

Clinical Priority for Neuro Development Assessments

Children and young people referred for neuro developmental (ND) assessment are routinely assessed in chronological order from date of receipt of referral, with the exception of those children and young people who are categorised as a clinical priority.

A local and regional clinical priority policy supports a consistent approach across providers. The policy would inform children, young people, parents and carers under which circumstances a neurodevelopmental assessment could be prioritised and provide reassurance that otherwise children and young people are assessed chronologically according to referral date.

The clinical priority inclusion categories describe children and young people where their level of risk and need was appropriate to require clinical prioritisation, whilst avoiding this being a significant number of children which would lead to an increase in waiting times significantly for all other children and young people referred for a ND assessment.

Clinical Priority Inclusion Categories

1. Children Looked After who are in an unstable family unit/placement at risk of breakdown
2. Asylum seekers
3. Children and young people under the care of the CAMHS Crisis team, where behaviour is escalating toward crisis
4. Any child or young person where there is a risk of breakdown of the family home necessitating social care involvement
5. Any child and young person who has been excluded from school despite an EHCP and reasonable adjustments being made
6. Children and young people under the Youth Offending Team
7. Children or young people on the Dynamic Support Register/Co-ordination

Consideration to the need for watchful wait for children and young people in the above clinical priority categories

The child or young person must be sufficiently clinically and psychologically stable to complete the assessment in order to determine an outcome. Some children and young people may require a period of watchful wait, with periodic review until their assessment can be commenced.

Where there is a high level of need a multi-agency approach should be taken to complete a holistic assessment with supporting agencies.

Exclusions to the above categories

Consideration was given to inclusion of the following categories; however it was felt the children and young people where the following apply would only be a clinical priority in the presence of one of the clinical priority inclusion categories above:

1. Looked after and adopted children and young people where the child or young person is in a stable family unit/placement.