



Self Assessment of our SEND Implementation

Nov 19

*A new approach to special educational
needs and disability*



CAMHS/ Community Paediatrics Triage

What was the issue

- Young people and families were experiencing 'start again' situation on referral to one team when known to the other
- Referrers were at times unclear which team to refer to resulting in dual referrals or children bouncing between services causing delay and frustration for young people

Our Journey so far

- Community paediatrics had developed an advice and guidance and referral triage system within the wider paediatric referral service (with access to historical information at the time of triage)
- Both services recognised that there were poor experiences for users and staff were working without necessary information at times
- Practitioners on both sides were finding individual case discussion useful (with consent of young people after being seen)

What have we done?

- A regular rota of CAMHS manager and Consultant community paediatrician meetings was established (weekly) to discuss relevant referrals/ open cases that may have overlap of services or have been misdirected

What difference has this made?

- Advice and guidance has been provided with more robust knowledge of services and information available
- Staff have clearer understanding of services and gaps
- Families/ referrers have received joint advice rather than being bounced between services
- Referrals accepted have come with additional relevant information if the young person is already known to the other service
- Some young people have experienced a more joined up and streamlined service with co working (for instance screening or assessment for additional conditions by a supported staff member they are already familiar with e.g. ASD or mental health issues) by sharing advice, access to tests and joint appointments where indicated.

Areas for further action

- User feedback
- Aligning triage with other triage services for children under development (where appropriate)
- Identifying those also under consideration for EHC assessment to facilitate joint health contribution.

Immediate next steps

- Rota has been extended with job planning commitment to continue process
- Looking at possibility of EHC SPOC (child health) attending wider child health referral process

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