**Guidance Notes for Specialist CAMHS practitioners**

* **Alder Centre for Education offers short term teaching support for pupils unable to access their mainstream settings due to health-related reasons.**
* **Schools must initiate all referrals and ensure CAMHS practitioners have full sight of all referral information in advance of providing written advice.**
* **Schools currently contribute financially to the costs associated with a placement at ACE.**
* **Please do bear in mind that Alder Centre for Education supports schools on an intervention basis and is not a school or specialist provision. Pupils remain registered with their schools and work towards a reintegration plan.**
* **If the young person is accessing some teaching in their school setting, then ACE would not be considered.**

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**CAMHS practitioners will need to provide the following information in the form of a comprehensive report outlining the areas highlighted below.**

**If the information is incomplete or insufficient then the referral cannot be discussed further.**

**In such cases, the relevant practitioner will be contacted and further information requested.**

**On the basis of information provided by practitioners, the Head of ACE will consider the advice provided by schools and CAMHS practitioners to determine whether support from the Service should be provided.**

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| **The context and basis of the referral made to Specialist CAMHS** **for (name of YP) …………………………….** |
| **Please outline extent and duration of the young person’s difficulties and needs in relation to their social, emotional, and mental health.** **Please comment on the functioning of young person – is his/her functioning significantly impaired to the extent that a referral for educational support is necessary?** |
| **Please attach a care plan which should include*:*****Assessment/s undertaken, planned outcome of work, recommendation of therapeutic offer, likely duration and frequency of engagement and any associated issues.** **Care plan attached (please tick)**  |
| **Please confirm below that you have received the school referral and have liaised with school.** **I confirm that the information identified in this referral is consistent with the unmet needs of the pupil and the necessity for Complementary Education to offer short term intervention to support recovery from current SEMH needs.** **Please tick to confirm:****Comments** |
| **Confirmation of any relevant diagnosis/diagnoses** |
| **Communication of risk and safety issues** |
| **Any known safeguarding arrangements** |
| **Length of time anticipated to be unable to attend school due to illness:** |
| **Views and aspirations of the young person** |
| **I confirm that in my professional opinion that this young person is currently unable to attend school due to their mental health difficulties.** |
| **Completed by:** **Signature:** **Date**:  |