

REFERRAL CRITERIA WHICH WOULD BE MOST APPROPRIATELY DIRECTED TO CHILDREN'S PSYCHOLOGICAL SERVICES – EAST LANCASHIRE

Children's Psychological Services (CPS) are specialist services which accept referrals for cases which require uni-disciplinary input. It is expected that there will have been a primary intervention (unsuccessful) before CPS become involved. This primary intervention may, for example, come from the services of Health Visiting, School Nursing, School Counselling, Children's Continence Service, Learning Mentors, Family Support. If following primary intervention you feel input from CPS is required then please follow the criteria below which will guide you as to whether to refer to CPS.

Referral Criteria

Presenting concerns accepted	Examples
Emotional difficulties	<i>Anxiety, panic, phobias, low mood, obsessive-compulsive difficulties</i>
Complex relationship difficulties	<i>Attachment and separation issues</i>
Stress and life-event circumstances	<i>Unresolved grief, trauma, PTSD, abuse</i>
Psychological adjustment to physical health difficulties, illness or disability	<i>Medical conditions (with or without established organic cause), Acquired Brain Injury.</i>
Behavioural difficulties associated with emotional distress	<i>Poor emotional regulation, non-compliance, oppositional behaviour, verbal and physical abuse and/or aggression</i>
Psychological adjustment to/management of developmental and neurodevelopmental issues	<i>Complex issues re sleep, toileting, eating habits.</i> <i>Social & Communication difficulties, Autistic Spectrum Condition (ASC), ADHD.</i>
Complex psychological difficulties which have been resistant to previous alternative intervention	

Exclusion criteria	Examples
Persistent & severe conduct difficulties	<i>Fire setting, absconding, stealing, other criminal activity</i>
Sexually exploitative behaviour or extreme sexualised behaviour	<i>Sexual abuse or grooming of others</i> <i>Preoccupation with sexual interests or behaviour inappropriate to developmental stage</i>
Substance misuse	<i>Alcohol, illegal drug use and use of legal highs</i>
Difficulties which are predominantly school-based (in the absence of significant difficulties at home)	<i>Truancy, school refusal</i>
Moderate-severe mental health issues	<i>Concerns re psychosis, emerging personality disorder, mood disorders, eating disorders, such as, Anorexia Nervosa or Bulimia Nervosa</i>
Self-harm & suicidal ideation	<i>Cutting, overdose</i>
Moderate/Severe Learning Disability	<i>Children with an EHCP that states they have a moderate/severe learning disability</i>

CPS accepts referrals up until a child's 16th birthday once they have turned 16 a referral to adult services will need to be considered.

CPS accepts referrals for children & young people who present with **moderate** or **severe** difficulties in their life and emotional wellbeing, as outlined below:

	Impact	Distress
MILD	Symptoms cause occasional disruption but do not undermine functioning and impact is only in a single context . All/most age appropriate activities could be completed given the opportunity. The CYP may have some meaningful interpersonal relationships.	Distress may be situational and/or occurs irregularly less than once a week. Most people who do not know the CYP well would not consider him/her to have problems but those who do know him/her well might express concern.
MODERATE	Functioning is impaired in at least one context but may be variable with sporadic difficulties or symptoms in several but not all domains.	Distress occurs on most days in a week . OR: The problem would be apparent to those who encounter the child in a relevant setting or time but not to those who see the child in other settings.
SEVERE	CYP is completely unable to participate age-appropriately in daily activities in at least one domain and may even be unable to function in all domains (e.g., stays at home or in bed all day without taking part in social activities, needing constant supervision due to level of difficulties).	Distress is extreme and constant on a daily basis . It would be clear to anyone that there is a problem.

PLEASE NOTE:-

Neither Child Psychology Services (CPS) or East Lancashire Child and Adolescent Service (ELCAS – Child Psychiatry) are emergency or crisis services. In situations of urgency we will be happy to advise, but where there is a high level of risk that cannot be managed or an out of hours response is required, please consider using existing emergency pathways. In these circumstances, you should also consider making a referral to Children's Social Care.