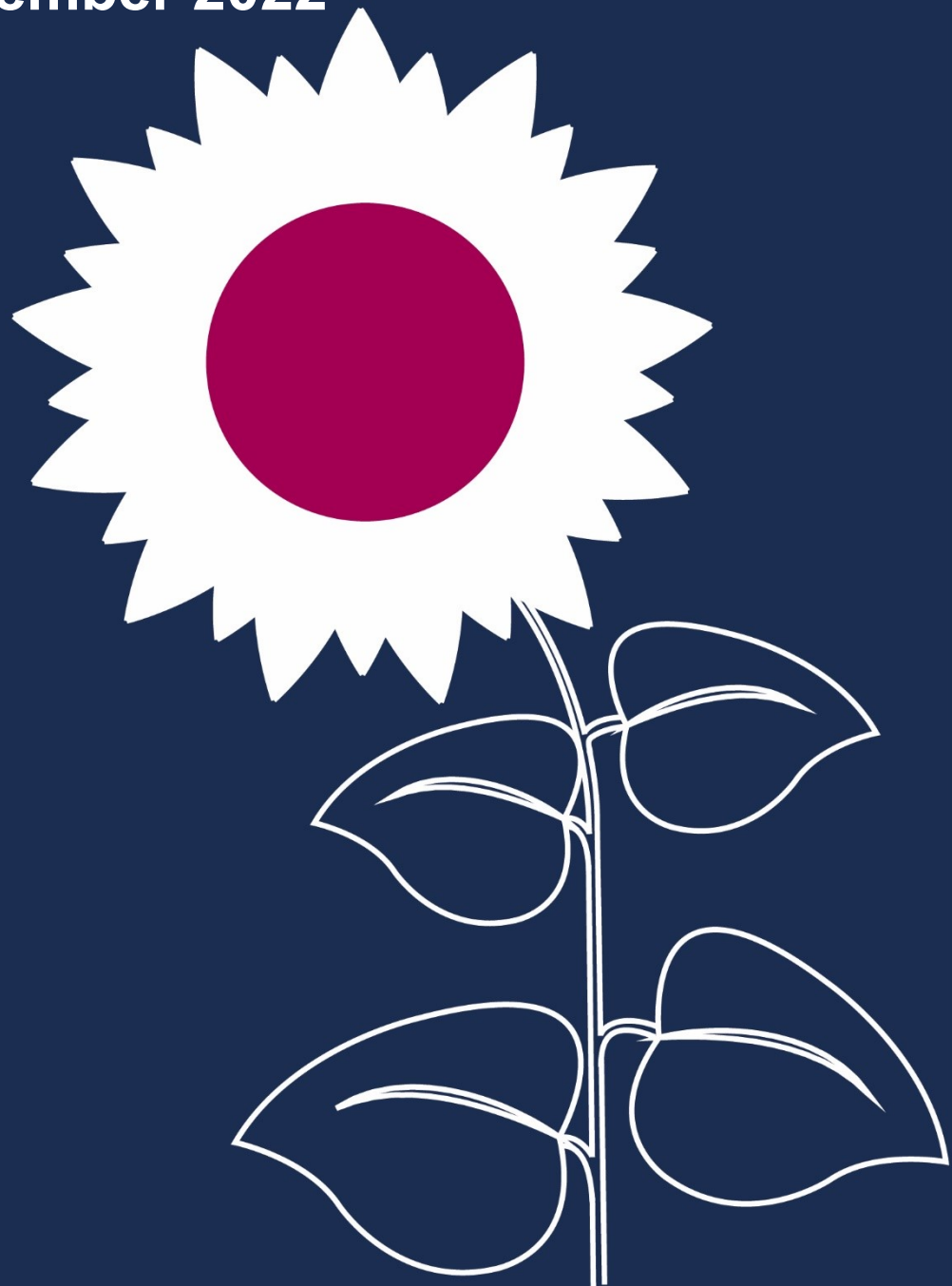


Meeting Children's Health Needs

Tri x 3_1_13 May 2022

Review November 2022



PLEASE NOTE THIS IS INTERIM GUIDANCE; JOINT WORKING PROCESSES BETWEEN THE LOCAL AUTHORITY AND CLINICAL COMMISSIONING GROUP (CCG) ARE IN DEVELOPMENT AND ARE SUBJECT TO CHANGE.

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Purpose

The purpose of this document is to provide staff within Children's Social Care with an understanding of services and processes which can support them, other professionals and the children and young people's families to effectively meet children's identified health needs.

This guidance should be read in conjunction with "Stoke-on-Trent City Council Children's Social Care Process for requesting funding/ provision of services due to health need".

Referrals for health funding - Guidance for workers around identification and preparation

At the point the worker becomes aware that the child may require a health/therapeutic intervention which may not be available through existing universal and specialist health services, or a specialist placement with a health/ therapeutic element, the case should be booked onto the Resource Panel meeting chaired by the strategic manager for Children in Care and a discussion should take place to determine whether there is evidence to consider requesting funding/ the provision of service from the CCG.

Instances where joint funding between health and social care may be indicated

- Where health intervention is required to meet mental health/ physical health/ challenging behaviour needs – either via a specialist placement, or provision of additional support above the core placement offer.
- Where a high staffing ratio is required due to self-harm/ challenging behaviour linked to Learning Disability/ Autism Spectrum Condition/ Mental and emotional health problems.
- Where waking night support is required for safety reasons due to self-harm/ challenging behaviour linked to LD/ ASD/ Mental and emotional health problems.
- Where specialist support/ intervention is required to reduce the risk of self-harm driven by emotional / mental health needs.
- Where specialist support/ intervention is required to meet needs deriving from the child's behaviours which are driven by emotional / mental health needs.

- Where the child is entitled to S117 after care (under the Mental Health Act 1983) following detention under the Mental Health Act, or where no S117 entitlement exists, however specialist mental health provision is indicated to support prevention of admission or re-admission to hospital, where mental health needs cannot be met by community mental health services.

Things to consider

- Collate all relevant health/ mental health assessments and care plans to be submitted with the referral as evidence of the child's needs and diagnoses.
- Obtain costings breakdowns/quotation/service overview on provider company letter headed paper.
- Ensure that service offer gives sufficient detail about exactly what will be provided by the service provider, for example:
 - > In placements: staffing ratios, staffing training and expertise, strategies and measures taken to meet health needs,
 - > Service providers: numbers of visits, assessments, attendance at meetings, details of timescales etc.

Guidance when filling in a referral for health funding

- Give the reason for the referral – what is the request from the CCG, and why is this not available through locally commissioned services?
- Detail the child's health diagnosis, when this was made and who by, any suspected or working diagnoses.
- Describe the child's presentation based upon their health needs (for example self-harming behaviours, soiling). Detail the prevalence and severity of these issues, what is the impact for the child and for those around them (eg risks associated with risky or violent behaviours linked to trauma).
- Link the provision (specialist placement or therapeutic intervention) to the child's health need and presentation. What does the provider do to meet these identified health needs? What is the staff/ carer expertise and additional support to meet these needs? For example is this a therapeutic placement with access to a therapist, what are these staff members' qualifications and experience? If a financial contribution is being requested towards a placement/ specialist intervention, workers need to make clear what will be provided to the child and what health/ mental health needs this will meet.

- Provide a health professional's recommendation or perspective. For example if a CAMHS practitioner has recommended a therapeutic placement, this recommendation should be detailed as the clinical rationale for the service provision.
- Keep the detail on the child's previous care history to a minimum, focus on the health/ emotional needs.
- Although some context is necessary regarding the development of the child's current needs such as experience of abuse and neglect etc, it is not necessary to give a detailed chronology of Local Authority involvement for example, except where this evidences a need for health/ mental health support. (For example it will be highly significant if a child has a pattern of a series of placement breakdowns within a short time frame, as this could lead to not being able to access community CAMHS services due to frequently moving area.)
- If the child's health needs have gone unmet by services, detail this, and the impact this has had (perhaps leading to a deterioration in mental health presentation or frequency of self-harming behaviours, for example).
- Do not use "social work acronyms" that health professionals will likely not understand.

Guidance around access to health care and treatment for looked after children, including those placed out of the area

Looked after health assessments

All looked after children are legally entitled to an initial health assessment and review health assessments throughout the period they are looked after.

The looked after children's nursing team can be contacted at the following:

Tel: 01785 895660. Secure email: ss-tr.safeguardingchildrennd@nhs.net

Care leavers

All care leavers should receive a health passport, detailing their medical history including immunisations. The looked after children nursing team will provide these to young people placed in Staffordshire and Stoke-on-Trent at their final review health assessment. If they are placed out of the area, the looked after children's nursing team who completes their looked after child health assessments should provide this.

General Principles for Looked After Children placed outside of the local area

When a child is placed by Stoke-on-Trent local authority outside of the local area, the clinical commissioning group (CCG) in Stoke-on-Trent remains responsible for their healthcare needs.

The first port of call for all children placed out of the area should be to refer in to local health services in the area the child is living, this can be done by the child's Social Worker if the local authority has parental responsibility, and in some instances can be delegated to the foster carer/residential care worker.

At the point a child moves out of the Stoke-on-Trent area, if ongoing health needs are being overseen by a local health service, for example CAMHS/ hospital specialists/ orthodontist, the Social Worker should request a transfer of care to the relevant service in the new area. This can be done by the specialist or by the child's GP.

As a matter of good practice, the originating CCG should notify the CCG in whose area the child is being placed. The designated looked after nurse sends a letter to the CCG in the new area advising that Stoke-on-Trent CCG remains the responsible commissioner for the child's health. A copy of this letter will be emailed to the Local Authority to be saved onto the child's file. This can then be used by the Social Worker to advise any health services within the local area if required.

If the local services are not commissioned to work with children placed in their area by other Local Authorities, it may be necessary to request funding from the CCG for a private service provider.

Who can help?

If there are difficulties in gaining access to health services for a looked after child, the local GP should be the first port of call. Failing this, the designated nurse for looked after children can be contacted for advice.

Hazel Edwards is the designated nurse for looked after children.

Hazel's contact details:

hazel.edwards1@northstaffs.nhs.uk

Tel: 01785 854003 / 01785 854391

Stoke office: Tel: 01782 401010

Mobile: 07738117917

Further information:

For further information relating to the health and well-being of looked-after children, workers can refer to the statutory guidance available at:

[Promoting the health and wellbeing of looked after children](#)

This guidance has been designed to refer to all key requirements in relation to looked after children's health and should be used as the first point of reference, referring to other documents where verification or more detail is required.

This guidance explains how local authorities and health agencies should go about carrying out relevant duties under a number of pieces of legislation including the 1989 and 2004 Children Acts, 2006 NHS Act (as amended in 2012) and the care planning and placement and case review regulations.

Guidance around Mental Health and Emotional Health needs

Please note this area is to be finalised, and full guidance will be provided at a later date

Child and Adolescent Mental Health Services

If there are concerns about a child's mental or emotional health, a referral can be made to the CAMHS (Child and Adolescent Mental Health Services) via the Hub.

For children who are looked after and require a response around their trauma presentation, the looked after CAMHS service is available. This service is commissioned to work with looked after children who are placed within a 30 mile distance of the Civic Centre in Stoke-on-Trent. In addition, some support may be available if the child is placed outside of this area, particularly if the child is able to travel to attend appointments in the local area.

Care Programme Approach

The Care Programme Approach (CPA) is a package of care that may be used to plan a child or an adult's mental health care, and is there to support recovery from mental illness. The Child or Young Person should get a care coordinator and a care plan. A care coordinator is the person who will coordinate and monitor the care, which should be written into a care plan.

The CPA guidance says that health professionals should think about the following things when deciding if a person will need help under CPA.

- Severe mental illness, including personality disorder which isn't managed well.
- Risks or possible risks such as: self-harm, suicide attempts, harming other people including breaking the law, a history of needing urgent help, not wanting support or treatment, and vulnerability such as financial difficulties or abuse. This could financial, physical or emotional abuse.
- Severe distress now or in the past.
- Problems working with mental health services now or in the past.
- Learning disability or drug or alcohol misuse as well as a mental illness.

- Services from a number of agencies, such as housing, physical care, criminal justice or voluntary agencies.
- Recently been detained under the Mental Health Act 1983 or detained at the moment. Also known as being sectioned.
- Recently been put in touch with the Crisis Team or are getting their help at the moment.
- Needing a lot of support from carers.
- Caring responsibilities for a child or an adult.
- Experiencing disadvantage or difficulties because of: parenting responsibilities, physical health problems or disability, housing problems, problems finding or staying in work, mental illness significantly affecting your day-to-day life, and immigration status, language difficulties, sexuality or gender issues because of your ethnicity.

Local teams will have their own policies. Their policies are likely to be similar to the guidance. A request can be made to the local team for a copy of their CPA policy. Their policy should explain the rules that they will follow.¹

Useful principles for workers when working alongside mental health professionals

The Recommendation from NICE guideline [NG26] (published November 2015) is that services should:

“Ensure that the stability or instability of the child or young person's placement does not determine whether psychological interventions or other services are offered.”

(Recommendation 1.1.5 from Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care).

Although CAMHS practitioners may have a different response when a child's placement is unstable, and may not feel it will be beneficial to commence a direct therapeutic intervention at that time, support can be offered in other ways which will benefit the child.

¹ Information from [Care Programme Approach](#)

Children and Young People eligible for aftercare under s117 Mental Health Act

Health authorities and local social services have a legal duty to provide free aftercare for people who have been discharged under Mental Health Act sections 3, 37, 45A, 47 or 48. The duty to provide aftercare also applies if you are given s17 leave or are under a community treatment order. The purpose of this after-care is to prevent readmission to hospital in the future.

As entitlement to after-care under S117 is a legal entitlement, it is important that the local authority has an accurate record of which children and young people have this entitlement. All children and young people who are detained under one of the above Mental Health Act sections should have the section 117 review form completed and updated in line with CPA (Care Programme Approach) meetings and timescales. The form can be found on LCS within the forms section, and is a stand-alone form.



The screenshot shows a web interface for the LCS system. On the left, there is a navigation menu with the following items: Personal (selected), Additional, Identity, Photos, and Diets. The main content area is titled 'Start New Form' and features a dropdown menu with 'Section 117 Review Form' selected, followed by a 'Start' button. Below this, there is a section titled 'Forms' with a 'Free Text Filter' input field and 'Go' and 'Reset' buttons.

Please note

In relation to children who are becoming looked after/ for whom a placement move is imminent:

Where there are concerns about the child's mental health, it is important to push for CAMHS to keep the case open whilst plans are being made for a child to be accommodated – even if this is just long arm involvement, without direct work with the child. The reason for this is that if the child is to be placed within a specialist provision or if they are moving out of the local area, a written clinical view on the placement is required, and a view on the service provision that the child will need. If health funding towards the placement is being sought, the CAMHS professional should contribute to the referral, before closing down involvement with the child. In addition, if the child will require mental health support in the community in the area where they are placed, CAMHS should facilitate the transfer of care to the CAMHS service in a new area; it is likely however that the child's Social Worker or parent will need to make the referral itself, due to holding parental responsibility.

Further Information/ Support

If there are any concerns about accessibility of CAMHS services in the community, these can be shared with the commissioner. At the time of writing, the joint commissioner responsible for CAMHS is Paula Wilman, tel: 01782 231965, email: paula.wilman@stoke.gov.uk .

The CAMHS Social Workers run regular drop-in sessions at Swann House and Hazeltrees, to allow workers the opportunity to discuss issues and gain advice when working with children with mental health difficulties.

Guidance around NHS Children's Continuing Care

What is NHS Children's Continuing Care?

Children and young people under the age of 18 with very complex health needs as a result of illness, disability or accident, may be eligible for a package of care and support from the NHS called NHS Children's Continuing Care. This may be provided within the home, or within an alternative care setting. (Please note that NHS Continuing Health Care is only available for people aged 18 and over).

The assessment process includes detailed consideration of the needs of the child across ten different health areas or "domains" such as Breathing, Seizures, and Skin and Tissue Viability. The Children and Young People's health assessor, who is nominated by the CCG, then makes a recommendation on eligibility and the decision is made by a multi-agency forum or panel.

The National Framework for Children's Continuing Care can be accessed via:

[Continuing Care National Framework](#)

(please note the National Framework is currently being updated, therefore information contained within this guidance document may be subject to change).

In addition there are local procedures and forms within Stoke-on-Trent and Staffordshire to use to request an assessment of eligibility.

The intersection between Local Authority responsibilities and those of the NHS

In line with the Haringey judgement (see Annex C of the National Framework), there are clear limits to what care should be funded by the local authority, which should not be a substitute for additional NHS care for children. In this case, the High Court determined that the duty under section 17 of the Children Act 1989 did not extend to meeting essential medical needs². If indeed the Local Authority provides this level of health care rather than the NHS, it can be argued that the result is that “young people are assigned to a second tier ‘substitute’ health service”³.

The Continuing Care Assessment Process

If a child is identified as potentially having continuing care needs warranting support in the form of a specialist package of health support, the pre-assessment checklist should be completed by the MDT, and submitted as a referral to the Children’s Continuing Care Team.

Following this referral being received, a decision will be made by the Continuing Care Team whether a full assessment of eligibility will take place (Decision Support Tool or DST).

An MDT meeting will be scheduled to complete the DST and provide a recommendation of eligibility or non-eligibility for continuing care.

Following the completion of the DST, a recommendation of eligibility or non-eligibility will be made by the Continuing Care children’s nurse assessor. The case will then be referred to Continuing Care Panel, to ratify the recommendation whether the child is assessed as eligible for a continuing care support package. The Continuing Care Panel currently meets monthly and has representation from Children’s Social Care and Education professionals.

The National Framework on Children’s Continuing Care outlines that the assessment should be carried out and a decision should be communicated to the child’s family within 6 weeks of referral being received by the Continuing Care Team. Where a child requires fast-track assessment because of the nature of their needs (such as palliative

² (Children’s Continuing Care Framework p 8)

³ Clements, L. (2018). *Means testing children’s healthcare ~ by stealth*; January 28, 2018, (<http://www.lukeclements.co.uk/2018/01/>)

care needs) the assessment process should be completed as quickly as possible and a package of care put in place.

Identification of possible Continuing Care needs

As part of the Child and Family assessment process, all children who have the appearance of a complex health need/ disability or challenging behaviours linked to autism or a learning disability should have their needs considered against the National Framework for Children and Young People's Continuing Care.

This can be completed by the Social Worker as a desk-based exercise, and the outcome recorded on the assessment form. If after consideration of the child's needs, the worker believes that an assessment of eligibility for Continuing Care support is indicated, the Social Worker should discuss this with the child where possible, and their family, and, with their consent, proceed to request that a Continuing Care pre-assessment checklist is completed with the MDT and the child and their parents/ carers.

If the child's needs do not indicate possible eligibility, the rationale for this should be clearly outlined within the Child and Family assessment.

Actions to be taken by allocated worker where potential eligibility is identified

1. Refer to the Guidance and Checklist and consider each of the domains in turn. If the worker considers the child may have continuing care needs...
2. Request a pre-assessment checklist is completed by the lead health professional. At this stage the Social Worker / Assistant may be informed by health professionals that the child/ young person doesn't meet the criteria, however if the worker considers they **may** do, this process should be followed. If there doesn't appear to be a suitable health professional, or the worker has difficulty in finding a health professional to take responsibility for completing the checklist, this should be discussed with your manager, and escalation procedures should be used where appropriate.
3. A multi-agency meeting should be convened, including parents/ carers and the child themselves where appropriate. Regardless of the outcome of the pre-assessment checklist, this should be submitted to the Children's Continuing Care team for review.
4. The Social Worker/ Assistant should support the health professional with the completion of the checklist, request a copy of the finalised pre-assessment checklist which is submitted.

Contact Details

The local Children's Continuing Care team can be contacted via the following:

Tel: 01782 872736, Email: julie.beech1@nhs.net

Workers can contact the team to ensure that the forms and processes being used are the most up to date versions. At the time of writing, the most up to date Pre-assessment checklist is version 2.3, November 2018.

General Principles

Well-managed needs

A well-managed health need is still a need. Although this is not explicitly detailed within the current Children's National Framework, the Adult's Continuing Health Care National Framework makes clear at para 142. that well managed needs are still relevant :

"The decision-making rationale should not marginalise a need just because it is successfully managed: well-managed needs are still needs. Only where the successful management of a healthcare need has permanently reduced or removed an ongoing need, such that the active management of this need is reduced or no longer required, will this have a bearing on NHS Continuing Healthcare eligibility."⁴

In his 2017 publication on NHS continuing care responsibilities for children and young people, Clements argues that although this is not made explicit in the Children's Framework, "it must nevertheless still be, at law, the case"⁵.

What this means is that when determining the level of needs a child has in any given domain, consideration should be made to how those needs may present if any support

⁴ Department of Health and Social Care, (2018). *National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care October 2018*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/746063/20181001_National_Framework_for_CHC_and_FNC_-_October_2018_Revised.pdf

⁵ Clements, L. (2017). P10. *NHS continuing care responsibilities for children and young people*.

which is currently in place were **not** available, rather than only considering how the child's health needs present with the provision of specialist support in place.

Consideration of needs within the Health Domains

If a child or young person's health needs may appear to fall within two or more different domains, the MDT should attempt to determine which domain it best fits into, given that needs cannot be "double counted" across more than one domain.

Note on Challenging Behaviour

The National Framework outlines the following: Assessment of a child's needs should consider the extent to which a child with a learning disability, or autism may have a continuing care need due to challenging behaviour, defined by NICE as: "behaviour that is a result of the interaction between individual and environmental factors, and includes stereotypic behaviour (such as rocking or hand flapping), anger, aggression, self-injury, and disruptive or destructive behaviour. Such behaviour is seen as challenging when it affects the person's or other people's quality of life and or jeopardises their safety."⁶

Recording on Liquid Logic:

Workers should use the case note types to record and track activity and progress in the continuing care process. This allows for tracking the child's journey through the continuing care process, and if there are significant delays in a pre-assessment being completed by a health professional.

At the point a worker requests or it is discussed at an MDT meeting for a pre-assessment to be arranged, this is recorded as: **NHS continuing care - Pre-assessment REQUESTED**

Once the pre-assessment meeting has taken place, this can be recorded as:

NHS continuing care - Pre-assessment meeting

⁶ *Autism in adults. diagnosis and management. CG142*
<https://www.nice.org.uk/guidance/cg142/chapter/glossary> (referenced in Department of Health 2016, National Framework for Children and Young People's Continuing Care, p 8)

If a full DST meeting is arranged, workers can use: **NHS continuing care - DST meeting**

If the case is proceeding to continuing care panel following the DST, once the worker is informed of the panel outcome, they can record the decision using:

NHS continuing care - Panel support agreed

NHS continuing care - Panel support declined

NHS continuing care - Panel support deferred - and detail what was agreed.

Generic contacts and activity around Children’s Continuing Care can be recorded using:

NHS continuing care – Contact/ Activity.

The screenshot shows a form with the following fields and a dropdown menu:

- Contact Date**: A date input field with a calendar icon.
- Time**: A time input field.
- Type of Contact**: A dropdown menu currently showing 'nh'. The menu is open, displaying a list of options: Meeting Held, Migration, NHS continuing care - Contact/ Activity, NHS continuing care - DST Meeting, NHS continuing care - Panel support agreed, NHS continuing care - Panel support declined, NHS continuing care - Panel support deferred, NHS continuing care - Pre-assessment meeting, NHS continuing care - Pre-assessment Requested, and Portal Message - Incoming.
- Follow-Up Date**: A date input field.
- Contact Regarding**: A text input field.

Glossary/ Terminology

CAMHS: Child and Adolescent Mental Health Services (see sections: Guidance around Mental Health and Emotional Health needs and Useful Websites/ Resources in relation to Children’s Health Needs)

CCG: Clinical Commissioning Group

Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. CCGs have a “legal responsibility for securing to a reasonable extent the health care which an individual needs” ⁷.

⁷ Department of Health (2016), *National Framework for Children and Young People’s Continuing Care 2016* (p4)

CCGs are responsible for commissioning the majority of services around health in England, including hospital care, community health services, rehabilitation services, mental health services and others. NHS England has responsibility for commissioning in certain areas, including specialised services, core GP services, and dental, pharmacy and optical services (although a new policy initiative referred to as ‘co-commissioning’ gives the option to transfer responsibility for commissioning GP services to willing CCGs). CCGs have a number of duties which they must take into account when exercising their functions. These include duties to improve services, reduce inequalities, promote patient involvement, provide patient choice, promote innovation and promote the integration of health services. Importantly, CCGs also have a duty to consult patients and the public at various specified stages of the commissioning process, including when creating commissioning plans, developing and considering proposals for change and making decisions affecting the operation of commissioning.

CPA: Care Programme Approach (see Guidance around Mental Health and Emotional Health needs)

NHS Children’s Continuing Care

Children and young people under 18 with very complex health needs as a result of illness, disability or accident, may be eligible for a package of care and support from the NHS called NHS Children’s Continuing Care. The assessment process includes detailed consideration of the needs of the child across ten different health areas or “domains”. For further information please see guidance section on Children’s Continuing Care.

NICE: National Institute for Health and Care Excellence

NICE is an independent public body that provides national guidance and advice to improve health and social care in England. NICE guidance offers evidence-based recommendations made by independent Committees.

Useful Websites/ Resources in relation to Children's Health Needs

Legislative framework

Promoting the health and wellbeing of looked after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England

(Department for Education and Department of Health, 2015)

<https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

This guidance has been designed to refer to all key requirements in relation to looked after children's health and should be used as the first point of reference, referring to other documents where verification or more detail is required.

This guidance explains how local authorities and health agencies should go about carrying out relevant duties under a number of pieces of legislation including the 1989 and 2004 Children Acts, 2006 NHS Act (as amended in 2012) and the care planning and placement and case review regulations.

Special educational needs and disability code of practice: 0 to 25 years

(Department for Education and Department of Health, 2015)

This Code of Practice is statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities. It explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.

Around 70% of looked after children have some form of Special Educational Needs, and it is likely that a significant proportion of them will have an Education, Health and Care (EHC) plan as a result of this alongside other plans they must have by virtue of being looked after.

The roles of health and social care services and professionals in relation to health needs are set out in Chapter 3 and information about joining up planning for children who are looked after is included in Chapter 10.

Mental Health Act 1983: Code of Practice

(Department of Health 2015)

The Code of Practice provides **statutory guidance** to registered medical practitioners, approved clinicians, managers and staff of providers, and approved mental health professionals on how they should carry out functions under the Mental Health Act in practice. It is statutory guidance for registered medical practitioners and other professionals in relation to the medical treatment of patients suffering from mental disorder. All those for whom the Code is statutory guidance must ensure that they are familiar with its contents. Others for whom the Code is helpful in carrying out their duties should also be familiar with its requirements.

National Frameworks

Continuing Care National Framework

<https://www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework>

Adults National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/746063/20181001_National_Framework_for_CHC_and_FNC_-_October_2018_Revised.pdf

Further Reading

NICE and SCIE, 2019

Reducing the risk of violent and aggressive behaviours: A quick guide for registered managers of mental health services for young people

Report by the Children’s Commissioner, May 2019

Far less than they deserve: Children with learning disabilities or autism living in mental health hospitals.

Rethink Mental Illness Website

<https://www.rethink.org/>

Information about Mental Health

National Institute for Health and Care Excellence (NICE) guidelines

NICE is an independent public body that provides national guidance and advice to improve health and social care in England. NICE guidance offers evidence-based recommendations made by independent Committees.

NICE Guideline PH 28: Looked After Children and Young People

(National Institute for Health and Care Excellence and Social Care Institute for Excellence, 2010 updated to reflect current policy, 2015)

Although not statutory, this guideline can help children's services in social care and health meet their obligations to improve the health and wellbeing of looked-after children and young people meet their obligations to improve the health and wellbeing of looked-after children and young people.

The guideline aims to improve quality of life (that is, the physical health, and social, educational and emotional wellbeing) of looked-after children and young people. It has been written for all those who have a direct or indirect role in securing this. The recommendations cover local strategy and commissioning, multi-agency working, care planning and placements, and timely access to appropriate health and mental health services.

NICE Guideline NG 26: Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care

(National Institute for Health and Care Excellence, 2015)

This guideline covers the identification, assessment and treatment of attachment difficulties in children and young people up to age 18 who are adopted from care, in special guardianship, looked after by local authorities in foster homes (including

kinship foster care), residential units and other accommodation, or on the edge of care. It aims to address the many emotional and psychological needs of children and young people in these situations, including those resulting from maltreatment.

The guideline is aimed at commissioners, providers and professionals in health social care and education as well as carers and children and young people themselves.

Health Services:

Child and Adolescent Mental Health Services

<https://www.camhs-stoke.org.uk/>

The CAMHS hub will:

- Provide a referral and advice line to offer information and support to colleagues working in universal and targeted services in the context of emotional, developmental, environmental and social factors to children/young people experiencing emotional wellbeing and mental health problems.
- Provide a referral and advice line so that those thinking about making a referral can have a discussion.
- Provide a referral and advice line to offer information, advice and support to children and young people, their parents and carers.
- Triage referrals, referring or signposting to other services when need can be met within universal services at the least restrictive route.
- For those triaged as requiring an intervention by a mental health professional, refer to the appropriate care pathway including those offered for mild to moderate issues
- For those who are deemed in need of an emergency appointment, arrange for the child/ young person to be seen that day. Such appointments may be at the hub, at community clinic, or where the child/ young person is presenting.

Contact Details: Tel: 0300 123 0907

Forensic CAMHS

<https://www.bsmhft.nhs.uk/our-services/fcamhs/>

Youth First is a specialist community child and adolescent mental health service for high risk young people with complex needs in the West Midlands region. The team is accessible to any professional who wishes to make an initial contact regarding a young person aged under 18 who is giving cause for concern and about whom there are

questions regarding his/her mental health or neurodevelopmental difficulties including learning disability and autism:

- Who present high risk of harm towards others and about whom there is major family or professional concern, and/or
- Who are in contact with the youth justice system, or

About whom advice about the suitability of an appropriate secure setting is being sought because of complexity of presentation and severe, recurrent self-harm and/or challenging behaviour which cannot be managed elsewhere.