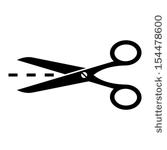
Referral form

This referral is a screening tool used to help practitioners within the Children and Young People’s Continuing care team clinically identify and score a child’s or young person’s health need using the NHS Continuing care framework documentation.

It is important to note that the completion of the referral does not indicate that the child or young person is eligible for a full NHS continuing care assessment or NHS continuing care funding.

Please send the referral to: [whh-tr.continuingcarereferrals@nhs.net](mailto:whh-tr.continuingcarereferrals@nhs.net)

Please ensure a copy of the signed consent and all supporting clinical evidence is included with this referral. Please complete all sections. Failure to do so will result in the referral being refused and returned.



**Please ensure this is included with the submitted electronic referral form.**

|  |  |  |
| --- | --- | --- |
| **Children’s and Young Person’s Continuing Care Consent Form (**adult with parental responsibility**)** | | |
| Child/Young person: | DOB: | |
| Address: | NHS No. | |
| Post Code: | GP: | |
| Please Tick (✓) as Appropriate | | |
| **I consent** to the Children’s Continuing Care Team gathering clinical evidence and information about my child for the purpose of a Children’s Continuing Care assessment process. | |  |
| **I am aware** Whittington Health NHS Trust is the data controller and will process your data in accordance with the regulations that apply to:  • Article 6(1) (e) and Article 9(2) (h) of the GDPR The General Data Protection Regulation 2016/Data. Protection Act 2018 (DPA18)  Your data will be stored on data servers based in the UK and will not be transferred outside the EU.  Your records will be retained as per the guidance set out in the Records Code of Practice for Health and Social Care 2016.  You can contact the Data Protection Officer at InformationGovernance.Whitthealth@nhs.net or by calling 0207 288 3077. | |  |
| **I understand** referral to the continuing care does not indicate that the child or young person is eligible for a full NHS continuing care assessment or NHS continuing care funding. | |  |
| **I understand** that I may withdraw my consent to share information at any time and in doing so I am halting the continuing care assessment process. | |  |

|  |  |
| --- | --- |
| **Signature:** | **Printed Name:** |
| **Relationship to child:** | **Date:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child or young person’s details** | | | | |
| **Name** | Click here to enter text. | | | |
| **Date of birth** | Click here to enter a date. | | **NHS Number** | Click here to enter text. |
| **Address** | Click here to enter text. | | | |
| **Postcode** | Click here to enter text. | | **Gender** | Choose an item. |
| **First language (if not English)** | Click here to enter text. | | **Interpreter required?** |  |
| **Other communication  support needed** | | Click here to enter text. | | |
| **Mother’s name** | Click here to enter text. | | **Contact no.** | Click here to enter text. |
| **Father’s name** | Click here to enter text. | | **Contact no.** | Click here to enter text. |
| NB. Details of one parent only are acceptable, but it must be the parent with responsibility. | | | | |
| **If parental responsibility is not held by parents** | | | | |
| **Parental responsibility held by** | | Click here to enter text. | | |
| **E-mail** | Click here to enter text. | | **Contact no.** | Click here to enter text. |
| **Address** | Click here to enter text. | | | |
| **Basis of parental responsibility** (e.g. legal guardian, LA section 20 etc.) | | Click here to enter text. | | |

|  |  |
| --- | --- |
| Address of GP practice | Click here to enter text. |
| Name of GP (if child or young person  has a named doctor) | Click here to enter text. |
| Clinical commissioning group (where known) | Click here to enter text. |
| Local authority (where known) | Click here to enter text. |

|  |
| --- |
| **Medical history** |
| **Provide a brief summary below of the child or young person’s primary health needs, with details of any diagnoses and provision.** |
| Click here to enter text. |

|  |
| --- |
| **Social care** |
| **Provide a brief summary below of the child or young person’s social care needs with details of any arrangements in place** |
| Click here to enter text. |

|  |
| --- |
| **Education** |

|  |  |
| --- | --- |
| **Name of nursery, school or college attending** | Click here to enter text. |
| **Year group** | Click here to enter text. |
| **Contact details (where known)** | Click here to enter text. |
| **What additional support or reasonable adjustments are required in that setting?** | Click here to enter text. |
| **Does the child or young person have special educational needs?** | Click here to enter text. |

|  |
| --- |
| **Existing assessments** |
| **Provide details below of any relevant assessments made in the last 2 years (e.g. CAF, Education, Health and Care plan or Statement of SEND, CAMHS assessments). Summary plans or other evidence can be attached.** |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **BREATHING** |  |  |
| **Description** | **Level of need** | **Notes** |
| Breathing typical for age and development. | No additional needs | Click here to enter text. |
| Routine use of inhalers, nebulisers, etc.;  **or**  care plan or management plan in place to reduce the risk of aspiration. | Low | Click here to enter text. |
| Episodes of acute breathlessness, which do not respond to self-management and need specialist-recommended input;  **or**  intermittent or continuous low-level oxygen therapy is needed to prevent secondary health issues;  **or**  supportive but not dependent non-invasive ventilation which may include oxygen therapy which does not cause life-threatening difficulties if disconnected;  **or**  child or young person has profoundly reduced mobility or other conditions which lead to increased susceptibility to chest infection (Gastroesophageal Reflux Disease and Dysphagia);  **or**  requires daily physiotherapy to maintain optimal respiratory function;  **or**  requires oral suction (at least weekly) due to the risk of aspiration and breathing difficulties;  **or**  has a history within the last three to six months of recurring aspiration/chest infections. | Moderate | Click here to enter text. |
| Requires high flow air / oxygen to maintain respiratory function overnight or for the majority of the day and night;  **or**  is able to breath unaided during the day but needs to go onto a ventilator for supportive ventilation. The ventilation can be discontinued for up to 24 hours without clinical harm;  **or**  requires continuous high level oxygen dependency, determined by clinical need;  **or**  has a need for daily oral pharyngeal and/or nasopharyngeal suction with a management plan undertaken by a specialist practitioner;  **or**  Stable tracheostomy that can be managed by the child or young person or only requires minimal and predictable suction / care from a carer. | High | Click here to enter text. |
| Has frequent, hard-to-predict apnoea (not related to seizures);  **or**  severe, life-threatening breathing difficulties, which require essential oral pharyngeal and/or nasopharyngeal suction, day or night;  **or**  a tracheostomy tube that requires frequent essential interventions (additional to routine care) by a fully trained carer, to maintain an airway;  **or**  requires ventilation at night for very poor respiratory function; has respiratory drive and would survive accidental disconnection, but would be unwell and may require hospital support. | Severe | Click here to enter text. |
| Unable to breath independently and requires permanent mechanical ventilation;  **or**  has no respiratory drive when asleep or unconscious and requires ventilation, disconnection of which could be fatal;  **or**  a highly unstable tracheostomy, frequent occlusions and difficult to change tubes. | Priority | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **EATING AND DRINKING** |  |  |
| **Description** | **Level of need** | **Notes** |
| Able to take adequate food and drink by mouth, to meet all nutritional requirements, typical of age. | No additional needs | Click here to enter text. |
| Some assistance required above what is typical for their age;  **or**  needs supervision, prompting and encouragement with food and drinks above the typical requirement for their age;  **or**  needs support and advice about diet because the underlying condition gives greater chance of non-compliance, including limited understanding of the consequences of food or drink intake;  **or**  needs feeding when this is not typical for age, but is not time consuming or not unsafe if general guidance is adhered to. | Low | Click here to enter text. |
| Needs feeding to ensure safe and adequate intake of food; feeding (including liquidised feed) is lengthy; specialised feeding plan developed by speech and language therapist;  **or**  unable to take sufficient food and drink by mouth, with most nutritional requirements taken by artificial means, for example, via a non-problematic tube feeding device, including nasogastric tubes. | Moderate | Click here to enter text. |
| Faltering growth, despite following specialised feeding plan by a speech and language therapist and/or dietician to manage nutritional status;  **or**  dysphagia, requiring a specialised management plan developed by the speech and language therapist and multi-disciplinary team, with additional skilled intervention to ensure adequate nutrition or hydration and to minimise the risk of choking, aspiration and to maintain a clear airway (for example through suction);  **or**  problems with intake of food and drink (which could include vomiting), requiring skilled intervention to manage nutritional status; weaning from tube feeding dependency and / recognised eating disorder, with self-imposed dietary regime or self-neglect, for example, anxiety and/or depression leading to intake problems placing the child/young person at risk and needing skilled intervention;  **or**  problems relating to a feeding device (e.g. nasogastric tube) which require a risk-assessment and management plan undertaken by a speech and language therapist and multidisciplinary team and requiring regular review and reassessment. Despite the plan, there remains a risk of choking and/or aspiration. | High | Click here to enter text. |
| The majority of fluids and nutritional requirements are routinely taken by intravenous means. | Severe | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **MOBILITY** |  |  |
| **Description** | **Level of need** | **Notes** |
| Mobility typical for age and development.  **or**  Baby | No additional needs | Click here to enter text. |
| Able to stand, bear their weight and move with some assistance, and mobility aids.  **or**  moves with difficulty (e.g. unsteady, ataxic); irregular gait. | Low | Click here to enter text. |
| Difficulties in standing or moving even with aids, although some mobility with assistance.  **or**  sleep deprivation (as opposed to wakefulness) due to underlying medical related need (such as muscle spasms, dystonia), occurring three times a night, several nights per week;  **or**  unable to move in a way typical for age; cared for in single position, or a limited number of positions (e.g. bed, supportive chair) due to the risk of physical harm, loss of muscle tone, tissue viability, or pain on movement, but is able to assist. | Moderate | Click here to enter text. |
| Unable to move in a way typical for age; cared for in single position, or a limited number of positions (e.g. bed, supportive chair) due to the risk of physical harm, loss of muscle tone, tissue viability, or pain on movement; needs careful positioning and is unable to assist or needs more than one carer to reposition or transfer;  **or**  at a high risk of fracture due to poor bone density, requiring a structured management plan to minimise risk, appropriate to stage of development;  **or**  involuntary spasms placing themselves and carers at risk;  **or**  extensive sleep deprivation due to underlying medical/mobility related needs, occurring every one to two hours (and at least four nights a week). | High | Click here to enter text. |
| Completely immobile and with an unstable clinical condition such that on movement or transfer there is a high risk of serious physical harm;  **or**  positioning is critical to physiological functioning or life. | Severe | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **CONTINENCE OR ELIMINATION** |  |  |
| **Description** | **Level of need** | **Notes** |
| Continence care is routine and typical of age. | No additional needs | Click here to enter text. |
| Incontinent of urine but managed by other means, for example, medication, regular toileting, pads, use of penile sheaths;  **or**  is usually able to maintain control over bowel movements but may have occasional faecal incontinence. | Low | Click here to enter text. |
| Has a stoma requiring routine attention,  **or**  doubly incontinent but care is routine;  **or**  self-catheterisation;  **or**  difficulties in toileting due to constipation, or irritable bowel syndrome; requires encouragement and support. | Moderate | Click here to enter text. |
| Continence care is problematic and requires timely intervention by a skilled practitioner or trained carer;  **or**  intermittent catheterisation by a trained carer or care worker;  **or**  has a stoma that needs extensive attention every day.  **or**  requires haemodialysis in hospital to sustain life. | High | Click here to enter text. |
| Requires dialysis in the home to sustain life. | Severe | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **SKIN AND TISSUE VIABILITY**  Interpretation point: where a child or young person has a stoma, only the management of the stoma itself as an opening in the tissue should be considered here; use of the stoma should be considered under the domain **Continence or elimination**. In the same way, a tracheostomy should only be considered here where there are issues relating to the opening; the use of the tracheostomy to aid breathing, and its management (e.g. use of suction), should be considered under **Breathing.** |  |  |
| **Description** | **Level of need** | **Notes** |
| No evidence of pressure damage or a condition affecting the skin. | No additional needs | Click here to enter text. |
| Evidence of pressure damage or a minor wound requiring treatment;  **or**  skin condition that requires clinical reassessment less than weekly;  **or**  well established stoma which requires routine care;  **or**  has a tissue viability plan which requires regular review. | Low | Click here to enter text. |
| Open wound(s), which is (are) responding to treatment;  **or**  active skin condition requiring a minimum of weekly reassessment and which is responding to treatment;  **or**  high risk of skin breakdown that requires preventative intervention from a skilled carer several times a day, without which skin integrity would break down;  **or**  high risk of tissue breakdown because of a stoma (e.g. gastrostomy, tracheostomy, or colostomy stomas) which require skilled care to maintain skin integrity. | Moderate | Click here to enter text. |
| Open wound(s), which is (are) not responding to treatment and require a minimum of daily monitoring/reassessment;  **or**  active long-term skin condition, which requires a minimum of daily monitoring or reassessment;  **or**  specialist dressing regime, several times weekly, which is responding to treatment and requires regular supervision. | High | Click here to enter text. |
| Life-threatening skin conditions or burns requiring complex, painful dressing routines over a prolonged period. | Severe | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **COMMUNICATION** |  |  |
| **Description** | **Level of need** | **Notes** |
| Able to understand or communicate clearly, verbally or non-verbally, within their primary language, appropriate to their developmental level. | No additional needs | Click here to enter text. |
| Needs prompting or assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs, or may need additional support visually – either through touch or with hearing.  **or**  Family/carers may be able to anticipate needs through non-verbal signs due to familiarity with the individual. | Low | Click here to enter text. |
| Communication of emotions and fundamental needs is difficult to understand or interpret, even when prompted, unless with familiar people, and requires regular support. Family/carers may be able to anticipate and interpret the child/ young person’s needs due to familiarity.  **or**  support is **always** required to facilitate communication, for example, the use of choice boards, signing and communication aids.  **or**  ability to communicate basic needs is variable depending on fluctuating mood; the child/young person demonstrates severe frustration about their communication, for example, through withdrawal. | Moderate | Click here to enter text. |
| Even with frequent or significant support from family/carers and professionals, the child or young person is rarely able to communicate basic needs, requirements or ideas. | High | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **DRUG THERAPIES AND MEDICATION** |  |  |
| **Description** | **Level of need** | **Notes** |
| Medicine administered by parent, carer, or self, as appropriate for age. | No additional needs | Click here to enter text. |
| Requires a suitably trained family member, formal carer, teaching assistant, nurse or appropriately trained other to administer medicine due to  age  non-compliance  type of medicine;  route of medicine; and/or  site of medication administration | Low | Click here to enter text. |
| Requires administration of medicine regime by a registered nurse, formal employed carer, teaching assistant or family member specifically trained for this task, or appropriately trained others;  **or**  monitoring because of potential fluctuation of the medical condition that can be non-problematic to manage;  **or**  sleep deprivation due to essential medication management – occurring more than once a night (and at least twice a week). | Moderate | Click here to enter text. |
| Drug regime requires management by a registered nurse at least weekly, due to a fluctuating and/or unstable condition;  **or**  sleep deprivation caused by severe distress due to pain requiring medication management – occurring four times a night (and four times a week).  **or**  requires monitoring and intervention for autonomic storming episodes. | High | Click here to enter text. |
| Has a medicine regime that requires daily management by a registered nurse and reference to a medical practitioner to ensure effective symptom management associated with a rapidly changing/deteriorating condition;  **or**  extensive sleep deprivation caused by severe intractable pain requiring essential pain medication management – occurring every one to two hours  **or**  requires continuous intravenous medication, which if stopped would be life threatening (e.g. epoprostenol infusion). | Severe | Click here to enter text. |
| Has a medicine regime that requires at least daily management by a registered nurse and reference to a medical practitioner to ensure effective symptom and pain management associated with a rapidly changing/deteriorating condition, where one-to-one monitoring of symptoms and their management is essential. | Priority | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **PSYCHOLOGICAL AND EMOTIONAL NEEDS**  Interpretation point: a separate domain considers Challenging Behaviour, and assessors should avoid double counting the same need. |  |  |
| **Description** | **Level of need** | **Notes** |
| Psychological or emotional needs are apparent but typical of age and similar to those of peer group. | No additional needs | Click here to enter text. |
| Periods of emotional distress (anxiety, mildly lowered mood) not dissimilar to those typical of age and peer group, which subside and are self-regulated by the child/young person, with prompts/ reassurance from peers, family members, carers and/or staff within the workforce. | Low | Click here to enter text. |
| Requires prompts or significant support to remain within existing infrastructure; periods of variable attendance in school/college; noticeably fluctuating levels of concentration. Self-care is notably lacking (and falls outside of cultural/peer group norms and trends), which may demand prolonged intervention from additional key staff; self-harm, but not generally high risk;  **or**  evidence of low moods, depression, anxiety or periods of distress; reduced social functioning and increasingly solitary, with a marked withdrawal from social situations; limited response to prompts to remain within existing infrastructure (marked deterioration in attendance/attainment / deterioration in self-care outside of cultural/peer group norms and trends). | Moderate | Click here to enter text. |
| Rapidly fluctuating moods of depression, necessitating specialist support and intervention, which have a severe impact on the child/young person’s health and well-being to such an extent that the individual cannot engage with daily activities such as eating, drinking, sleeping or which place the individual or others at risk;  **or**  acute and/or prolonged presentation of emotional/psychological deregulation, poor impulse control placing the young person or others at serious risk, and/or symptoms of serious mental illness that places the individual or others at risk; this will include high-risk, self-harm. | High | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **SEIZURES** |  |  |
| **Description** | **Level of need** | **Notes** |
| No evidence of seizures. | No additional needs | Click here to enter text. |
| History of seizures but none in the last three months; medication (if any) is stable;  **or**  occasional absent seizures and there is a low risk of harm. | Low | Click here to enter text. |
| Occasional seizures including absences that have occurred with the last three months which require the supervision of a carer to minimise the risk of harm;  **or**  up to three tonic-clonic seizures every night requiring regular supervision. | Moderate | Click here to enter text. |
| Tonic-clonic seizures requiring rescue medication on a weekly basis;  **or**  4 or more tonic-clonic seizures at night. | High | Click here to enter text. |
| Severe uncontrolled seizures, occurring at least daily. Seizures often do not respond to rescue medication and the child or young person needs hospital treatment on a regular basis. This results in a high probability of risk to his/her self. | Severe | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **CHALLENGING BEHAVIOUR** |  |  |
| **Description** | **Level of need** |  |
| No incidents of behaviour which challenge parents/carers/staff. | No additional needs | Click here to enter text. |
| Some incidents of behaviour which challenge parents/carers/staff but which do not exceed expected behaviours for age or stage of development and which can be managed within mainstream services (e.g. early years support, health visiting, school). | Low | Click here to enter text. |
| Occasional challenging behaviours which are more frequent, more intense or more unusual than those expected for age or stage of development, which are having a negative impact on the child and their family / everyday life. | Moderate | Click here to enter text. |
| Regular challenging behaviours such as aggression (e.g. hitting, kicking, biting, hair-pulling), destruction (e.g. ripping clothes, breaking windows, throwing objects), self-injury (e.g. head banging, self-biting, skin picking), or other behaviours (e.g. running away, eating inedible objects), despite specialist health intervention and which have a negative impact on the child and their family / everyday life. | High | Click here to enter text. |
| Frequent, intense behaviours such as aggression, destruction, self-injury, despite intense multi-agency support, which have a profoundly negative impact on quality of life for the child and their family, and risk exclusion from the home or school. | Severe | Click here to enter text. |
| Challenging behaviours of high frequency and intensity, despite intense multi-agency support, which threaten the immediate safety of the child or those around them and restrict every day activities (e.g. exclusion from school or home environment). | Priority | Click here to enter text. |

|  |  |
| --- | --- |
| Name(s) and signature(s) of referrer  Click here to enter text.  **As the referrer you are signing to confirm you have explained the referral process to the child/ young person and their family.**  **You are confirming you have included all relevant assessments and clinical information which has been used to inform/ support your chooses above.** | Date  Click here to enter a date. |

|  |
| --- |
| **Contact details of others professionals involved in the referral (name, role, organisation, telephone number, email address)** |
| Click here to enter text. |