Offender Health and Social Care
Improving Health, supporting Justice

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Improving the emotional and psychological wellbeing and mental health of children and young people in contact with the Youth Justice System in Yorkshire and Humber

Regional Commissioning Model
High Level Care Pathway
Document 2 of 4 (updated December 09)

Improving the emotional, psychological wellbeing and mental health of those in contact with the Youth Justice System Yorkshire and Humber

Document 2: High Level Regional Care Pathway

This Care Pathway has been produced in order to support and inform the commissioning of all services for the emotional, psychological and mental health of those in contact with the youth justice system in the YH region and their families/carers. It is recommended that locally these services should now be reviewed in the light of the information that is set out below.

See also:

Document 1: High Level Regional Service Specification
Document 3: High Level Regional Workforce Development Strategy
Document 4: Regional Quality and Performance Indicators (available January 2010)

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Background

In autumn 2007 a mapping exercise was undertaken by Offender Health and Social Care, (part of the Yorkshire and Humber Improvement Partnership) looking at the provision of mental health and emotional wellbeing resources in the five children's secure units that then existed in the Yorkshire and Humber Region (Sutton Place Secure Children's Home in Hull has subsequently closed). This established that with some specific exceptions, the emotional wellbeing and mental health needs of children and young people aged 10 – 18 were, broadly speaking, not being met. Services were patchy and inconsistent and did not meet the guidance set out in the DH/YJB Commissioning Framework, *Promoting the mental health of children in secure estate* (March 07), which recommended a strategic regional approach to commissioning mental health services for this population of vulnerable children. Further mapping of mental health resources available in the community (to Youth Offending Teams) and consultation with young people in the youth justice system confirmed that provision in the community was also patchy and in some places inadequate.

From March 2008 Yorkshire and Humber Specialised Commissioning Group, together with match funding from The Youth Justice Board and The Department of Health (Offender Health) nationally, and Regional CAMHS, supported two year's further work to develop a consistent regional approach to commissioning for the mental health and emotional wellbeing of children in contact with the youth justice system.

The Regional Commissioning model

Following extensive consultation it was agreed that the regional model would:

1. Adopt a **pathway approach** – incorporating the needs of children (10 – 18 yrs) wherever they are in contact with the YJS in Yorkshire and Humber;
2. Be **comprehensive** – and include emotional wellbeing and/or mental health needs at universal, targeted and specialist levels (or CAMHs tiers 1 -4);
3. Incorporate **regional commissioning** in the form of overarching principles, standards and guidelines (service specification, care pathway, workforce development, and performance indicators) with **local commissioning** in the form of needs analysis, specific investment, contracting and procurement arrangements;
4. Be **integrated and mainstreamed –** with commissioning for the emotional wellbeing and mental health of this vulnerable group being located in the structures and arrangements for Children's Trusts.

This document

This document should be viewed together with the High Level Regional Pathway Diagrams (see pages 14&15). It tries to set out the most common steps and stages into and through the Youth Justice System that any given child or young person with emotional, psychological and/or mental health needs may follow, but it is important to point out that children and young people often have a very unpredictable pattern of contact with youth justice and health and social care systems. They seldom follow the linear path through services that is suggested by the diagram. Some for example jump straight into a secure setting without being involved in any of the other defined stages. The stages and linkages are drawn directly from a 'process mapping' event that was held on July 16th 08, with commissioners, practitioners, managers and regional leads from health, social care and youth justice systems across YH.

The main intention is to help to ensure children and young people and their families/carers get their mental health needs met wherever they come into contact with Criminal/Youth Justice System in Yorkshire and Humber.

Key stages in the young offender health and social care pathway

1. Children and young people with emotional, psychological and mental health needs who are at risk of entering the youth justice system
2. Children and young people under formal youth offending team supervision
3. Children and young people under YOT supervision at risk of entering secure estate
4. Children and young people in secure settings
5. Children and young people leaving secure settings
6. Children and young people whose legal order is complete

Common abbreviations used

AMHs – Adult mental health services CAF – The Common Assessment Framework CAMHs – Child and adolescent mental health services CJS – the Criminal Justice System CPA – The Care Programme Approach CYP – Children and young people CYPP – Children and young people's plan DNAs – Did not attends ECM – Every Child Matters EPWBMH – Emotional and psychological wellbeing and mental health LAC – Looked after children	LD – Learning disability MH – mental health NCG – National Commissioning Group OHSC – Offender Health and Social Care OOA – Out of area SM – Substance misuse YH – Yorkshire and Humber region YHIP – Yorkshire and Humber Improvement Partnership YJS – The youth justice system YOI – Young offender institute YOS – Youth offending service YOT – Youth offending team

Author's note

In the tables below various aspects of the current mental health care pathway for those in contact with the Youth Justice System are set out. Local examples are referred to in a small number of instances. The author is aware that there are at every stage of the pathway some excellent initiatives across the region that have been brought about by practitioners and commissioners from different agencies working together to improve services and resources for those in contact with the Youth Justice System. However it has been beyond the scope of this project to map all of these good practice examples, and so in the main the text that follows is kept as general as possible, in order to try and describe the broad themes and concerns raised in consultation.

Steve Nash, December 2009

High Level Regional Care Pathway for children and young people with emotional and mental health needs who are in contact with the youth justice system in Yorkshire and Humber

Pathway Stage 1	What happens now? Quality, access, inequalities	How might it be better? What would it look like?	What would it take? What is needed?	Barriers	What is the evidence? Enablers?
Vulnerable/at risk children and young people prior to formal entry into the YJS	Risk factors not always appreciated by primary care and wider children's workforce, not clear how/where to refer on Very variable approach to and quality of early identification, diversion and early intervention in terms of mental health and emotional/psychological wellbeing problems in CYP at their initial contact points with CJS eg police stations Courts rarely equipped to respond to emotional/MH needs of CYP Forensic Medical Examination in police station can miss MH needs of children and currently not required to refer on Some early intervention via YOS, restorative justice in schools High risk CYP known to some agencies e.g. education,	Consistent population focused, proactive approach to early identification – use of predisposing factors and targeting of vulnerable groups. MH Screening assessments at police station as routine Systems to ensure CYP with EPWBMH needs are not placed in YJS inappropriately Good access to early intervention and mental health promotion for CYP in YJS across YH More preventative and supportive community/family approaches in accessible locations including schools, primary care, police stations	EPWBMH Needs of vulnerable CYP in YJS recognised as priority Regional sign up to consistent approach Early identification and diversion schemes for juveniles Emotional/MH Awareness raising and training for all in contact with vulnerable CYP in YJS (FMEs/police/judiciary) Better access to assessment and intervention Implementation of multi systemic family interventions and other evidenced based approaches A single known contact point for children's mental health advice and support in each locality	No common language across agencies – and no common assessment tool – 'emotional wellbeing' vs 'mental health' vs 'offender'; Risk vs vulnerability; Asset vs CAF vs CPA Lack of leadership and integrated approach Needs of this group not in all CYPPs Health services can have very specific entry thresholds and illness focus Limited understanding and awareness of mental health problems at universal level Staff and services	The Chance of a Lifetime, Preventing Early Conduct Problems and Reducing Crime, SCMH 2009 Feedback from service users and families CANA, Leeds 08 Not Working and Not Together' Case audit study carried out in YH 2002 Risk and Protective Factors, YJB 2005 National CAMHS Review – Children and Young People

Pathway Stage 1	What happens now? Quality, access, inequalities	How might it be better? What would it look like?	What would it take? What is needed?	Barriers	What is the evidence? Enablers?
Vulnerable/at risk children and young people prior to formal entry into the YJS	police, primary care, may be excluded, on ASBOs etc but not always assessed re MH and not agencies not clear how to respond Services not young person or family friendly – high levels of DNA in some areas Variable ability to identify and meet multiple needs and dual diagnosis eg LD, substance misuse, ADHD, Speech and Language difficulties, suicide and self harm CAMHS DNAs often not followed up or offered alternative approach	Greater awareness of risk factors and confidence in identifying need in wider children's workforce Comprehensive assessment; workforce that is competent to carry this out Clear pathways and links between different specialist services Assertive outreach and alternatives for CYP and their families who find services difficult to engage with	Common assessment tool and information sharing across all agencies - 24hr access to CAMHS for urgent referrals Clear protocols and open referral systems More assertive outreach approach by CAMHS to children with MH needs at risk of becoming involved with YJS – may need new roles, new ways of working esp. re DNAs Needs a lead practitioner for child and family able to span boundaries and coordinate across health, social care and YJS	with limited capacity/confidence but limited access to training; difficulties of releasing front line staff for prof. development Lots of agencies involved, not always well coordinated Healthcare in Police Custody Suites not commissioned by PCTs	in mind, 08 Youth Crime Action Plan 08 Healthy Lives, Brighter Futures, DCSF 2009 ECM Change for Children in the YJS, 2004 What works in promoting children's MH? Sure Start 2004 Studies on early intervention in psychosis in young people Safeguarding Children Act 2004 Commissioning for outcomes – all agencies

Pathway Stage 2 and 3	What happens now? Quality, access, inequalities	How might it be better? What would it look like?	What would it take? What is needed?	Barriers	What is the evidence? Enablers?
Those under formal YOT supervision, including those who are at risk of entering a secure setting	Significance of EPWBMH problem not always recognised by CJS/YJS practitioners – variable rates of referral to CAMHS by YOTS across YH Not all YOTs have adequate access to CAMHS consultation, assessment and intervention Not always guaranteed that assessment takes into account LD, substance misuse etc Importance of MH needs of parents carers frequently not taken into consideration Communication about EPWBMH needs can be problematic between different agencies Sentence (e.g. community supervision order by YOT) may include requirement for MH treatment	All YOT workers able to identify EPWBMH early signs and risk factors and able to refer on/ undertake further assessment where needed All YOTS able to access CAMHs input straightforwardly - All YOTS in YH to have CAMHs worker Need to have system to be sure re-offending is not linked to MH, LD, ADHD needs – child's behaviour may be being misunderstood Need for reassessment minimised – information shared better by those that need it MH inputs to be available in good time – CAMHS outreach available and DNAs followed up more	Increased awareness of EPWBMH needs in all members of YOT team – training and supervision to support this Training and awareness raising across CJS and CAMHS re MH needs of adolescents/young offenders Clear protocols and expectations on CAMHs services to respond Basic principle that generic CAMHS is appropriate service for majority of young offenders with common, tier 1-3 MH/psychological/emotional needs Multi agency approach, needs of these CYP to be captured in mainstream planning and Children's Trust mechanisms	Taking staff from front line for training needs planning and takes time/cost; health care not a priority for CJS workers Communication between agencies may be affected by confidentiality protocols Pressure on CAMHS to be all things to all people with limited resources	Lord Bradley Report 09– review of those with MH and LD in CJS Actions Speak Louder –access to health care in the community for young people who offend, HCC 2009 When to share information, best practice guidance for everyone working in the YJS, DH 2008 The Mental Health Needs of Young People Who Offend; The Derwent Initiative, 07 (better assessment/ information sharing required

Pathway Stage 2 and 3	What happens now? Quality, access, inequalities	How might it be better? What would it look like?	What would it take? What is needed?	Barriers	What is the evidence? Enablers?
Those under formal YOT supervision, including those who are at risk of entering a secure setting	If CYP has MH assessment pre-sentence, and may then be required to have more detailed assessment by the court. These psychiatric assessments paid for on private basis Very limited/no access to specialist forensic CAMHS in much of YH Reoffending increases risk of custody. Above steps may be repeated – need to ensure positive proactive approach is taken with those most at risk of entering secure units Lack of full range of supportive and preventative CYP EPWBMH services in some areas	assertively Court reports system more efficient, timely and supportive of children caught up in process Good access to Forensic CAMHs advice consultation and treatment across the region (especially community based models) A range of community based approaches and services that recognise specific needs of children and their families who struggle to engage with traditional services	Should be a regionally agreed process and benchmark for formal specialist court reports Good access to consultation and supervision re MH for YOT staff, and also forensic support to generic CAMHS Investment in creative and imaginative services for vulnerable and at risk CYP in each locality Services and activities that help prevent CYP from escalating offending behaviour	Traditional practices mean that assessments requested by courts charged for privately Limited funds and limited number of specialist consultants Reality of tailoring community based services to 16-18 yr olds who may be poorly motivated, mistrustful	between health and youth justice) Healthy Children, Safer Communities, DCSF, 2009 (expected Dec) MH Needs and Effectiveness of Provision in Custody and in the Community YJB 2005 Meeting the speech, language and communication needs of vulnerable YP – Model of service for those at risk of offending re-offending, RCSLT, 2008

Pathway Stage 4	What happens now? Quality, access, inequalities	How might it be better? What would it look like?	What would it take? What is needed?	Barriers	What is the evidence? Enablers?
Children and young people who are in secure settings	Information on previous or ongoing MH needs does not always get shared with secure unit in timely fashion Completion/accuracy and availability of received ASSET (YOT health assessment) varies No consistent initial MH screening by secure units – carried out by specialist staff in some, primary care or front line staff in others; some units use GHQ – not designed for children/young people Absence of defined health care pathway within some units eg limited input to EPWBMH needs offered by primary care. Increases pressure on specialist services Limited access to multidisciplinary MH team – range of professionals varies greatly from unit to unit – one SCH (East Moor) has very limited access to CAMHS Tendency towards repeat assessments especially In larger units, education, substance	Information readily available to those who need it All YOT practitioners confident in initially assessing MH Common screening and assessment tools across the YJS in the region, effectively utilised Clear role of and collaboration by different staff groups eg primary care re EPWBMH CYP in all secure units who have EPWBMH needs have access to full CAMHS MDT Different functions work together to increase synergy and capacity and reduce duplication.	Protocols and agreements with hometown agencies especially YOTS and CAMHS to share information speedily Agreement of standard tool; training and support to use it; Regional sign up to consistent assessment process for EPWBMH needs in YJS secure estate Primary care, specialist mental health and other staff collaborate in order to increase capacity and share information Up to date needs analysis that identifies level of need and resources required to meet it – as part of world class commissioning Better sharing of information	Difficulties in accessing past clinical records; Lack of common protocols, limited use of IT EPWBMH only one of many priorities for YJS Some areas have limited capacity to offer CAMHS assessment, even if need indicated by initial screening Releasing staff for training. Primary care and CAMHS commissioned differently Lack of national clarity about who is commissioner and funder especially SCHs Multiple notes and recording systems, different approaches to	Research indicating that ASSET is not used consistently (see Derwent Initiative report) Female health needs in YOIS YJB 2006 HMIP Expectations, Children and young people held in prison 2009 Tell them not to forget about us, Di Hart NCB 2006 Delivering ECM in children's secure settings NCB 2008 When you are inside...you keep it inside NHS Forensic MH Research Programme Prison Service Order 4950 –

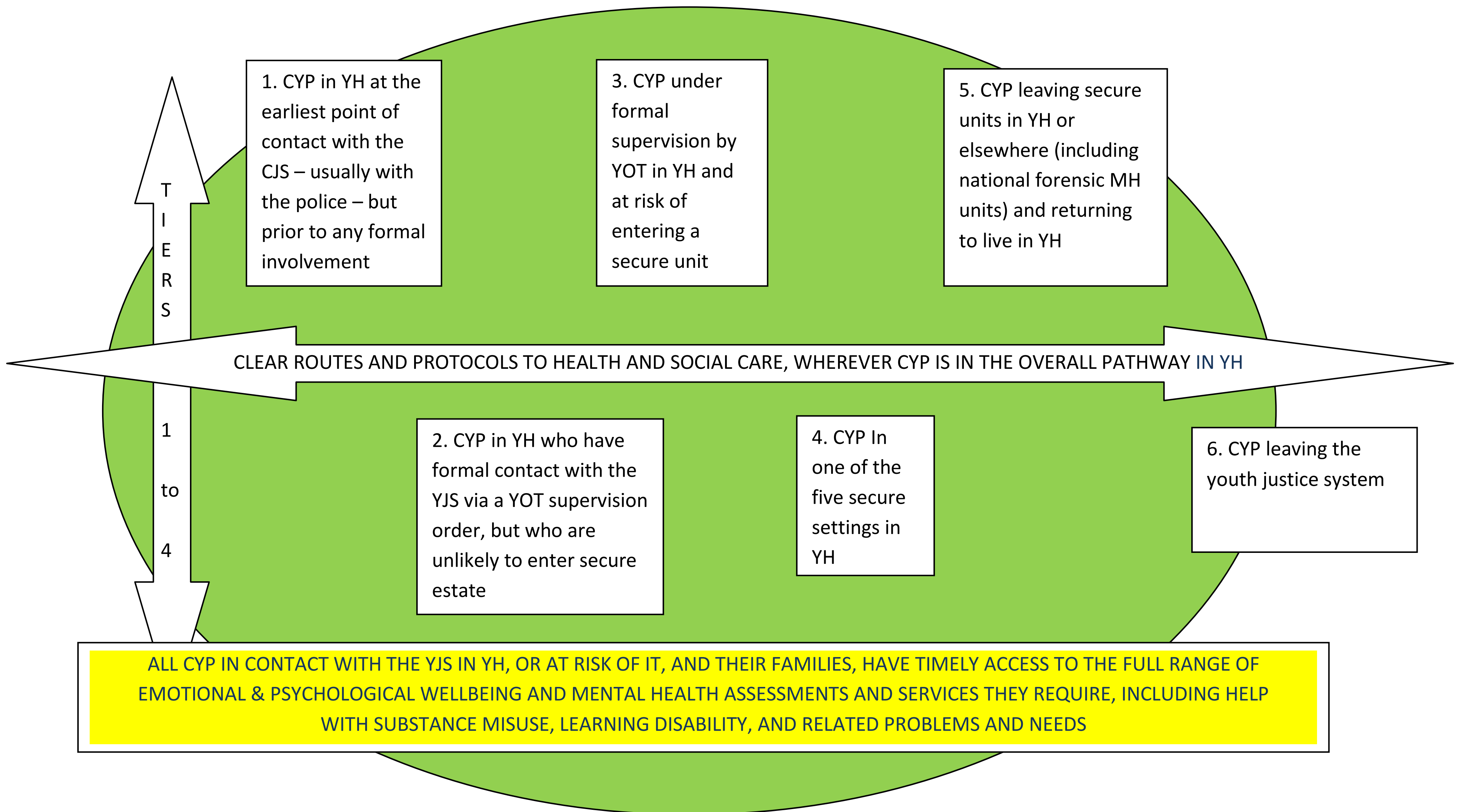
Pathway Stage 4	What happens now? Quality, access, inequalities	How might it be better? What would it look like?	What would it take? What is needed?	Barriers	What is the evidence? Enablers?
Children and young people who are in secure settings	misuse, primary care and mental health services sometimes duplicate Limited capacity to offer actual interventions, often due to shortness of custodial period Variable approach to using voluntary sector inputs e.g. counselling, anti bullying initiatives, work on BOEM MH EPWB MH sometimes given low priority within prison regime - can be stigma attached to seeing MH staff Some units struggling to access EPWBMH inputs to CYP from out of the area/region Limited ability of unit based staff to identify suitable ongoing treatment or to arrange effective home town follow up	Excellent case/care management systems and team working Rapid assessment leading to speedy delivery of intervention, or agreement with CYP about treatment and support post release and facilitation of this Residents have choice of access to non statutory EPWB&MH provision Active programmes to raise profile and importance of MH with staff and young people; MH promotion and treatment seen as core part of secure unit's function Hometown services provide ongoing support whilst child is resident in secure unit Seamless transfer between secure unit and community based EPWBMH services	Emphasis on brief interventions and focused work wherever suitable, good liaison with community agencies to enable continuity eg joint assessment and treatment planning Needs analysis to identify range of EPWB &MH needs and views of CYP, consultation Access to training, professional development, in CAMH for all front line staff offering MH emotional wellbeing work eg counselling Need a clear regional protocol re services for out of area and out of region CYP: Develop culture of expectation that hometown MH professionals stay in contact during custody	confidentiality Many CYP have only brief stay in unit; issues related to OOA; Pragmatic limitations of time, cost etc Cost factors; lack of suitable accommodation Environment regime and culture of some secure settings can make it difficult to offer therapeutic milieu; Tensions between health agenda and custody/security Depends on good practice elsewhere – very difficult to influence; resources eg local CAMHS operate differently	whole institution approach to promoting emotional wellbeing Emotional Wellbeing at Wetherby YOI, 08 (Leeds PCT) Promoting the MH of children in secure estate, Commissioning Framework, DH/YJB, 2007 Criminal Damage – Why we should lock up fewer children, Prison Reform Trust 2008 Key Elements of Effective Practice, Source Document, YJB, 2004 NSF For Children's MH DH 2004

Pathway Stage 5	What happens now? Quality, access, inequalities	How might it be better? What would it look like?	What would it take? What is needed?	Barriers	What is the evidence? Enablers?
Children and young people who are leaving secure units **Children**	Can be limited coordination of care on leaving unit; Community agencies not always able to access up to date information about MH interventions provided in custody Major issues for many CYP in terms of transitions into adult or other specialist services in the community Frequent problems experienced re lack of support for practical matters eg housing, education, finances and employment	Good transfer of information and treatment plan, to include a review of risk of re-offending Unit based and community teams operate seamlessly Unit staff able to out-reach and provide support to community based workers Seamless working between secure unit, local CAMHs and AMH needs good practice protocols Local CAMHS link into secure setting Availability of effective community resources to assist resettlement	Require use of CPA with all children with MH problems in secure settings. Clear protocols set out along the care pathway, clarifying what is expected from different partners; better IT systems Need to minimise reassessment Clarity re expectations of local CAMHs and AMHs in relation to this client group Unit based and community teams develop pathways jointly to ensure that period of transition back into community/home is seen vulnerable/high risk time, and support is available from health, social, primary care, education, housing etc as required	CPA generally not used for children, despite DH recommendation Challenge of OOA – even within YH – and different local practice e.g. re referral, waiting times, services offered etc Some providers not prioritising this client group as vulnerable– some commissioners also Difficulties persist around access to CAMHs services for 16/17yr olds	Feedback from service users and families about need for early intervention By CANA, as part of this project 08 Sheffield and soon Wakefield have community forensic CAMHS that straddle secure units, YOT, LAC etc helping to ensure that the most vulnerable get a joined up service

Pathway Stage 5	What happens now? Quality, access, inequalities	How might it be better? What would it look like?	What would it take? What is needed?	Barriers	What is the evidence? Enablers?
and young people who are leaving secure units	Variable involvement of community based professionals, especially for OOA - Hometown CAMHs services may not accept or be able/willing to deliver recommendations made by secure unit MH team Degree of EPWBMH support and treatment available in secure unit may not be continued in community – danger that previous problems and behaviours resurface including reoffending	National recognition of risk and vulnerability of this group and need for effective support around release/transitions in order to achieve/ maintain wellbeing and reduce reoffending Access to effective network of support for EPWB & MH and practical matters	All CAMHS services take CYP up to 18yrs and confident to take on clients with offending/secure background. Availability of specialist forensic consultation and supervision to support this. Mainstream services ready and able to work proactively eg housing Local scoping and mapping of what community resources are available and how well they are connected to secure units – set against needs analysis for this population Network of provision of step down facilities including range of providers available across the region	Providers and individual clinicians still operate idiosyncratically Forensic CAMHS expertise only readily available in some parts of YH currently Depends on this being seen as a priority in each local area; may be competition with other groups etc Where positive community interventions have been provided for young offenders, there can be negative media attention	Promoting the health of young people leaving care NCB 2008 Youth Crime Action Plan 2008

Pathway Stage 6	What happens now? Quality, access, inequalities	How might it be better? What would it look like?	What would it take? What is needed?	Barriers	What is the evidence? Enablers
Children and young people whose legal order has been completed	Not always clear about responsibility for provision of continuity and ongoing support – supports that were available frequently no longer apply When children have been out of the region or away from their home town for a period of time hometown services may not be notified re their return to the area Can be most problematic for those approaching 18 and requiring entry into adult services Difficulties in transferring historical information from YJS into adult probation Limited availability of step down and follow on facilities	Age or legal status should not prove to be a barrier to receiving the EWBMH help that is required Good arrangements in place with OOA placement provider to jointly create resettlement plan including EPWB&MH	Continuity of EPWBMH support is essential - especially when contact with other professionals is reducing Use of case management and care coordination Commissioner/local provider has clear SLA with placement provider Process and protocol that ensure all CYP have effective follow on and step down support	Perceptions of difficult 16/17 yr olds; difficulties they may have in accessing services and support CYP return to previous lifestyle with peer and family pressures Differences between CYP and adult systems in health and social care and the justice system	Life in Secure Care Ofsted 2009 Out of the Shadows, Young Minds, Oct 2008 On the outside SCMH 2008

High Level Regional Care Pathway for the mental health, emotional and psychological wellbeing (MH/EPWB) of 10 – 18yr olds in contact with the YJS in YH – SIMPLIFIED VERSION



High Level Regional Care Pathway for the mental health, emotional and psychological wellbeing (MH/EPWB) of 10 – 18yr olds in contact with the YJS in YH – DETAILED VERSION