CDC / CFACS
Who & Where to refer

Dr: A. Ahmed

Dr: D. Keay

Central and North West London NHS
NHS Foundation Trust

CFACS

- Receptionists
- Medical secretaries
- Child & Adolescent Psychiatrists
- Child Psychotherapists
- Clinical Psychologists
- Family Psychotherapists
- Systemic Psychotherapists
- Primary Mental Health Workers
- Psychiatric Nurse/Youth Worker

CDC

- Receptionists,
- Medical secretaries
- Admin Team
- Arts Therapist
- Physiotherapists
- Occupational Therapists
- Speech and Language Therapists
- Community Nursing Team
- ? Orthoptist / Audiologists
- Paediatricians

Central and North West London NHS
NHS Foundation Trust

CFACS

- Assessment and treatment for children and young people with mental health difficulties.

- Therapeutic multidisciplinary interventions: family therapy, psychotherapy, CBT, parent/child work, medication, psychiatric assessment and monitoring and psycho-educational

CDC

- Family centred holistic care paediatric community service to children with additional needs by providing multi-disciplinary assessments and interventions.

- Children are assessed by relevant professionals before being allocated to a care pathway to maximise their developmental, social, emotional and educational potential.

CFACS

- Children and young people up to their 18th birthday
- Resident in the London Borough of Hillingdon
- Referrals based upon a face to face assessment by the referrer
- Referrals using CFACS referral form

CDC

- Children newly referred must be between 0-18 years and fulfilling one of the criteria below:
- Registered with a Hillingdon GP,

OR

- Resident in the London Borough of Hillingdon and registered with a Berkshire East, Buckinghamshire, Harrow, Hounslow or West Hertfordshire GP

CFACS

- Moderate to severe depression
- Obsessive Compulsive Disorder (OCD)
- Psychosis
- ADHD
- Assessment of self harm and associated mental health problems
- Severe stress reaction/PTSD
- Eating Disorders
- Emotional and Anxiety disorders
- Children with moderate or severe Learning Difficulties (Psychiatric assessment only)

CDC

- Anticipated or evolving developmental concerns (Prematurity, Syndromes, cerebral palsy..etc)
- Global developmental impairment
- Social communication difficulties (ASD)
- Motor / Sensory impairments
- Epilepsy with developmental problems.

CFACS

- Parenting issues
- ADHD with moderate to sever learning difficulties
- Children with moderate or severe learning difficulties (other than for psychiatric assessment)
- Behavioural/learning problems
- Bullying
- Child protection concern
- Court report/assessment/opinion
- Developmental delay/coordination difficulties/social communication
- Where substance misuse is the primary problem

CDC

- Parenting issues
- ADHD (without moderate to severe learning difficulties)
- Specific learning difficulties (Dyslexia)
- Isolated speech and language developmental delay/disorder
- Organic failure to thrive
- Chronic illness
- Sleep problem
- Feeding problems
- Urinary and faecal incontinence
- Epilepsy (with no associated developmental problems)

CFACS

- **PRIMARY CARE**
  General Practitioner (GP), health Visitor, OT, SLT, School nurse, Paediatricians
- **SOCIAL SERVICES**
  With managers signature and in consultation with PMHW/ CFACS
- **EDUCATION**
  In consultation with PMHW/ CFACS
- **OTHER COMMUNITY PROFESSIONALS**
  Referrals from a variety of professionals from within the community will be accepted providing the professional has had a consultation with either a PMHW or other CFACS clinician and there is agreement that a referral is needed.

CDC

- Referrals can be made by Paediatricians, GP's or child focused professionals (e.g. Health visitors, school nurses, therapists, CAMHS)
- Any other agencies should refer through the family general practitioner and a copy of the concerns should be attached

How to make a referral

- Use the appropriate referral form
- Fill in all the areas and provide as much information as possible keeping in mind the contextual considerations.
- Ensure that the family is aware of the referral and in agreement (consent form).
- If required, obtain your manager's signature.
- Referrals may be faxed or posted.
- Not sure: Discuss the referral with a CDC/ CFACS staff.

Central and North West London NHS
NHS Foundation Trust

How to make a referral

How long have the symptoms been present?

What interventions have already been put in place and how effective have these been?

Who is most concerned about the child? Is there agreement about the area of concern?

What areas of the child's life are being affected by the symptoms?

Can the presenting symptoms be connected to any behavioural/emotional patterns in the child's history?

How to make a referral

What developmental/educational considerations need to be taken into account?

What genetic/organic considerations might need to be taken into account ?

What other significant events were occurring at that time?

What are the wider educational/familial/environmental considerations?

The Referral Process - CFACS

Upon receipt the referral is screened for risk and urgency by a senior clinician. Urgent cases addressed.

Initial notes about each referral made by the senior clinician.

Each referral discussed in the multi-disciplinary weekly new referrals meeting.

Referral accepted for assessment and priority given.

Further information requested.

Referral not accepted.

Chair of Referrals letter sent to referrer and G.P informing them of the outcome of the referral meeting.

Opt-In letter sent to the family with a permission to contact other relevant professionals.

Assessment offered to the family according to priority and offered within guidelines set by the government

Letter sent to the referrer, the GP and the family documenting the assessment details and the agreed outcome

- All referrals are discussed in a weekly multidisciplinary meeting and the appropriate assessment pathway will be identified.

- Incomplete referral forms or insufficient information will be returned to the referrer and will delay the assessment process for the child.

Clinical Scenarios

- **6 years old boy.**
- **Demanding and seeking attention constantly.**
- **Daily frequent Aggression and shouting.**
- **Mum cannot do any thing when he is present.**
- **No problems with his behaviour at school at all.**
- **Sudden change in his behaviour when his mum comes to collect him, but not with his father.**
- *Suggest referral to Parenting Support*

- **15 year old girl.**
- **She is living with father and step mother for last 5 years.**
- **She is missing mother and wants to improve relationship with father.**
- *Suggest that as no significant mental health problems – to consider counselling for the girl (eg at school or LINK) and Relate for parents*

- **8 years old girl.**
- **Overactivity & inattention since was a toddler, improving with age.**
- **Achieved all her early developmental milestones at appropriate ages.**
- **School reported concerns about her understanding since she joined the nursery.**
- **Last school assessment showed that she is 1 - 2 years behind.**
- **She lives with her parents, and a 10 years old brother who has Autism and significant learning difficulties.**
- *Suggest not indicative of ADHD as problems improving so referral to CFACS not appropriate and learning problems needed to be addressed by Education (eg SENCO/Educational Psychologist)*

- **8 year old boy.**
- **He has behavioural changes in last few months.**
- **Restlessness, not sleeping and hallucinations.**
- **Mother thinks he might be influenced by black magic.**
- *Suggest urgent referral to CFACS as possible Psychosis*

- **8 years old girl.**
- **Known to have 4 limbs cerebral palsy, learning difficulties, microcephaly, and sleep problems.**
- **Under regular follow up by CDC.**
- **Mum reported a paroxysmal episode that sounds like a generalised tonic seizures that last for about 4 minutes.**
- *Referral to CDC, not to the hospital paediatric neurology clinic*

- **9 year girl.**
- **Speech and language difficulties.**
- **Mild LD.**
- **Parents separated 6 months ago.**
- **She is upset, with crying fits, and anger outbursts.**

- *Appropriate referral to CFACS if significant impairment to girl's functioning. If parental separation was recent, this could be considered a normal adjustment and we would expect symptoms to slowly resolve but to refer to CFACS if symptoms prolonged or unusually severe.*

- **3 years old boy.**
- **Mild speech delay, restricted diet.**
- **Has just joined the Nursery.**
- **The nursery staff are concerned about his behaviour.**
- **Aggressive outbursts, pushes and hits other children.**
- **He has difficulties joining other children.**
- **He can count up to 10, and he is very fascinated with numbers.**
- *Suggest referral to CDC for assessment of possible Autistic Spectrum Disorder*

- **5 year old boy.**
- **His teacher is concerned about poor hand writing and frequent falls.**
- **Mum says he gets urge to speak and will answer quickly without thinking.**
- **Average academic achievement**
- *Referral to Occupational Therapists (with a letter from school with the details of staff concerns and the child functional performance at school)*

- **12 years old boy.**
- **The family moved to Hillingdon recently.**
- **He was expelled from 3 schools before.**
- **A history of a police incident before, and is known to YOT.**
- **School is concerned about aggression.**
- **Mum was told be her friend that he must have autism.**
- **Mum wants him to be assessed.**
- *Mum saying to her GP my child has autism is not enough to refer to CDC. GPs should check whether there are any features to suggest autism first, if not, a referral to targetted youth support service (which school can refer him to) and parent support unit should be made.*

Central and North West London NHS
NHS Foundation Trust

- **14 years old girl.**
- **Known to have Down's Syndrome and severe learning difficulties.**
- **She is known to CDC, and was discharged 3 years ago.**
- **Mum reported increasing challenging behaviour.**
- *There is gap in service provision here as CFACS are not commissioned to provide a service to children with moderate/severe LD apart from a psychiatric assessment if an acute mental health disorder is suspected.*

- 2 year old girl with behavioural problems.
- Not sleeping, hyperactive, verbally and physically aggressive.
- Known to HV
- Child took mother's diabetes tablets accidentally.
- 2 other children aged 9m and 3.5 years old.
- Parents separated few months ago, and mum is currently pregnant.

- *Suggest priority would be to ensure that the mother is able to provide safe and appropriate parenting as she clearly has a lot of challenges at home. Suggest referral to Social Care as priority and to consider accessing parenting support. 2 year old child is unlikely to have significant mental health problems.*

Thank You