Liaise with next new education setting including sharing documentation on educational progress, plans & strategies.

Send out CPA reports and transfer paperwork.

Allocated individual & family therapists to provide recommendations for how therapeutic needs can be met in the community/transfer setting.

Contribute to service specification for placements when required.

Assessment & formulation reports to be shared with next therapist (if young person consents).

Liaise with receiving services as appropriate.

Initial OT assessment

Co-produce PBS Plan with the individual parents/ carers & MDT.

Begin group work &/ or 1:1 sessions to assess function by using the VdT Model of Creative Ability.

Develop OT specific formulation & contribute to MDT formulation & risk assessment.

Collaborative goal setting with young person.

DBT personalise card to be developed.

Continue to collect outcome measures & consent forms completed.

Young person to continue attending ward group therapeutic programme including DBT & Art Therapy Group.

Assessment & formulation of difficulties to continue throughout admission to inform clear recommendations about care & treatment for young person post admission.

Specialist psychological assessments/interventions to be conducted as required, & indicated from the formulation.

Therapeutic input (both family, individual, & specialist groups) to be informed by formulation, NICE guidelines, & client preference, with focus on stabilisation of risks & mental state.

Allocated therapist/psychologist & family therapist to attend MDT case/ward reviews & CPA meetings.

PBS to be reviewed & amended weekly.

Monitor mental state and risk, review physical health, review medication and MHA status.

Attend weekly MDT case/ward reviews and CPA meetings.

Prescribe S17 leave as part of treatment.

Assess and support re: historic / current safeguarding concerns / police investigations.

Assess and support with placement and other well-being needs if young person is a Looked After Child (LAC) .

Consideration of cultural and social needs, experiences of discrimination, and resources for protected characteristics.

Attend weekly MDT reviews, CPAs and Social care meetings.

Write & review individual timetable & IEPs. Provide education including trips & activities as appropriate. Consider alternative patterns of education if too unwell to attend classroom (e.g. ward, quiet lounge). Liaise with home school.

Regular contact with family/carers.

Attend MDT case/ward reviews & CPAs.

Continue group work as in assessment phase. Provide opportunities for access to meaningful occupations.

Provide 1:1 interventions informed by OT formulation & goals.

DBT prescription card to be reviewed.

Support to develop ADL/ independent living skills.

Attend CPA

Attend CPA

Liaise with families/carers, Local Authority Children and families Teams and other community organisations for support with mental health and other unmet needs. Complete referrals for ss. 17 and 47 CA 1989 assessments, including s. 117 Aftercare support after discharge from hospital.

Liaise with receiving service as appropriate.

Write discharge summary report / paperwork as appropriate.

Attend CPA

Attend CPA

Attend CPA

Co-produce recommendations & support for maintaining wellbeing in the community with individual parent/ carers, schools & community mental health provision as appropriate.

Support transition. Provide support with signposting/ access to meaningful occupation/ formulation of crisis or relapse prevention with self-management strategies. Where appropriate handover further OT needs to occupational therapist if OT provision is available or identify funding opportunities through S117.

Share DBT prescription cards.

Transfer preparation.

Liaise with receiving service.

Transport.

Transfer to Appropriate Setting

**(CAMHS alternative MH hospital/post 18 hospital/specialist placement)**

Therapy assessment to take place within 1st two weeks of admission. Assessment should include assessing therapist liaising with community/GAU therapist (if applicable) to gather information regarding previous therapy. Individual therapist/psychologist allocated based on outcome of initial assessment.

If appropriate, allocated family therapist to carry out initial assessment with family/carers with 1st two weeks of admission.

Young person to begin attending the ward therapeutic group programme.

Collect initial outcome measures.

Psychologist to co-produce PBS.

Attend CPM

Attend CPM

Attend CPM

Book MDT assessment & Care Planning meeting.

To ensure the patient has a CPA booked and attendees are invited.

Upload reports onto patient record sent from other services.

**Admin**

Allocate key teacher. Contact family/carers & home school for information. Carry out education assessment. Contact SEND & virtual school where appropriate.

Gather information on historic/ongoing social care involvement, historic/new safeguarding information/concerns, assess social circumstances and identify those with parental responsibility for collaborative partnership working.

Attend CPM

Attend CPM

Assess mental state and risks.

Physical examination.

Review medication.

Allocate key worker/key team.

Start initial risk assessment.

Start care plans.

**Nursing**

**Psychological Therapies**

Attend CPM

**Education**

**Social Work**

**Medical**

**Occupational Therapy**

**MDT**

**Assessment**

Referral from EoE GAU or following community crisis

**CORE (PICU) PATHWAY through inpatient admission - MDT roles and CPA processes**

Attend CPA

Develop Care Plans; link in to areas of need identified in formulation.

Incorporate PBS into care plan such as coping skills & intervention/responses.

Discuss past coping skills that can be implemented on ward.

Debrief after traumatic incidents on ward. Discuss ABC with MDT.

Work with young person in using & incorporating their skills on the ward & on leave (DBT prescription card, facilitating the use of skills when necessary).

Work with young person to build routine on the ward that encourages recovery following least restrictive practice & promoting independent coping/ADL skills.

Attend weekly MDT case/ward reviews and CPA meetings.

Discuss PBS with MDT regularly.

As Sectioned under MHA – read rights; arrange referral to advocate for appeals.

Liaise with families/carers/community teams.

**Working Phase**

**CPA**

4-6 weeks

Review Risk and Progress

Plan step down to GAU or step up to LSU

**Care planning meeting**

Formulation/Care pathway.

SharedGoals to work towards step down.

Low secure referral if required.