Minister for Education
and Lifelong Learning

Government of JERSEY

Union Street | St Helier
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Deputy Catherine Curtis
Chair – Children, Education and Home Affairs Scrutiny Panel

Sent by email only

11 June 2026

Dear Chair,

Concerns raised regarding Special Educational Needs Co-ordinators (SENCOs)

Thank you for your letter of 26th May requesting further information on matters relating to SENCOs and CAMHS processes. Information is provided below in answer to your questions and please do not hesitate to contact us if you require any additional information.

The Panel would be grateful if you could provide further information on the following matters:

1. The intended role of schools and SENCOs within the revised CAMHS referral process;

To provide clarity as to why there have been revisions to the referral process, and the impact this has had on both SENCOs and CAMHS, we have outlined below the significant changes being experienced for children and young people and the services that support them.

In 2020/2021, there was considerable work on stakeholder consultation, including with Education colleagues, on the development of a Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2025. This led to additional investment and a redesign of CAMHS Services. At this stage, the significant rise in demand for neurodevelopmental assessments was not predicted and has since presented a huge challenge for CAMHS to address.

Between 2021 and 2025, there were 2661 referrals made for either Autism or ADHD assessments to CAMHS (from just 130 in 2020). In this same period CAMHS received 4617 new referrals. This rise in referrals was in excess of what the service was designed and funded to manage. Significantly too, there was a change from GP dominated referrals to Education dominated ones, with Education referrals making up 44% of all CAMHS referrals in the last two years. Education has made 1844 referrals to CAMHS in 2024 and 2025, the majority coming from SENCOs. This highlights the pressures and demands on SENCOs as a set of professionals who are referring a high volume of children and young people to CAMHS.

This increase in referrals reflects the pressures children and young people are experiencing, which was highlighted in the last two Children and Young People's surveys in Jersey. Education themes (exams, schoolwork) were prominent as the most listed factors impacting the emotional wellbeing of children and young people on the island. As of today's date, CAMHS has 1872 children and young people open to the service indicating the significant demand CAMHS is under.

Similarly, the NHS ADHD waiting list grew from 21,000 in 2019 to 270,000 in 2025 (Independent Review – Mental Health, Autism and ADHD 2026). The NHS taskforce review (April 2025) describes waiting times for assessment of up to 8 years. Trends and pressures seen in Jersey are being experienced globally.

To manage the significant demand and growing backlog for neurodevelopmental referrals additional assessment support has been provided for Autism and ADHD. However, in addition to this the referral process also needs to be improved, specifically ensuring the correct completion of all supporting information at the point of referral. Incorrect or incomplete information has led to appointments being cancelled, extending waiting times, and frustration for families.

Changes to this process have been introduced in consultation with SENCOs during 2025 and 2026. This included changes to be made to the referral process to meet best practice national guidance, ensure greater efficiency of resources, and speedier allocation for assessment. Officers from CAMHS and Education have met with SENCOs on a number of occasions to explore how these changes to the referral process can be embedded.

What was proposed was that at first identification of features of neurodiversity, CAMHS Early Intervention clinicians (assigned to every school) would meet schools and develop a support plan that would run for 10 weeks to consider impact and ensure schools had good accommodations and support plans in place. It is best practice and ethically correct for school support plans to be in place prior to a diagnostic assessment that could lead to a lifelong diagnosis, and potential medication treatment. This is also part of the neuroinclusive strategy. CAMHS have since noticed a clear reduction in concerns raised by parents about previous delays to support accommodations in schools.

CAMHS have also agreed not to accept referrals until all relevant reports have been fully completed and received at the point of referral. This ensures clinicians are best placed to make evidence-based decisions, signpost appropriate and timeous support, and have everything in place ready to immediately allocate to assessment slots. The intention to this is to make the system more efficient and timely for young people being referred.

To clarify, the approach for SENCOs in the referral process is listed below:

i. Schools will respond initially to the neurodiverse needs of children and young people by making appropriate adjustments within the universal offer. If concerns emerge, they will arrange a consultation with the CAMHS Early Intervention Clinician and a plan is created. Parents are signposted to the relevant Children and Family Hub parenting programme.

ii. The advice from NICE, is that with the above in place, the school monitors the child over a ten-week “watchful waiting” period, to establish if they are still struggling despite support.

iii. The next step is for the SENCO to review and discuss with parents/carers if they wish for a referral to be made via the Children and Family Hub to CAMHS for a diagnostic assessment.

iv. Schools are required to submit the relevant reports so that the child/young person’s referral can be screened by the Neurodevelopmental Service Multi-Disciplinary Team (MDT). The MDT meets regularly (once a week) and the meeting is attended by a psychiatrist, paediatrician, a psychologist, SALT, a representative from the Children and Family Hub, and ND Service Manager.

v. The MDT reviews all of the documentation to establish, whether the child/young person's presenting features meet the threshold for a neurodevelopmental assessment, or whether the referral needs wider consideration, an initial assessment, or alternative support for features that may reflect trauma, adverse childhood experiences, or unidentified learning needs etc. If they require assessment all reports are ready to be allocated immediately.

vi. CAMHS will communicate with schools and families to let them know the outcome of the MDT referrals meeting.

vii. With all assessment reports in place, children and young people can be allocated an assessment appointment as soon as one is available.

2. How responsibilities are defined and shared between CAMHS and schools, particularly in relation to children awaiting assessment;

As above schools meet with CAMHS Early Intervention clinicians and are to introduce a support plan at the point of noticing features of neurodiversity. This ensures appropriate support, adaptions and accommodations are in place whilst awaiting assessment outcomes.

The sharing of responsibilities addressed above are summarised as follows:

CAMHS	School SENCOs and school staff
• Early Intervention Clinician (EIC) assigned to every school	• School identifies early signs of neurodiverse needs and/or • School responds to a parental request made to review for neurodivergence • Contact CAMHS EIC • Start considering adaptations to support
• Co-develop support plan	• Co-develop support plan
• QA support plans and adaptations	• Implement 10-week support plan communicating adaptations and adjustments to all relevant staff • Review plan and discuss review with parents • Discuss thresholds and possible outcomes for ND assessment request
• Review of School Functioning Report for completion	• Complete and submit 'School Functioning report
• Review of school submission for completion	• Complete online Conners assessment
• Review of parent submission for completion	• Support parents to complete and submit Conners assessment
• Multi Disciplinary Team screening and decision regarding threshold met Y/N • Outcome of referral process communicated to parent and school	• Communicate and support parent with parent regarding outcome Y/N
• ND Assessment appointment booked and undertaken where threshold met	

• Outcome of ND assessment communicated to parents and school	• Any additional guidance from assessment shared with teaching staff regarding adjustments advised.

3. What guidance has been issued to schools regarding the management and support of pupils without formal diagnosis;

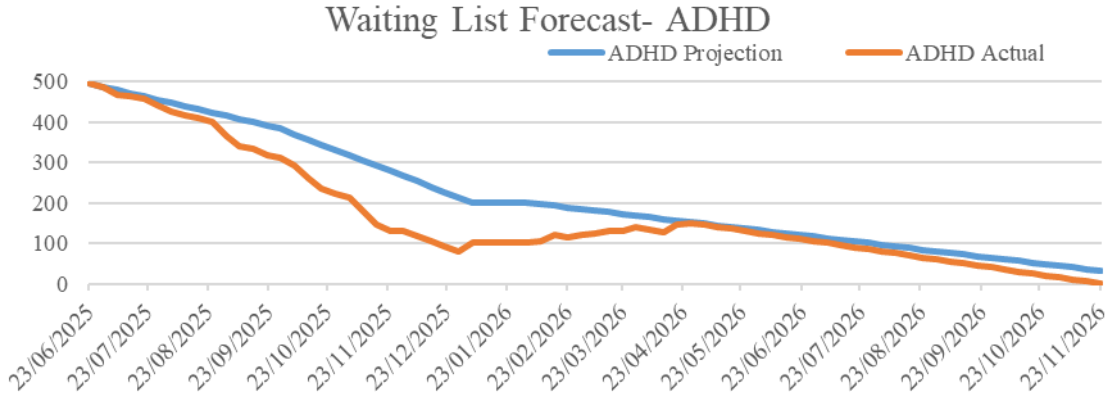
Education has its own support teams who assist SENCO's including Autism Social Communication Inclusion Team (ASCIT), Social Emotional Mental Health Inclusion Team (SEMHIT), Educational Psychology and a wellbeing service. 44% of all CAMHS referrals in 2025 came from schools indicating high levels of referral and input for pupils from CAMHS. General strategies have been shared with SENCOs to help inform early planning and support while awaiting assessment, and parents/carers are invited to a weekly ND Service drop-in clinic. An ND support pack is provided to schools and families at the point of referral.

4. Current waiting times for assessments and what actions are being taken to reduce delays and improve capacity within CAMHS;

In 2025, CAMHS completed a record 678 diagnostic assessments, up from 425 in 2024, without the need for further capacity. To date in 2026, there are currently 162 young people waiting for ADHD and 257 young people waiting for Autism assessments, which is the lowest number experienced in the last 5 years. The new system is becoming more efficient and allowing many more children and young people to be assessed.

In 2025, waiting times for neurodevelopmental assessments in CAMHS were 75 weeks. This has reduced to 69 weeks in Q1 2026. Whilst this is longer than we would like, it is considerably better than all UK CAMHS services who have also introduced strict access criteria. To access CAMHS for an Autism or ADHD assessment in the UK many require high levels of presenting risk, exclusion from school, placement breakdown at home, and / or associated mental health concerns. CAMHS in Jersey has been determined not to impose these restrictions, believing it is important to identify all children and young people who may be neurodivergent, to ensure they get good psychoeducation to understand their neurodiversity, and all the support and accommodations needed to achieve success.

From June 2026, expected waiting times are:
· Approx. 54-62 weeks for an ADHD assessment appointment
· Approx. 50-66 weeks for an Autism assessment appointment.



5. What steps are being taken to address the safeguarding and ethical concerns raised by SENCOs.

The process described above aligns with best practice and adheres to NICE guidance. It has ensured higher levels of assessment and support is in place from the first identification of features of neurodiversity.

There is a clear acknowledgement that SENCOs have a busy role with the increased pressures of SEND / neurodiversity in schools. The pressure schools are facing is reflected in last year's review of the island's SEND provision. The Department is focussed on improving the quality and consistency of provision for children and young people, and to ensure all staff in schools are supported. Further improvements are needed and officers are focussed on this task.

Ongoing consultation, training and written guidance is being provided as CAMHS and SENCOs continue to work together to ensure the referral process works for both CAMHS and schools. A working group of SENCOs and CAMHS leaders is now being created to produce an action plan to resolve the issues identified.

Yours sincerely,

Deputy Rob Ward
Minister for Education and Lifelong Learning

Connétable Richard Vibert
Minister for Children and Families