**Assessment phase**

**Working phase**

**Preparing for discharge or transfer**

Introduce to ASD/LD champion

Introduce to sensory room (if not completed by OT).

Psychology, Nursing & OT to develop a comprehensive PBS

Consider co-existing conditions.

Consider ARFID pathway for restricted eating.

Sensory assessment (e.g. ASH, SIPT, Clinical Observations, SPM, ASP).

Provide easy read materials & ward information sheets.

Psychology, Nursing & OT to develop a comprehensive PBS

Continue specific assessments. Consider need for psychoeducation regarding neurodivergent condition (s) and impact of this on current presentation.

Adapt individual and family therapy interventions to meet developmental needs, as well as therapeutic group materials.

If a diagnosis of ASD, consider involvement in a social skills group/cognitive remediation strategies. If an ADHD diagnosis consider applying CBT.

Prepare for transition with easy read materials/ social stories & easy read report.

Offer feedback meeting including parents & carers following any assessments.

Screening for congenital anomalies /injuries/self-harm before admission and up to 5 day CPA. Thorough assessment of history to be taken.

To complete specific assessments e.g. ADI/3DI/ADOS as required.

Ensure care plans are adapted to meet specific LD/ASD/ADHD/Tourette’s/TIC needs.

Work with YP/Education/MDT to build a therapeutic routine specific to their needs.

Liaise with families/carers/local community teams to ensure continuity to care.

Easy read patient documents.

To restructure the environment (as appropriate) to support individual needs.

As per the core pathway.

As per the core pathway.

Make recommendations for any further neurodevelopmental/cognitive assessments required & how ongoing therapeutic needs can be met.

Signpost to services as necessary.

Consider need for specific LD/ASD/ADHD assessment (cognitive assessment, ASD assessment, executive functioning, Connors, Vineland, BRIEF) if neurodevelopmental presentation not diagnosed or well understood.

Psychology, Nursing & OT to develop a comprehensive PBS.

Gather background information and history including requesting further information about support with unmet needs. Assess with plan to refer for further support from Local Authority.

Investigation of education history & requests from home school for information regarding assessment & recommendations to support learning.

Previous CETR documentation to be requested.

Easy read ward information sheets to be provided to the young person.

Develop Sensory Ladder to reduce “Behaviours of Distress” & need for restrictive practices.

Consider the impact of the physical & social environmental triggers, support with adaptions for sensory preferences & triggers & support with predictability & structure.

Psychoeducation & support to develop emotion recognition.

Complete referrals for ongoing assessments & support from Local Authority for any unmet needs.

Consideration of applying for EHCP if not already in place.

Embed EHCP plans into IEP & lesson planning.

Use CETR outcome to inform teaching & planning.

As per the core pathway.

Liaise with families/carers & professionals to support identified needs, including signposting to other services.

Additional support for transition work.

As per the core pathway

**Nursing**

**Occupational Therapy**

**Psychological Therapies**

**Medics**

**Social Work**

**Education**

Ensure patient has a CETR booked.

Invite transforming care keyworker to ward and CPA reviews

**Admin**