**Section 117 Aftercare Lincolnshire Health Needs Assessment Children and Young People**



**Young Person’s Details**

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| **Name:** |
| **DOB:** |
| **Current Location:** |
| **Home Address upon discharge if known:** |
| **Household contact details:****Parent/Carer:****Next of Kin if different from above:****Address:****Telephone:****Mobile:****Email:** |
| **Gender:** |
| **NHS number:** |
| **Rio number:** |
| **Mosaic number:** |
| **GP name and address:** |
| **Any identified religious or cultural needs:** |

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| **Lead Professional****Name:** **Designation:** | **Work base:** |

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| **Date of Assessment:**  |

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| **About you:**Guidance- Note a succinct summary of the individual’s personality, their strengths, and overall development needs, their family structure, hobbies and interests, likes and dislikes |

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| **Reason for Admission & Symptoms/Formulation**Guidance- Include the date of admission and date S3 was applied. Record any previous admissions and information regarding the young person’s presentation prior to the admission, what are the current symptoms or diagnosis |

**Section 1 - Section 117 aftercare recommendations & MDT signatures**

**Summary of the young person’s Section 117 after care requirements and proposed Care Plan:**

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| **Detail of the intended care and support available to you when you are discharged from hospital:****Legal status upon discharge:** Guidance- Is the young person Child in Need (CIN), Team Around the Child (TAC), subject to Child Protection Plan (CP), a Child in Care (CIC) **Family and friends (support network):**Guidance- Is the young person being discharged home to parents/ carers upon discharge or are they being discharged to a placement? Who will be living in the household, are there individuals outside of the household that provides a caring or supportive role to the young person, who has the young person identified as part of their support network and how will they be effective in the young person’s recovery, who will the young person be spending time with upon discharge, please consider what support the network will require to help the young person’s recovery. **Health:** Guidance- What is the offer of support from health? At a minimum the young person will be placed on CCETT’s Enhanced Care Package and is eligible to receive up to daily contact from the Crisis and Enhanced Treatment Team for a minimum of 2 weeks, include details on the proposed intervention by CCETT and an agreed amount of contact for the initial two weeks post discharge. If the Young Person is open to Core CAMHS or EIP please also list the proposed Care Plan post discharge and please consider the use of Peer Support and Parent Peer Support**Social Care:** Guidance- What is the offer from social care, will there be a period where the child is subject to a Child in Need Plan and if so please detail the frequency of Child in Need Meetings, is there a need for Early Help to support Young Person and Family with adjustment of the Young Person returning home or any other need, please consider whether a referral is needed for Futures4me and any other relevant service/agency that can be accessed via Social Care.  **Education & any other relevant service:**Guidance- please include the views of the current or proposed educational provider and if the Young Person has an EHCP plan then please invite SEND caseworker to share their views and the offer of support from an education point of view*(Guidance- Please consider creating a multi-agency timetable/ calendar of appointments for at least 2 weeks post discharge to help the young person and parents/carers know which professional is visiting and when)* |

**Young person’s views of their care:**

**Please note whether and how the young person contributed to the assessment, plus their view of the Section 117 care plan.**

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| Guidance- please record times and dates of when the young person’s views were captured and how their views were gained, is the Young Person a Young Carer? If so would they consider being referred to a Young Carers Service if not already in place pre-admission |

**Parent/ Carer views of the proposed S117 care package offered:**

**Please note how parent/ carer views were ascertained to contribute to this assessment, plus their view of the Section 117 care plan.**

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| Guidance- please comment on what parents or carers views are of the S117 after care package offered if applicable. Also consider the support needs of parents/carers, have we considered a Carers Assessment, Parent Peer Support, Support from Early Help? What support do they feel they need to continue caring for the young person |

**Evidence
Please list the documented evidence that were considered in completing the assessment, including their dates**

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| Guidance- this includes ward round minutes, CIN minutes, MDT minutes, CPA meetings, assessments sent from the ward, Child and Family assessment |

**Needs Domains- the next part of this assessment explores all your needs and what people around you can do to help you.**

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| **Behaviour:**Guidance: Provide information in respect of behaviour, any triggers for the behaviour, the type, intensity, and frequency of behaviours, including the positive management of behaviours. (noting the skill of parent/ carers and any environmental factors). Note if the behaviours were present prior to admission.Does the young person experience any of the following:Aggression or violent behavioursResistance to necessary care and treatmentSexualised BehavioursImpact on family and family support *(Do family need support to manage this? Think of any groups or other interventions that might help)*Consider the Positive Behaviour Support Plan (PBS) from the ward and how this can be incorporated into the community to support positive behaviour |
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| **Cognitive Functioning:**Guidance: This may apply to, but is not limited to, individuals with learning disability. Does the Young Person have a diagnosis of ADHD or ASD? If does this impact upon their cognitive functioning? Please consider the following: What is the outcome of the functional assessment completed on the ward? What does the young person need from others to support their cognitive functioning? Do they have an EHCP plan/ SEND Case worker and if so, what has been put in place in educational setting to support this?Has a sensory assessment been completed or is there a need for one? |
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| **Mental Health and Emotional Well-being**Guidance: Detail what supports the young personals overall mental health and emotional well-being. Please consider:Please indicate the signs and symptoms that may trigger a relapse and the actions agreed in managing this.What strategies are helpful to prevent escalation What does the patient need from others if their mental health is declining. What do they find useful and from who, when and at what stage.**(Input information into the Traffic Light System Crisis Plan/ Safety Planning at the end of this assessment)** |
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| **Communication**Guidance: Please consider the Young Person’s ability to communicate their needs and feelings and how others can support and help them to communicate their voice, wishes, feelings and needs by considering the young person’s communication and emotional regulation skills |
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| **Medication**Guidance: List the prescribed medication and how this will be managed and reviewed in the community. List the support the young person will need in order to continue taking and managing this medication.  |
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| **Nutrition**Guidance: Are there any difficulties with food and fluid intake or any other forms of Restricted Eating. Do the parent/ carer/ placement require support in relation to understanding nutritional needs and meal support. Has Dietician Services being considered if there are concerns around this? |
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| **Are there any other significant needs or information required that is relevant to this S117 assessment?**Guidance: Are there any continence issues, breathing difficulties, any other physical health issues we need to be aware of? Are there any needs not related to section 117 aftercare that require support or onward referral |
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 **Crisis Plan**

**Traffic Light System Safety Planning to be completed jointly by the ward, young person, family/ carers and community teams:**

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| **Colour** | **What does this mean?** | **What can I do to support myself?** | **What do I need other people to do to support me?** |
| **Green**Guidance: What does the Young Person’s ‘Best Day’ look like. How do they feel emotionally and physically? What are their thoughts? |  |  |  |
| **Amber**Guidance: this is when the Young Person is starting to notice a decline in their mental health and well-being. What are the different feelings and emotions from Green? What does this type of day feel like to the Young Person? What can the Young Person and others do to help them go back into a ‘Green’? |  |  |  |
| **Red**Guidance: What does the Young Person’s ‘worse day’ look like? How do they feel physically and emotionally? What symptoms do they have? Is there a particular person or activity that can support them? How can they get back into Amber with support from others? |  |  |  |

**Participant details**

Involved professionals to enter details of their designation and organisation.

The individual and their relations leave the organisation box empty.

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