists *

- Self-referral

**referrals will be accepted by Early Years, Tier 2, Primary Mental Health Service without consultation*

3.4 Any acceptance and exclusion criteria and thresholds

Referral Criteria

Referral criteria for Community CAMHS, CAMHS Early Years, Paediatric Psychology and That Place are included as appendices.

Exclusion Criteria

Children and young people may not be eligible for the service provided by SSSSFT on the basis of:

- Being aged 19 and above *
- The referred problem may be best treated in an alternative service (for example, alternative commissioned Tier 2 service, social care team)
- Children in court proceedings where intervention is not advised under Home Office guidelines
- Court assessments, unless specifically contracted
- Where the service is not commissioned including for the following clinical presentations:
 - **Psychological Service for Young Offenders** - the current Provider of this service is Midlands Psychology. Where a presentation/referral/assessment indicates that offending behaviour is occurring and is not as a result of a possible mental health condition, AND the young person has a Youth Offending Worker, the referrer should be signposted/referral should be made to Midlands Psychology.
 - **Autistic Spectrum Disorder (ASD) Service** - the current Provider of this service is Midlands Psychology. Where a presentation/referral/assessment indicates that the presenting concern is ASD the referrer must be signposted/a referral must be made to Midlands Psychology.

When a mental health condition is suspected alongside offending behaviour and ASD, from either the referral to SSSSFT or to Midlands Psychology both Providers must follow the joint working protocol agreed for these cases.

For Children/Young People who are placed in South Staffordshire from another CCG area – responsible commissioner guidance will be followed and funding sought from host CCG.

3.5 Interdependence with other services/providers

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Response time & detail and prioritization

The Service will meet the following response times:

- Emergency/acute* referrals/cases to be seen **same/next** working day
 - Next working day access for those children/young people admitted for self-harm
- 18 week referral to treatment pathway will apply to all other referrals.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals
5.2 Applicable CQUIN goals (See Schedule 4E)
6. Location of Provider Premises
<p>The Provider's Premises are located at:</p> <p>4.2 Location(s) of Service Delivery</p> <p>Services to be available in community settings and must be accessible for clients with disabilities and/or parents/carers of young children. Practitioners will work in a variety of settings, including in-reach e.g. into acute provision, Children's Centres, Schools, Pupil Referral Units, residential care settings and family homes.</p>
7. Individual Service User Placement

Appendix A.

Community Child and Adolescent Mental Health Services (CAMHS)

Referral Criteria (Tier 3)

Population covered

All children and young people who are resident and/or registered with a South Staffordshire GP (who is a member of one of the 4 CCGs operating across South Staffordshire) up to their 18th birthday (young people of 16 or 17 years will be managed by either CAMHS or AMHS dependent upon referral route and/or as clinically appropriate).

If a person is residing temporarily within South Staffordshire area, but are registered with a GP elsewhere (i.e., student or child placed in the area by another authority) discussion will need take place in relation to who is best placed to meet the needs of an individual and a shared care agreement will need to be negotiated by the provider involving the person's originating area's service. Responsible Commissioner guidance will be followed and it is expected that the responsible commissioner for out of area referrals accepted will be re-charged

Acceptance criteria

Referrals from any professionals that work with children and young people will be accepted by the CAMHS Teams where commissioners are satisfied that this is appropriate and where these professionals understand the referral process and what constitutes an appropriate referral. Referrals that do not meet the referral criteria will be rejected and discussed with referrer for appropriate redirection. The provider will work with both public and third sector providers to explore and develop agreed care pathways that ensure the most expedient and effective care to children, young people and families.

All referrals to be made by letter, fax (following security and confidentiality policies and followed up with written referral) or through Common Assessment Framework process. Emergency referrals can be made by phone; however these should be followed up by written referral as above.

Referrals to all functions within Community CAMHS will be accepted by the following:

Referrals to Community CAMHS Accepted from:	Referrals only accepted from the following after consultation with Tier 3 CAMHS team:
<ul style="list-style-type: none"> • General Practitioners • Acute Paediatrics • Health Visitors • School Nurses • Child Development Centre staff • Adult Mental Health Service staff • Social Workers • Education Welfare Officers • Behavioural Support Service staff • CAMHS Primary Care/Early Intervention Service • Schools • Self-referral 	<ul style="list-style-type: none"> • Head teachers * • SENCO's * • School Counsellors * • Dieticians <p>Speech and Language Therapists</p> <ul style="list-style-type: none"> • Educational Psychologists * <p><i>*referrals will be accepted by Early Years, Tier 2, Primary Mental Health Service without consultation</i></p>

All referrals are to Community CAMHS multidisciplinary/multi-agency team and not to individual clinicians.

Referrers will be required to provide adequate information:

- Name of child/young person (including any alias)
- Ethnicity
- NHS Number
- Name of parent/carer (including who has parental responsibility)
- Current address and phone numbers
- Date of birth of child/young person
- Family composition
- School details
- Overview of current difficulties, including risk factors, duration and impacts
- Overview of interventions to date and outcomes (when/whom/outcomes)
- Any significant family history
- Contact details of other agencies involved with child/young person/family including reason for engagement
- Indication of what help is being requested

Children and young people will present to this part of the service with moderate and severe mental health problems that are causing significant impairments in their day-to-day lives. These will include acute presentations.

Children and young people will typically present with one or more of the following (but not limited to)

- Emotional and behavioural disorders (moderate to severe)
- Conduct disorder and oppositional defiant disorder
- Hyperkinetic disorders
- Psychosis
- Obsessive-compulsive disorder
- Eating disorders
- Self-harm
- Suicidal ideation
- Dual diagnosis – including comorbid drug and alcohol use
- Neuropsychiatric conditions

- Attachment disorders
- Post-traumatic stress disorders
- Development disorders
- Significant mental health problems where there is comorbidity with mild/moderate learning disabilities or comorbid physical and mental health problems
- Mood disorders
- Somatising disorders
- NB: Presentations that could be described as emerging personality disorder could be accepted under mood disorder, suicidal ideation and self-harm.

Exclusions

Children and young people may not be eligible for the service provided by SSSSFT on the basis of:

- Being aged 19 and above *
- The referred problem may be best treated in an alternative service (for example, alternative commissioned Tier 2 service, social care team)
- Children in court proceedings where intervention is not advised under Home Office guidelines
- Court assessments, unless specifically contracted
- Where the service is not commissioned including for the following clinical presentations:
 - Psychological Service for Young Offenders - the current Provider of this service is Midlands Psychology. Where a presentation/referral/assessment indicates that offending behaviour is occurring and is not as a result of a possible mental health condition, AND the young person has a Youth Offending Worker, the referrer should be signposted/referral should be made to Midlands Psychology.
 - Autistic Spectrum Disorder (ASD) Service - the current Provider of this service is Midlands Psychology. Where a presentation/referral/assessment indicates that the presenting concern is ASD the referrer must be signposted/a referral must be made to Midlands Psychology.

When a mental health condition is suspected alongside offending behaviour and ASD, from either the referral to SSSFT or to Midlands Psychology both Providers must follow the joint working protocol agreed for these cases.

* Young people age 16-18 years will be managed through either CAMHS or AMHS, as appropriate and receptive to age appropriateness and individual need

APPENDIX B - CAMHS Early Years Referral Criteria

<p>CAMHS EARLY YEARS SERVICE</p> <p>GUIDANCE FOR REFERRERS</p>
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Service boundaries	Cannock Chase CCG and Stafford & Surrounds CCG areas
Age of children seen	We see children between 0 and 4 years old. The Camhs Early Years' Service is a pre-school service and aims to support young children before they become of age to start full-time school (i.e. prior to them being eligible to start school Reception year).
Who can refer?	Requests for involvement are accepted from any professional working in children's health or social care services. We also accept self-referrals where the presenting problem/s meets our referral criteria.
Who is the service for?	We see children with complex, persistent and/or severe emotional or behavioural difficulties, usually where interventions have already been attempted in primary or social care services. This might include presenting problems of attachment, trauma, concern over attention, and significant challenging behaviour and social dysfunction.
What don't we do?	We do not provide assessments of, or specific interventions for, parenting capacity, custody & access issues, developmental delay or disorders such as Autistic Spectrum Disorder, or see children where their behaviour is normal for their context. We do not see children who could be managed effectively within universal primary care services or social care services.
Where do we work?	We see children at our clinics at The Bridge in Stafford and at The Grove in Cannock as well as in patient's own homes and nursery settings.
Where to send referrals:	Camhs Early Years' Service, The Bridge, St George's Parkway, Off Crooked Bridge Road, Stafford, ST16 3NE Or contact us on 01785 221 665 to discuss your concerns.

It is not feasible to provide a fully comprehensive guide to suitable referrals, but we hope the information given below is a useful reference tool. However, we also want to stress that we welcome you getting in touch to discuss children you are concerned with, either to offer consultation or to discuss the usefulness of a potential referral.

Problem	Brief Description	Referral Pathway	Additional sources of support, advice, information
Anxiety / Phobias	Some fears are quite normal and developmentally appropriate.	Information about normal range of behaviour.	
	Mild: some difficulty in a single area but generally functioning pretty well. Consistent minor difficulties, mood changes of brief duration, fears & anxieties that do not lead to gross avoidance behaviour.	Health Visitor advice. If more severe, then Local Support Team (LST) or Barnado's	
	Moderate/Severe: if affecting child's development or level of functioning/dramatic deterioration and/or out of proportion to family situation and impacting on parent /carer/child relationship.	Refer to Camhs Early Years.	
Attachment	Mild: such as separation anxiety when starting nursery, adjustment to parental separation/divorce	Health Visitor advice Barnado's	
	Moderate/Severe: where there are significant difficulties for the child arising from the disruption or lack of normal attachments to a primary care giver resulting from parental mental health problems, care issues, or bonding difficulties, or when parenting stress is very high.	Refer to Camhs Early Years May also consider referral to Sustain+ for 'Looked After' child	
Autistic Spectrum Disorder (ASD)	Where you are concerned there are difficulties associated with the 'Triad of Impairment' (i.e. difficulties with social interaction, communication and imagination) or where there are specific difficulties arising directly from an already diagnosed ASD.	Midlands Psychology is the provider of assessment, diagnostic and intervention services for Autistic Spectrum Disorders. Referrals for assessment of a potential ASD from SSSFT to Midlands Psychology should ensure a paediatric opinion has been sought.	
Bereavement	Normal grief reaction. Grief is the normal response to the loss of a loved one and does not necessitate referral to specialist services.	Health Visitor Primary care support Psycho-education	http://winstonswish.org.uk www.cruse.org.uk
	Prolonged normal grief responses	Possible support from 3 rd sector, LST, or Barnado's	
	Child is experiencing significant distress following a death. This might include bereavement as a result of traumatic circumstances e.g. suicide	Refer to CAMHS Early Years	

Problem	Brief Description	Referral Pathway	Additional sources of support, advice, information
Behavioural problems	Normal/Mild Refer to normal development	Health Visitor Primary care support	Local Health Visitor Forum http://incredibleyears.com SSSFT behaviour pathway
	Moderate	Increased support from Health Visitor, LST or Barnado's	
	Significant/Chronic/Complex Where behaviour problems are persistent and severe following significant advice and intervention from other professionals (Health Visitors, Social Workers, Voluntary sector), or when such services are unlikely to be effective, or where additional factors are also present e.g. significant attachment need	Refer to CAMHS Early Years	
Family Difficulties	Emotional and behavioural difficulties in relation to family stresses, for example post-separation or divorce.	Parents should be encouraged to resolve problems before referring to CAMHS.	Relate Family Mediation Services https://www.cafcass.gov.uk/ http://www.understandingchildhood.net/posts/divorce-and-separation-helping-children-and-parents-cope/
	Emotional and behavioural difficulties in relation to abusive relationships	If relating to past history then consider referral to NSPCC, Women's Aid. Where there is an enduring impact on child's well-being then refer to Camhs Early Years. If relating to current abuse then make Safeguarding referral to First Response.	
	If difficulties are associated with parental mental illness	Liaise with Adult services who can contact CAMHS for joint working/referral if appropriate. Where parental mental health directly impacts on child's emotional well-being and needs cannot be met elsewhere then consider referral to LST or Camhs Early Years.	
	Legal issues/reports	Do not refer to CAMHS. Refer to a solicitor who should commission these independently.	
	Where there are serious concerns about a child's welfare or safety	Safeguarding referral to First Response	

Problem	Brief Description	Referral Pathway	Additional sources of support, advice, information
Feeding Difficulties	Mild: fussy eating but not associated with significant anxiety or distress or problems with weight gain	Health Visitor advice	
	Moderate: difficulties accepting normal range or quantity of foods causing distress to child/family and impact on weight	Health Visitor advice Referral to dietitian Referral to Speech & Language Therapy for feeding assessment	
	Severe: significant difficulties with feeding causing concern for physical well-being	Referral to paediatrician or specialist centre	
Sleep Difficulties	Mild:	Information about normal sleep and establishing good sleep habits. Health Visitor advice	
	Moderate/Severe: Where sleep problems, in combination with other behaviour difficulties, are persistent and severe following significant advice and intervention from other professionals (Health Visitors, Social Workers, Voluntary sector) AND where the problem significantly affects child's emotional well-being and parenting stress	Refer to Camhs Early Years Support may also be available from Children's Paediatric Services in cases where a child is already known to them.	http://kidssleepdr.com/
Toileting	Initial toilet training advice should be offered at primary care level.	Health Visitor advice	http://www.eric.org.uk/
	Where problems develop beyond what is developmentally appropriate, initial screening and treatment should be undertaken by appropriate medical professional.	GP assessment Refer to paediatrician or specialist clinic or paediatrician.	http://letstalkaboutpoo.eric.org.uk/
	Where toileting issues, in combination with other behaviour difficulties, are persistent and severe following significant advice and intervention from other professionals (Health Visitors, Social Workers, Voluntary sector) AND where the problem impacts significantly on child's emotional well-being or parenting stress	Refer to Camhs Early Years	http://pathways.nice.org.uk/pathways/constipation
Trauma	Single recent incident:	Information on normal responses to trauma. Health Visitor advice	
	Multiple events or significant traumatic experience where symptoms of trauma are not resolving	Refer to Camhs Early Years	

Problem	Brief Description	Referral Pathway	Additional sources of support, advice, information
Looked After Children	Where there is concern about placement breakdown and mental health issues are evident	Consider Sustain+	

General Resources:

Local Health Visitor Forums hosted by Camhs Early Years which focus on training and consultation regarding the above areas with reference to information arising from current caseloads.

<http://www.handsonscotland.co.uk/>

This website aims to help you make a difference to children and young people's lives. It gives practical information, tools and activities to respond helpfully to troubling behaviour and to help children and young people to flourish.

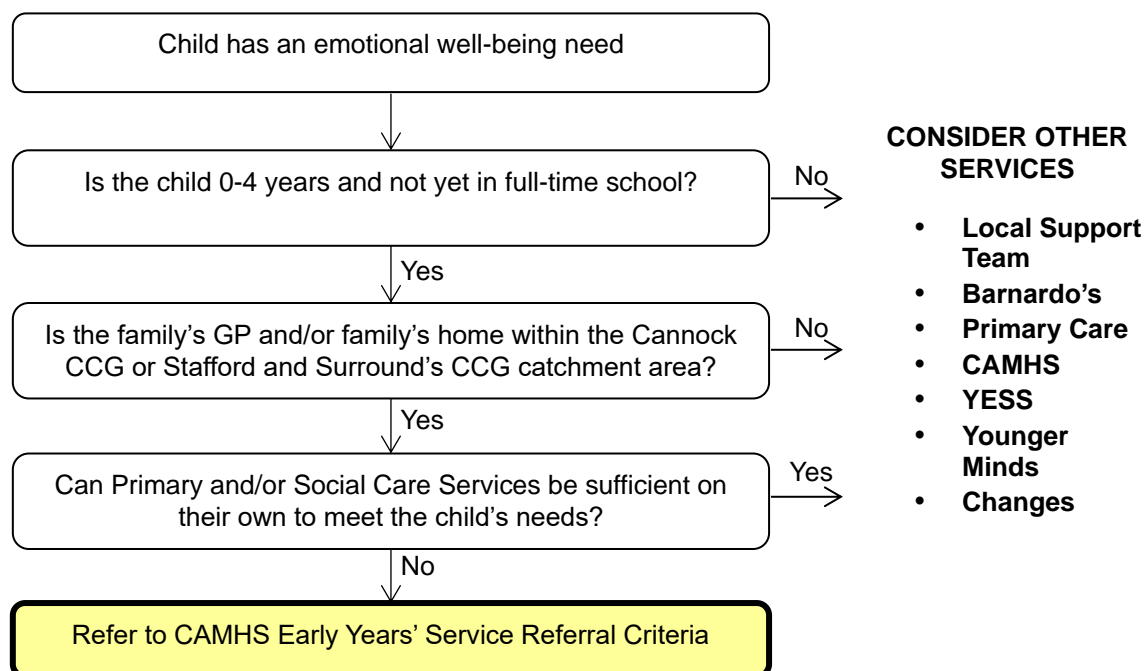
<http://www.familylives.org.uk/>

This web-site provides a range of information for younger and older children. It includes access to an on-line parenting course, parent helpline and on-line chat as well as a range of information leaflets.

<http://www.understandingchildhood.net/>

A range of downloadable leaflets are available for families and professionals with the aim of helping to raise emotionally secure children. Whilst the leaflets cover 0-18years, the primary emphasis is upon early development.

Referral Pathway for CAMHS Early Years' Service



Paediatric Psychology

Referral Criteria

Referral pathways

Referrals will be accepted from a range of professionals including (but not limited to) Specialist Consultants, Paediatricians, Clinical Nurse Specialists, Ward Staff, GP's, School Nurses and Physiotherapists. The team work on the premise that the quality of the referral is more important than the title of the referrer.

Consent must be given prior to referral by the young person and family and either a referral form completed or letter with equivalent detail written. An indication should also be made as to whether consent has been sought to pass a referral to other agencies if not appropriate for the Paediatric Psychology service, thereby maximising efficiency and reducing waiting times.

Once received, all referrals will be screened for suitability. If accepted into the service, initial 'choice' appointments will be offered within 8 weeks of receiving a referral. From here, clients are either:

- Placed on the routine waiting list for therapeutic input
- Allocated an urgent appointment slot (if clinically indicated)
- Signposted to another, more appropriate service.

Referral types accepted

The team will accept a referral for any child aged 0-18 where there is psychological distress for the individual or family occurring in the context of a physical health problem or disability. This includes but is not limited to:

- Adjustment to chronic health conditions
- Coping with invasive procedures or taking medicines
- Preparing for surgery
- Managing difficult life transitions
- Coping with visible difference
- Pain and chronic fatigue management *
- Complex feeding problems **

* Chronic pain pathway

In the event of a referral for chronic fatigue or chronic pain, a pathway exists offering a time limited pain management programme in the first instance. In order for a young person to qualify for this pathway, all medical investigations must first be complete with medical causes ruled out. Prior to referral, the medical team are expected to fully explain the reason for referral to Paediatric Psychology to ensure consent has been received. Following the pain programme, if another type of therapeutic intervention e.g. family work is indicated, this will be discussed with families. There may be a further wait for this service.

** Complex feeding pathway

A one off feeding consultation will be offered to children who are living with highly restrictive diets where there is a risk of this impacting on their physical health. This service is available to children school age and above. Referrals should only be made to this service once Dietician and School Nurse input has been tried and any possible medical conditions e.g. swallowing problems have been ruled out. Following consultation, clients may be signposted elsewhere for further input if indicated. In rare circumstances such as weaning off nasogastric feeds or where there is ongoing compromise to physical health, ongoing appointments in Paediatric Psychology may be offered.

Geographic coverage/boundaries

Stafford & Surrounds and Cannock CCG areas

Location(s) of Service Delivery

- Cannock hospital
- County hospital

- The Bridge, Stafford

