

HIGH CARE NEEDS REFERRAL FORM

GUIDANCE NOTES

The High Care Needs system identifies children in Newcastle who have complex difficulties and where the provision of an appropriate multi-agency package of social care, health care and education is challenging the local services.

Referral does not result in the provision of a service, but highlights the current and future needs of specific children, as identified by the professionals in the multi-agency team involved in their care, to the joint commissioners of children's' health, education and social care services.

The process is currently used to identify 2 groups of children/young people:

GROUP A: The child/young person has a combination of complex social care needs, special educational needs and needs associated with physical or mental disorder/disability or learning disabilities

All of the following criteria must be met:

1. A multi-agency assessment / core assessment and planning to evidence recent multi-agency work.
2. The child/young person has need of long term provision of secondary **health** services for one or more of the following:
 - Life threatening or complex physical health needs requiring intensive support to the child and family from a multidisciplinary team
 - Learning disability with CTLD involved in the assessment and where there is risk whilst the child/young person is receiving their current care package.
 - Severe complex and long term mental health disorder(s) with high levels of risk despite a multi-agency package including CAMHS
3. The child/young person requires a complex **social care** package and needs to spend significant time away from the family home to prevent family breakdown, address health, social care and education needs.
4. The child/young person has a statement of **special educational needs**.
5. It is proving difficult to meet the child/young person's needs as they move through the education system and out of authority placements are being considered.

GROUP B: The child/young person has a mental health disorder (with or without a learning disability) of sufficient severity to require assessment and treatment in hospital (either a regional Tier 4 CAMHS or CAMHS/LD unit or a hospital out of the area).

All of the following criteria must be met:

1. The child/young person has a severe and acute or chronic **mental disorder** diagnosed by a CAMHS or CAMHS/LD practitioner.
2. The child/young person cannot be adequately treated within community Tier 3 CAMHS or CAMHS/LD resources.
3. There is a risk of the young person under 18 years old being admitted to an adult psychiatric unit unless an age-appropriate facility is available.
4. The child/young person's mental disorder is preventing them accessing **education**.
5. The child/young person +/- their family is accessing **family/social support**.
6. There is evidence of multi-agency working or (if the mental health need is acute and urgent) there are plans to convene a multi-agency planning meeting (mental health care coordination).

For referrals of a child/young person who meets criteria for EITHER group A or group B

- **Complete Section 1 (general information) or attach a recent CAF**

THEN, for a child/young person in GROUP A, complete Section 2 and attach the required reports

OR, for a child/young person in GROUP B, complete Section 3 and attach the required reports

Return completed forms and attachments marked Confidential to:

**High Care Needs Coordinator
Children's Social Care
Newcastle City Council
Civic Centre
Newcastle upon Tyne
NE1 8PU**

If a child/young person in GROUP B requires immediate admission to hospital out of the area, the forms should also be forwarded immediately for the attention of Aileen Fitzgerald, Head of Commissioning for Children and Families email: aileen.fitzgerald@newcastle-pct.nhs.uk; (fax 0191 2172505) and Dr Mike Guy, Medical Director, NHS North of Tyne (fax 0191 2022043) Out of hours applications should be forwarded to the NHS North of Tyne Director on call.

SECTION 1 (General Information)

CHILD/YOUNG PERSON'S DETAILS

Name	
Date of birth	
Ethnicity	
Legal care status	
Mental Health Act status	
Current address	
Indicate whether this is the family home, young person's own home, a LA placement, hospital or other kind of placement	
If the child is currently in an LA placement, hospital or other placement, please give their most recent home address	
Does the child/young person and/or their parent(s) consent to information being shared through this referral process?	YES / NO
Has there been multi-agency planning within the last 6 months?	YES / NO
If yes, give date and attach report/minutes	
If no, indicate plans to convene a multi-agency review within 4 weeks	

Who are the Lead Professionals involved?

Health	
Education	
Social Care	
Other	

Name of person completing this form	
Position	
Agency	
Date	

SECTION 2 (for children/young people meeting criteria for GROUP A)

	Tick criteria met	Tick report attached
Recent Core Assessment indicating child/young person needs to spend significant time away from home to prevent family breakdown and address social care, education and health needs		
Evidence of multi-agency planning		
Either : life threatening or complex physical health needs requiring intensive support from a multi-disciplinary team (most recent paediatric/secondary health care team assessment report/letter)		
and/or : learning disability with CTLD involved in the assessment and where there is risk whilst the child/young person is receiving their current care package (most recent CTLD report/letter)		
and/or : severe complex and long term mental health disorder(s) and high levels of risk despite a multi-agency package including CAMHS (most recent CAMHS report/letter ; FACE risk profile)		
Statement of Special Educational Needs and consideration of need for out of authority placement (most recent SEN statement and annual review reports if appropriate)		

SECTION 3 (for children/young people meeting criteria for GROUP B)

MENTAL HEALTH NEEDS

	Yes / no and specify where indicated
Is the child/young person known to Newcastle Tier 3 CAMHS OR CAMHS/LD? Specify team/consultant	
Has the child/young person been referred to Tier 4 CAMHS or CAMHS/LD? Specify team/consultant	
Does the child/young person have severe mental health problems requiring hospital in-patient assessment/treatment?	
Does the child/young person require admission to a psychiatric hospital or unit out of the area?	
If yes give reasons: <ul style="list-style-type: none">- Capacity (no Tier 4 bed available locally)- Risks associated with local Tier 4 admission e.g. absconding; aggression; risk to other patients, etc- Need for highly specialist service not available locally (specify)- Other (specify)	
Specify risk associated with reason:	
Is there a risk of the child/young person (under 18 years of age) being admitted to an adult psychiatric unit if no developmentally-appropriate facility available?	
Has the child/young person any history of offending or criminal activity? (give brief details)	
Recent CAMHS assessment report / letter attached	Yes/no (if no, give reasons)

FACE risk profile (child/adolescent) attached	Yes/no (if no, give reasons)

EDUCATION / TRAINING

Name of educational/training establishment where child/yp is on roll:	
Is the child/young person's mental health disorder preventing him/her accessing education or training?	
Recent education/training report attached	Yes /no (if no, give reasons)

SOCIAL CARE

Are the child/young person and their family accessing high levels of family support?	
Name of Social Care team involved:	
Name of other Family Support Care involved:	
Recent core assessment or other relevant report attached	Yes / no (if no, give reasons)

OTHER SIGNIFICANT SERVICES

Is the young person accessing any other services i.e. Supported Independent Living, Youth Offending Team, Youth Services etc.

Please state name of service/agency and contact details

1.

2.

3.

Proposed placement/admission

Has this unit assessed and/or accepted the young person?

Have other placements been considered? (give reasons why inappropriate)

How does this placement/admission meet the child/young person's needs?

Cost of placement (daily rate)

Estimated length of stay and plans for return to local services

What are the implications of this placement for the family or living situation?

How does the child/young person and their family view the placement?

