



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 Service Specification**

Document 1 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 1: High Level Service Specification

This service specification has been produced in order to support the commissioning of all services for the emotional, psychological and mental health needs of this population in the YH region. It is recommended that locally services should now be reviewed in the light of the requirements that are set out below.

See also:

Document 2: High Level Regional Care Pathway

Document 3: High Level Regional Workforce Development Strategy

Document 4: Regional Quality and Performance Indicators (available January 2010)

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 High Level Regional Service Specification is one of four key components of the Regional Commissioning Strategy for 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, and their families.

Together the documents describe a strategic regional approach to commissioning for this vulnerable group of children (10 – 18 yrs) in contact with the YJS. This guidance on the kinds of services and resources that should be available also applies to children and young people in contact with the YJS with dual diagnosis e.g. learning disability and/or other additional complex needs including alcohol/substance misuse, self harm, ADHD, forensic mental health problems.

Every effort has been made to include key guidance and relevant quality standards. This is regularly updated however so commissioners and providers will need to check for the latest publications to supplement the information below. It is acknowledged that some areas (eg health) may have been more thoroughly covered than others.

Children from out of area

Children in the youth justice system are frequently placed many miles from their home address and are in this region as temporary residents. Systems should be in place to ensure that their needs are catered for in the same way as children who are long term residents

Forensic CAMHS - Tier 4 in patient placements

Tier 4 services are commissioned nationally. Nevertheless YH commissioners should ensure that the expectations about service quality set out in this specification should also apply to services received by children and young people from Yorkshire and Humber with needs at this level.

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This template is adapted from the *Model Service Specification* developed by the Institute for Public Care, Oxford Brookes University and located on the *East Midlands Framework for Commissioning* website.

PART I Introduction

1. Purpose of this specification

The aim of this high level regional specification is to set out clearly defined service expectations, based on national standards and policy guidance, and incorporating local needs and requirements, that commissioners expect to be in place to ensure the emotional psychological wellbeing and mental health of all children and young people, in Yorkshire and Humber (and their families) who are in contact with the youth justice system, whether in secure settings or in the community

2. Common abbreviations used

CAF – The Common Assessment Framework	MH – mental health
CAMHS – Child and adolescent mental health services	NCG – National Commissioning Group
CJS – the Criminal Justice System	OHSC – Offender Health and Social Care
CPA – The Care Programme Approach	YH – Yorkshire and Humber region
CYP – Children and young people	YHIP – Yorkshire and Humber Improvement Partnership
ECM – Every Child Matters	YJS – The youth justice system
EPWBMH – emotional and psychological wellbeing and mental health	YOI – Young offender institute
	YOS – Youth offending service
	YOT – Youth offending team

Overall vision

1. An integrated health and social care commissioning model for the region, incorporating universal, targeted and specialist services (tiers 1 – 4)
2. An effective and comprehensive assessment process for all those who have contact with the Youth Justice System in Yorkshire and Humber, at their earliest point of contact, and whatever the location
3. A case management and care coordination system that ensures that the required assessments, interventions and supports are available to all who need them, in a seamless and organised, way and follow them along the pathway
4. A clear regional care pathway ensuring a consistent, high quality approach, for all children and young people, irrespective of where they are in the youth justice, health or social care systems
5. A confident and skilled workforce, with the training and capacity to identify and support the emotional/psychological wellbeing and mental health needs of all children and young people in contact with the youth justice system, or at risk of it, at universal, targeted and specialist levels
6. Services that are accessible to children and their families, informed by the recovery model*, and available in child/adolescent/family friendly environments and settings
7. The health and social care needs of all children and young people in contact with the YJS are, over time, incorporated into mainstream planning and commissioning mechanisms for children's services in each locality
8. An effective, outcomes based model of quality and performance management

* The **Recovery Model** is an approach to mental disorder or substance dependence (and/or from being labelled in those terms) that emphasises and supports each individual's potential for recovery. Recovery is seen within the model as a personal journey, that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, and meaning.

3. Nature and scope of the service required

To improve the emotional and psychological wellbeing, and mental health of children and young people (aged 10 – 18) in any of the following contact points with the Youth Justice System in Yorkshire and Humber specifically:

- Having had initial informal contact with the CJS/YJS and known to be at risk of more formal involvement (eg by the police or community youth workers)
- Under a Youth Offending Team (YOT) supervision order, and at risk of entering a secure unit
- In any of the four children's secure units in the region i.e.
 - Aldine House Secure Children's Home, Sheffield
 - East Moor Secure Children's Home , Leeds
 - Rivendell Unit, Juveniles Unit, HMP New Hall, Wakefield
 - Wetherby Young Offenders Institute, Leeds
- Leaving a secure setting (including those returning to YH from secure units elsewhere in the country)
- Referred to tier 4 forensic CAMHS in patient services

4. Overall purpose and aims of the service

Service Objectives

1. To ensure that all staff working directly with children and young people in the Youth Justice System have sufficient knowledge, training and support to promote the emotional/psychological wellbeing and mental health of children, young people and their families and to identify early indicators of difficulty
2. To ensure that there is a consistent approach to early assessment of need across the region
3. To ensure that protocols and pathways for early identification, referral, early intervention and support are agreed and followed by and between all agencies
4. To ensure provision of a credible, accessible and approachable (ie child friendly) service, that is recovery orientated, and that empowers staff in safeguarding children
5. To ensure that there are services in place that are able to meet the emotional, psychological and mental health needs of needs of **all** young people in contact with the CJS/YJS

6. To ensure that those providing specialist mental health services (e.g. CAMHS/Forensic CAMHS) provide a balance of direct and indirect services and are flexible about when and where children, young people and their families are seen in order to improve access to higher levels of specialist expertise
7. To ensure that children and young people in the youth justice system who are in need of urgent mental health care are able to access a specialist mental health assessment where necessary within 24 hours
8. To ensure that all children and young people in contact with the youth justice system with additional, complex or multiple needs (eg a learning disability, those with issues relating to alcohol and substance misuse, ADHD, self harm, speech and language problems, forensic mental health needs) have access to appropriate specialist services
9. To ensure that the needs of children and young people in contact with the youth justice system who have with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach
10. To ensure that the physical health needs of children and young people with emotional, psychological and mental health problems are assessed and there is referral to appropriate health and social care services as required
11. To make certain that arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively, and that all service providers work to the necessary standards and procedures
12. To ensure that children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development
13. To ensure that when children and young people are discharged from in-patient services and/or released from secure units into their community, and when young people are transferred between services/agencies, and from child to adult services, their continuity of care is ensured
14. To ensure that the needs of parents, families, guardians of children and young people in contact with the youth justice system are also assessed and supported with referral to relevant adult services if required

5. Broad outcomes that will be achieved

Overall outcomes:

For children and young people:

- Increased/earlier access to emotional/psychological wellbeing and mental health promotion
- Earlier access to assessment and intervention for emotional/psychological/MH needs and learning disability and alcohol/substance abuse needs
- More consistent provision - reduced health inequalities
- Improved engagement with health services
- Improved coordination of care, especially around transitions between services
- Increased positive health outcomes in terms of mental health and emotional /psychological wellbeing
- Reduced future need for health and social care
- Reduced vulnerability and risk

For families and carers:

- Increased awareness of routes to help and care
- Advice and support to be able to respond positively to their children's emotional, psychological and mental health needs
- Increased involvement in therapeutic interventions where appropriate

For staff:

- Increased competence, confidence and capacity in responding positively to CYP with emotional and psychological wellbeing needs and mental health problems who are in contact with the YJS
- Increased access to training, consultation, support and supervision
- Increased awareness of relevant services and resources in the community

For the system as a whole:

- Reducing health inequalities
- Increasing health and social care awareness
- Improving access to health and social care services for CYP in the YJS as members of our communities
- Increased integration and multi agency partnership working
- Consistency of approach across the region
- Reduced re-offending , risk of offending (current health related costs of re-offending by adults and children in YH estimated at 70m in 2007)

- Better performance monitoring to increase positive outcomes for CYP and their families
- Reduced cost of crime (estimated cost of crimes by those with previous offences - adults and children = 760m in 2007 in YH region)
- Increase potential economies of scale leading to cost benefits
- Earlier intervention resulting in reduced referrals to tier 4 forensic units

6. The user group(s) for whom the service will be provided

Emotional and mental health needs of young people who offend

There is a complex mix of mental, emotional, and psychological needs, and there are high levels of learning disability, alcohol and substance misuse, self harm, suicide and social/behavioural and conduct problems in the young offender population. As such these are some of the most vulnerable children and young people in our communities. A conservative estimate suggests rates of mental health problems are three times as high for those within the youth justice system compared to the general population.

In a survey by the Office of National Statistics prevalence rates for young offenders were as follows: functional psychosis 8 to 10%, neuroses 41 to 67%, personality disorder 76 to 81% (anti-social 69%) and hazardous drinking/drugs 51 to 70%. Furthermore, 86% have either a conduct disorder and/or hyperactivity and 53% have problems with substance misuse. There are high levels of co-morbidity. In one study over 90% of male young offenders were diagnosed with at least one psychiatric disorder, and over 50% with three or more. Locally studies have shown that the majority of young offenders in secure settings have experienced major loss before or just after the offending behaviour emerges.

Some statistics:

- 23% of young offenders have very low IQs of less than 70 (Harrington and Bailey et al, 2005)
- 60% have communication difficulties that will affect their ability to understand certain words and to express themselves (Bryan, 2004)
- 40% have mental health problems, which rises to 90% for those in youth custody (Healthcare Commission, 2006)
- 29% have difficulties with literacy and numeracy (YJB, 2006)
- 46% were rated as under-achieving at school (YJB, 2006)
- 15% of 10 – 19 year olds in custody had a diagnosis of ADHD (Fazel et al, 2008; review of international research literature)

In addition, information on young people in custody in 2004 showed that:

- 40% to 49% have been in local authority care at some point
- 18% are still subject to Care Orders
- 44.8% used more than one type of drug
- 45.4% had been dependent on a substance

- 40% of girls and 25% of boys reported suffering violence at home
- 33% of girls and 5% of boys reported previous sexual abuse

Predisposing factors

The risk factors for young offending and substance abuse overlap to a very large degree with those for educational underachievement, young parenthood, and adolescent mental health problems. Actions taken to address these factors (and to increase levels of protection) therefore help to prevent a range of negative and interrelated outcomes.

Family:

- poor parental supervision and discipline
- conflict/domestic violence
- history of criminal activity
- parental attitudes that condone antisocial and criminal behaviour
- low income/poverty
- poor housing

School:

- low achievement beginning in primary school
- aggressive behaviour including bullying
- lack of commitment including truancy
- school disorganisation/exclusion

Community:

- living in a disadvantaged neighbourhood
- disorganisation and neglect
- availability of drugs and/or alcohol
- high population turnover and lack of neighbourhood attachment
- generational criminality

Personal:

- hyperactivity and impulsivity
- low intelligence and cognitive impairment
- genetic/psychological disposition to mental health/behavioural problems
- alienation and lack of social commitment
- attitudes that condone offending and drug misuse
- early involvement in crime and drug misuse
- friendships with peers involved with crime and drug misuse

Whilst none of these factors is a definitive indicator that an individual will have contact with the YJS, children at greatest risk are up to twenty times more likely to end up in contact with the YJS than their peers (Ref: Risk and protective factors, YJB, 2005).

Most of the children in any form of custody are boys, and nationally over one in ten is from a minority ethnic group. The main reason for children being held in custody are offences of robbery and burglary. Most are held under a Detention and Training Order (DTO). This involves a sentence of between four and 24 months, with half spent in custody and the other half in the community after release. From a national perspective, the average length of stay is approximately 84 days. The turnover rate is particularly high especially for those on remand. The reconviction rate is also high, with approximately 70 per cent re-offending within 12 months.

7. National policy, standards and related targets

The key national drivers, standards, policy guidelines, reports and recommendations for commissioning the emotional wellbeing and mental health are listed below

a. National Indicators, Public Service Agreements and standards:

Public Service Agreements 2008/2011

PSA 12 Improve the health and wellbeing of children and young people

PSA 13 Improve children and young people's safety

PSA 14 Preventing offending - Increase the number of children and young people on the path to success

PSA 18 Promote better health and wellbeing for all

PSA 19 Ensure better care for all

The National Outcome and Indicator Set 2008 (see recent updates for some specific indicators)

Be Healthy:

NI 50 Emotional health of children (PSA 12)

NI 51 Effectiveness of child and adolescent mental health (CAMHs) services

NI 58 Emotional and behavioural health of children in care

Stay Safe

NI 68 Referrals to children's social care going on to initial assessment

NI 69 Children who have experienced bullying

NI 70 Hospital admissions caused by unintentional and deliberate injuries to children and young people

Make a positive contribution

NI 110 Young people's participation in positive activities (PSA 14)

NI 114 Rate of permanent exclusions from school

NI 115 Substance misuse by young people (PSA 14)

Statutory Guidance on Promoting the Health and Well-being of Looked After Children DCSF 2009

Sets out the legislative framework for Local Authorities, SHAs and PCTs

Children's Homes National Minimum Standards and the Additional Standards for Secure Children's Homes – DCSF 2009 (draft)

Standard 6 sets out clear expectations that health and wellbeing needs will be fully understood and met, including needs for specialist health care

Children's Trusts: Statutory guidance on interagency cooperation to improve wellbeing of children, young people and their families, DCSF 2008

PCTs and local authorities need to work in partnership to achieve their common goals. The NHS Operating Framework 08/09 identifies child health as a priority but PCTs can only effectively address this in concert with local authorities. Working through the Children's Trust, partners should assess the type and level of need and ensure that appropriate action is included in PCT plans, the CYPP, the Local Area Agreement and NHS contracts

The Children and Young People's Plan, Building Brighter and Better Futures, DCSF 2007

Sets out a statutory requirement from the Children Act, that all local areas produce a single, strategic and overarching plan (The Children and Young People's Plan or CYPP) for all services affecting children and young people, including vulnerable groups such as young offenders

Working Together to Safeguard Children, DH 2006

This document sets out how organisations and individuals should work together to safeguard and promote the welfare of children, including organisations that are responsible for commissioning or providing services to children, young people, and adults who are parents/carers

The Children Act, 2004

All organisations need to be responsive to the diverse needs of children, young people, their families and communities, and recognise that safeguarding children and young people from harm must be everyone's business. Everyone delivering children and young people's services has a role in improving outcomes and reducing inequalities and section 10 introduces a new duty to cooperate with each other and the local Children's Trust arrangements. See also:

The Children and Young Person's Act, 2008

The Mental Health Act, 2007

The Mental Capacity Act 2005

The Care Standards Act, 2000

The Children Act, 1989

Standards for better health, DH 2004

General standards that all services are expected to meet in the following domains:

Safety, Clinical and Cost Effectiveness, Governance, Patient Focus, Accessible and Responsive care, Care environments and Amenities (see further detail in sections 17, 18 and 20 of this document)

The National Service Framework for Children, DH 2004

Core Standard 1

The health and wellbeing of all children is promoted and delivered through a coordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities

Core Standard 4

All young people have access to age appropriate services which are responsive to their specific needs as they grow into adulthood

Core Standard 9

All children and young people from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families

National minimum standards for Children's Homes, DH 2002

Standard 12

The physical, emotional and health needs of each child are identified and appropriate action is taken to secure the medical, dental and other health services needed to meet them. Children are provided with guidance, advice and support on health and personal care issues appropriate to the needs and wishes of each child.

Outcome:

Children live in a healthy environment and their health needs are identified and services are provided to meet them, and their good health is promoted. Includes specific treatment therapies or remedial programmes needed in relation to physical, emotional or mental health

b. Standards and guidance for the emotional and mental health of children and young people in the youth justice system:

Public Service Agreements and National Indicators

PSA 14 Preventing offending - Increase the number of children and young people on the path to success

PSA 23 Reducing reoffending – Make communities safer – 10% reduction in frequency of youth reoffending

NI 19 The rate of proven reoffending by young offenders

NI 43 % of young people within the youth justice system receiving a conviction in court who are sentenced to custody

- NI 44** Ethnic composition of offenders on youth justice system disposals
- NI 45** Young offender's engagement in suitable education, employment or training
- NI 46** Young offenders access to suitable accommodation
- NI 58** Emotional and behavioural health of children in care
- NI 111** First time entrants to the Youth Justice System aged 10 – 17 (PSA 14)

Healthy Children – Safer Communities, A strategy and action plan, DH 2009

Sets out the wider vision for improving the health and social care of children and young people in contact with the YJS and incorporates and takes forward the recommendations of the Lord Bradley Report. *(Still awaiting publication at the time of writing – expected Dec 09)*

The Bradley Report – Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system, DH 2009

Makes many recommendations to improve the welfare of people in the CJS with mental health needs including CYP. Stresses the need for earlier intervention and access to diversion for young people with mental health and emotional wellbeing needs in all parts of the country; also the importance of adequate mental health knowledge and expertise at all levels of the children's workforce

Actions Speak Louder, A second review of healthcare in the community for young people who offend, Commission for health care audit and inspection and Her Majesty's Inspectorate of Probation, 2009

Highlights the importance of health care input to youth offending teams and the degree of improvement that is still required in terms of achieving consistent and equitable provision, monitoring and evaluation

Youth Crime Action Plan, Home Office, 2008

Announces new initiatives and funding to tackle youth crime and highlights some of the social, educational, and health needs of young offenders. Advocates an early intervention approach especially by working with families. Brings children's education in secure settings under LA control

Report on NSF Core Standard 9, CAMHS and Youth Justice - Delivering Good Practice, DH 2006

- Following assessment, all young offenders receive effective therapeutic interventions, where appropriate
- There is equity of access to CAMHS for young offenders in all secure settings – Young Offender Institutions, Secure Training Centres and Local Authority Secure Children's Homes

- Improved links between services within secure settings and community services enable programmes of treatment which commence within a secure setting to continue after release and be completed in line with the guidance in Resettlement

Every Child Matters – Change for Children in the Youth Justice System, DfES, 2004

Emphasises the need to narrow the gap in achievement between disadvantaged children and their peers. Refers to Sec 10 of the Children Act 2004 which places a duty on all agencies providing services for children to cooperate with Children’s Trust arrangements to improve children’s wellbeing

Every Child Matters (ECM), DCSF 2004

This table shows how the five outcomes for all children can be interpreted for the needs of children in the Youth Justice System (Ref: Promoting Mental Health for Children held in secure settings, DH, 2007).

The ECM Five Outcomes	The ECM outcomes for children in the YJS
Be healthy	Safeguard and promote their health, both physical and mental
Stay healthy	Ensure they are safe from harm that they might inflict on themselves or each other
Enjoy and achieve	Enable them to enjoy, develop and achieve their individual potential so that they become fulfilled adults.
Make a positive contribution	Help them to make a positive contribution to the community at large, by not engaging in anti social behaviour and by contributing to activities which further the public interest.
Achieve economic well-being	Promote their social and economic well-being, by helping them to acquire the basic educational and vocational skills that will enable them to become responsible, independent adults

Promoting the health of looked after children, DH 2002

Duties to children

4.2 As effective corporate parents, it is essential that councils advocate on behalf of the children in their care to ensure that they access the health services they need. Councils will need to work in partnership with PCTs at both strategic and operational levels to ensure effective delivery of services.

Children in special circumstances

4.9 It is vitally important that councils in their role as corporate parent are conscious of the specific health inequalities and increased needs of discrete groups of children and young people within the looked after population. Many of these children will have greater health needs and are likely to experience greater barriers to accessing services.

This group of children includes:

- **children in secure settings – health expectations and services for these children can be lower, yet their health needs often greater**

Roles and Responsibilities of the NHS

Under the Children Act 1989 health authorities and NHS Trusts have had a duty to comply with requests from the local council to help them provide support and services to children in need. This duty has now passed to Strategic Health Authorities and PCTs.

5.4 As commissioners of health services for looked after children/young people and other children in need, Chief Executives of PCTs should:

- ensure that the health and wellbeing of looked after children and young people is an identified local priority;
- ensure that structures are in place to plan, manage and monitor the delivery of health care for all looked after children;
- where a child is placed “out of authority”, ensure systems are in place to provide continuity of the health assessment and planning process;
- ensure systems are in place through the commissioning process to make sure that looked after children are not disadvantaged when they move from one PCT area to another – i.e. NHS waiting lists;
- ensure that arrangements are in place for the transition from child to adult health services;

The Responsible Commissioner

5.5 When a child is placed away from the home CSSR, the home CSSR keeps responsibility for the child i.e. remains the responsible authority. However, within the NHS, when a child moves from the area served by one PCT to another, the new PCT will assume responsibility for meeting the child’s health needs.

5.6 There should be no gaps in responsibility. No treatment should be refused or delayed due to uncertainty or ambiguity as to which PCT is responsible for funding a child or young person’s health care provision.

c. Additional Standards and guidance for young offender institutes

Prison service orders

PSo 4950 – Regimes for Juveniles and expected outcomes

To build the physical mental and social health of each young person as part of a whole prison approach to promoting health, and to help each young person adopt healthy behaviour that can be taken back into the community and will also help prevent deterioration of their health during or because of custody

The core component policies must include

- a child protection policy
- a policy, based on PSO 2700, for identifying and caring for those at risk of harming themselves
- a policy, based on PSO 2750, for violence reduction and anti-bullying which highlights the counselling and support aspects of safeguarding

- an information sharing policy
- a safe recruitment and vetting policy based on the procedures set out in PSO 8100
- a staff training strategy which sets priorities for training in safeguarding children and provides access, as appropriate, to the Juvenile Awareness Staff Programme (JASP), to Assessment, Care in Custody and Teamwork (ACCT) and to relevant LSCB and multi-agency training
- PSO 3050 contains guidance to improve the continuity of healthcare received by prisoners. It includes guidance on reception, transfer and discharge of prisoners, with particular focus on those with ongoing health need.

HMIP Expectations – Criteria for assessing the treatment and conditions for children held in prison custody, 2009

Children and young people are cared for by a health service that assesses and meets their needs for health care while in custody, and which promotes health and social care on release. The standard of health services provided is equivalent to that which children and young people would expect to receive in the community

d. Commissioning guidance for the emotional and mental health of those in contact with the YJS

Securing better health for children and young people through world class commissioning - A guide to support delivery of *Healthy lives, brighter futures: The strategy for children and young people's health*, DCSF 2009

Provides guidance on utilising the competencies of World Class Commissioning and aligning processes and structures across different agencies and Children's Trust arrangements

Commissioning mental health care in the criminal justice system, 10 Tip Tips for PCT Boards, Sainsbury Centre for Mental Health, 2009

Recommends commissioning of systems and processes to identify CYP with MH problems at the earliest possible point

Commissioning framework for health and well-being, DH 2007

Requires commissioners to work with partners to commission services that focus on promoting physical and mental health and well-being for all, rather than just treating people when they are ill

Promoting the mental health of children in secure estate – A framework for commissioning services, DH/YJB 2007

Describes broadly the different commissioning roles of LAs, PCTS and the YJB in relation to the resources that should be available in secure estate. States that children and young people in secure units, those leaving them or at risk of entering them, should have access to mental health services that are

- comprehensive
- delivered on an integrated care pathway
- commissioned on a regional basis
- equivalent to those received by CYP in the community

Who Pays? Establishing the responsible commissioner, DH 2007

This document sets out a framework for establishing responsibility for commissioning an individual's care within the NHS, ie determining who pays for a patient's care. This can be helpful given the number of children from other areas in secure settings

Joint Planning and Commissioning Framework, ECM, 2006

Sets out a comprehensive 9 stage cycle for effective joint commissioning of children, young people and maternity services

e. Other key strategy, guidance and reports

The Healthy Child Programme, from 5 – 19 years old, DCSF, 2009

This good practice guidance sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. It focuses on early intervention and prevention and identifies children and young people with mental health needs and those in contact with the YJS, and recommends that systems are in place to identify and support such children with particular vulnerabilities

The protection of children in England: action plan, The Government's response to Lord Laming, DCSF, 2009

Sets out the agenda for taking forward Lord Laming's recommendations to improve the safeguarding and protection of children, emphasising the needs of those from vulnerable groups

Healthy Lives Brighter Futures, The strategy for children and young people's health, DCSF DH, 2009

Sets out the vision for children and young people's health and wellbeing. Emphasises building on progress by LA and PCT commissioners working jointly through Children's Trusts to deliver world-class outcomes; high quality services; excellent experience in using those services; and minimising health inequalities.

Announces that a health and social care strategy for children and young people in contact with the CJS is being developed (expected December 09) to:

- secure the engagement of young people and their families and support their use of the appropriate mainstream services
- assess needs, and design a health delivery plan that will make up for missed preventive support, early intervention and treatment
- secure co-ordinated, multifaceted care tailored to individual needs, and negotiate a safe and effective transition to appropriate adult provision

Working together to provide age appropriate environments and services for mental health patients under age 18 – A briefing for commissioners, NMHDU, 2009

Supports the commitment that no child under 16 should be admitted to an adult mental health ward

Children and Young people in mind – the final report of the National CAMHS Review, 2008, Independent Review supported by DCSF DH

Local areas have to understand the needs of **all** their children and young people – at population and individual level – and engage effectively with them and their families in developing approaches to meet those needs. For vulnerable groups including children in contact with the CJS, mental health needs will be assessed alongside all their other needs, no matter where the need is initially identified. An individualised package of care will be available to them so that their personal circumstances, and the particular settings in which they receive their primary support, appropriately influence the care and support they receive. A partnership approach is essential for these children

High Quality Care for All, NHS Next Stage Review Final Report, DH 2008

Emphasises the importance of quality care and personalised services and choice for all

Delivering Every Child Matters in Secure Settings, NCB, 2008

A practical toolkit for improving the health and wellbeing of young people

Mental Health - Key Elements of Effective Practice, YJB 2008

Describes the features of effective services and supports the identification of staff learning and development needs

Care Matters, Time for a change, DCSF 2007

Sets out a package of proposals for transforming the lives of children in care, including that there should be clear roles and responsibilities for the different agencies involved in healthcare, and that there should be a focus on children in care in the Joint Strategic Needs Assessment

WHO Consensus Statement

Principle 1: All young people, regardless of situation, should have opportunities for health, social and mental development. It is an inherent part of their human rights

f. Other relevant policies and guidance:

Local policies and guidelines

All parties also need to be aware of and work to guidelines and standards stipulated by local authorities and health commissioners.

9. Local analysis of need

MH Service mapping, Children's Secure Estate, YH 2007

Yorkshire and Humber Improvement Partnership (OHSC and CAMHS) undertook a mapping exercise in autumn 2007 to look at the existing provision of emotional/psychological wellbeing and mental health resources available to the five children and young people's secure units that then existed in Yorkshire and Humber (Sutton Place Secure Children's Home in Hull closed in 2009).

This exercise revealed very wide variations in the levels and quality of services and supports available to children and young people with emotional, psychological wellbeing and or mental health needs e.g.

- a. One secure unit in YH (East Moor, Leeds) currently has very limited access to CAMHS input. Access to forensic specialist CAMHS is also limited
- b. Very variable skills in frontline workforce to enable emotional and psychological wellbeing (universal level), little or no access to primary care mental health and therefore an over reliance on specialist staff in most units
- c. Little formal needs assessment or outcomes monitoring has been undertaken, and effective strategic partnership approaches to provision are not in yet place for all settings
- d. Access to assessment and treatment is inconsistent, sometimes inadequate and does not meet national policy guidance
- e. Specific issues include getting necessary clinical information from home town teams, waiting times, accessing assessments and services especially for OOA children, limited availability of follow on/step down services
- f. Absence of mental health care pathway
- g. No access to community forensic CAMHS (except Sheffield/ Aldine House, and currently in development in Wakefield/Rivendell Unit), tier 4 assessments mainly available via the nearest forensic secure units in Manchester and Newcastle
- h. Unclear funding and commissioning responsibilities - PCTs receive DH funding for CAMHS input to YOIs but not for SCHs. Some health care funding for SCHs is included in the bed allocation that goes directly from YJB to LA , but there is longstanding confusion about who funds/should fund specialist mental health services
- i. Existing provision is service/demand based and not population focused

Service user consultation in YH

Emotional Wellbeing at Wetherby YOI, A review of young people's journey in custody, 08, Mary Ryan and Jo Tunnard

This study was commissioned by Leeds PCT. Specific suggestions in terms of health care included:

1. Healthcare and CAMHS providing awareness training on the wings, about mental health, learning disability and learning difficulties.
2. Having a mental health nurse or similar person on every unit, available for informal discussion with both young people and staff.
3. Having a day unit in healthcare for the most vulnerable young people, to enable young people to move away from the isolation of being on their wing for long stretches and to reduce the need for being an inpatient in healthcare. *(NB This has since been developed at the YOI)*
4. Improvements in healthcare to the poor washing and exercise facilities.

Waiting lists for CAMHS were identified as a point of concern. There was also an emphasis on the need for additional support and training to increase front line staff awareness of mental health problems in adolescence and how to respond effectively

Improving the mental health of children in secure estate or under YOT supervision in the community in Yorkshire and Humber, CANA, 2008

This consultation was commissioned by OHSC YHIP and undertaken by the Leeds based Barnardo's project CANA. Around 40 young people were interviewed in secure settings and YOTS about their experiences of accessing and receiving MH services. Key findings included:

1. The girls who participated were generally much more able to articulate their experiences than the boys
2. Many felt they had experienced mental health problems at a young age, and thought that this increased their offending behaviour
3. There is a strong need for earlier intervention by MH professionals
4. Young people were generally positive about and valued their relationships with MH professionals
5. Lack of time and inconsistency of key worker were cited as the biggest dissatisfactions
6. Lack of help with practical matters such as housing and employment, and services that were inflexible about appointment times and transport difficulties were seen as key problems
7. Family and friends are seen as very important and young people would like them to be more involved in their treatment/therapy
8. Children and young people form strong relationships with MH professionals whilst in secure units and would like them to continue when they leave the secure setting
9. A small cohort of parents was interviewed. They too were generally very satisfied with their existing relationships with MH professionals but again concerns were expressed

about how long it had taken to get proper help. Changes in key worker, and feelings that support was ended prematurely were also cited as problems

10. The level of frustration experienced by the parent of a child with hearing difficulties suggest that both the MH and YJS systems are sometimes ill equipped to meet diverse needs; although in this case the right help was only available after the child had entered the YJS

Analysis of Young People's needs in terms of alcohol problems

All local DAT partnerships have undertaken a needs analysis; and at the time of writing (Nov 09) YHIP OHSC is undertaking a brief study of the needs of young people's needs in relation to alcohol, in YOTs and Secure Settings in YH, to be available in early 2010

Not Working and Not Together, Yorkshire and Humber CAMHS 2003

An in depth case audit study of the needs of children in secure estate in YH:

Main findings:

1. Children regularly feel that they are not listened to
2. Being placed many miles from home is distressing and can increase MH needs
3. CAMHS services for this population could be more responsive e.g. less clinic based
4. Lack of multi agency working, poor transfer of information
5. Disputes about responsibility for funding in up to 50% of cases

Recommendations:

1. Need for clarity re funding and commissioning responsibilities
2. Need for strategic multi- agency approach
3. Need for CAMHS to adopt a more assertive outreach approach and greater flexibility when working with 'difficult to engage' client groups
4. More proactive thought about who will provide any interventions recommended by assessments
5. Clearer protocols in relation to information sharing, especially in relation to psychological and MH needs
6. Need to have earlier access to MH assessment for at risk children eg in pupil referral units

Numbers of YH children and young people (10 – 18) in the YJS

Number of CYP	Point of contact with the YJS	Notes
534,343	Total number of 10 – 17yr olds in YH 2005	
25,000	Approximate number of CYP who have some level of contact with CJS/YJS in YH every year (4.7%)	
13329	Court disposals in YH	Includes all 'sentencing events' so some repeat appearances and some first time entrants
10013	First time entrants to the YJS	Seriousness of offence determines the point of contact with the CJS/YJS. 95% receive a reprimand or final warning; with 5% receiving a court disposal
984	Referred to formal YOT supervision	
474	Places in YH children's secure estate for young offenders	Includes the Keppel Unit at Wetherby, 48 beds, opened 10/08
4	YH SCH Welfare places (non YO)	CYP under sec25 of the Children Act 1989
1521	Total number of custodial episodes started in YH secure estate	2008/2009 – 78% of these were 16/17 yrs old
481	Number of custodial episodes lasting less than one month in YH	2008/09
265	YH CYP in YH secure estate	As of 01/05/09
139	Non YH CYP in YH secure estate	As of 01/05/09
52	YH CYP in secure estate elsewhere in England	As of 01/05/09
15	Accepted tier 4 forensic CAMHS referrals	Funded nationally by the NCG 07/08 (see breakdown by area on page 30)
3	Non eligible tier 4 forensic CAMHS referrals	Funded by local PCT for private placement 07/08

Length of stay

- Wetherby admitted 1215 young people in 08/09. This implies that the average rate of admission runs at around 100 a month i.e high levels of churn
- About a third of custodial sentences are for the minimum period of 4 months of which only half is served in custody. so of the 1292 or so custodial episodes started in units in this region in 2008/09, 247 were only in custody for 8 weeks or less
- Turnover can be slower and average length of stay will generally be longer in the LA SCH facilities
- There were about 681 custodial remands in 08/09. These are not of a predetermined length but are instead reviewed by the court as they proceed. An analysis of these remands some years ago found that about 30% only lasted 7 days
- The admission rate to Aldine House would suggest that the vast majority of its admissions are serving long sentences.

Numbers in YH under Youth Offending Team supervision 07/08

YOT	Final warnings with intervention	Community sentences	Custodial sentences	Secure remands
Barnsley	67	546	38	12
Bradford	210	1092	80	86
Calderdale	24	276	32	22
Doncaster	36	487	35	29
East Riding of Yorkshire	16	284	20	14
Kingston-upon-Hull	47	523	76	71
Kirklees	39	823	87	47
Leeds	134	1772	229	168
North East Lincolnshire	8	434	50	37
North Lincolnshire	26	361	40	29
North Yorkshire	60	786	52	25
Rotherham	55	519	34	19
Sheffield	172	797	76	71
Wakefield	38	540	33	16
York	25	275	19	17
TOTAL	957	9575	901	663

Children from YH in YH secure estate as of 01/05/09

2008/09 Totals	Aldine House	East Moor	New Hall Rivendell	Wetherby & Kepple	Grand Total
Barnsley	0	1	0	10	11
Bradford	0	0	0	23	23
Calderdale	0	2	0	9	11
Doncaster	0	1	0	11	12
East Riding of Yorkshire	0	0	0	4	4
Kingston-Upon-Hull	0	1	0	22	23
Kirklees	0	1	0	19	20
Leeds	1	7	0	43	51
North East Lincolnshire	0	2	0	14	16
North Lincolnshire	0	1	0	13	14
North Yorkshire	0	0	0	8	8
Rotherham	0	2	0	12	14
Sheffield	2	2	0	36	40
Wakefield	0	0	1	5	6
York	0	0	2	10	12
Yorkshire & Humber	3	20	3	239	265

Health needs analysis

It has only been possible to get data from one formal HNA, commissioned in autumn 08 at the Rivendell Unit, HMP New Hall, by Wakefield PCT. Interviews were undertaken with 17 young women on the unit:

Mental health

50% stated that they had not had any mental health problems, however, there may be some under-reporting in respect of this issue as respondents may have only related mental health problems to where they had received treatment from a psychiatrist or psychologist or CPN/Mental health nurse as specified in the question. Therefore, lower level mental health issues may not have been captured from this question. Of those who stated that they had had a mental health problem, 8 stated that they had been treated by a psychiatrist/psychologist and 7 stated that they had been treated by a CPN/Mental Health nurse. The majority indicated that they had been treated by both a psychiatrist/psychologist and CPN/Mental Health Nurse.

In terms of self harming, 50% had indicated that they had deliberately self harmed, with the most common method by cutting and burning themselves. The majority of these respondents had also indicated that they had received treatment for mental health problems, but 2 had not.

Recommendations

Ensuring mental health support is given to address the whole range of mental health, including mental health promotion, address anxiety, mood disorders, emotional volatility, abuse, recovery and self harm

Developing a "Health promoting prison environment" whereby young women are given opportunities to develop their own knowledge around a range of health promotion activities, utilising a range of resources to meet their needs

The Mental Health Needs of Young People Who Offend, The Derwent Initiative, 2007

This study was undertaken in order to identify gaps in provision in both community settings and secure units. It was carried out in the North East region:

Main findings

1. 86% of young offenders are involved with YOTS for less than one year
2. Many generic workers in the YJS expressed uncertainty about working with mental health issues
3. Information about mental health need and vulnerability is not always captured in the ASSET and therefore secure unit staff are not aware
4. 33% of young offenders with MH problems in secure units were found to have a learning disability, but only 24% had a statement. Similar figures in YOTS

5. Only 15% of the sample (n = 1814) had a formal psychiatric diagnosis – the most common being ADHD – but a far higher proportion was considered by staff to have a mental health need (52% in YOTS and 90% in secure settings)
6. A variety of screening and assessment tools being used
7. 53% of those considered to have a MH need had not received a formal screening for this
8. 38% of those with an identified MH need who were in contact with YOTS were having mental health support (69% by a MH worker) and in secure estate the figure was 73% (46% by a MH worker)

Recommendations

1. Primary and specialist mental health services for young offenders need an integrated and strategic approach
2. A partnership approach is required by health, children’s services, criminal justice agencies and the voluntary sector
3. There should be a regional strategy for commissioning CAMHS
4. A consistent approach to screening and assessment, with research into why young offenders are often reluctant to engage in these processes
5. A communications strategy to ensure good transferral of information between agencies
6. A regional approach to staff training and development
7. Strategic leadership to address gaps in provision relating to learning disabilities within youth justice

Current activity levels - Emotional wellbeing and mental health

Referrals for mental health assessments by YOT 2007/08. NB YOTS are no longer required by the YJB to keep these figures.

YOT	Acute referrals	Assessed within 5 days	Non acute referrals	Assessed within 15 days
Barnsley	5	5	96	91
Bradford	4	3	35	31
Calderdale	9	9	51	46
Doncaster	2	2	43	36
East Riding of Yorkshire	1	1	16	12
Kingston-upon-Hull	4	4	16	16
Kirklees	1	1	80	76
Leeds	1	1	152	139
North East Lincolnshire	2	2	18	17
North Lincolnshire	0	0	56	56
North Yorkshire	7	7	101	89
Rotherham	0	0	41	40
Sheffield	9	9	75	71
Wakefield	1	1	12	12
York	1	1	68	65
TOTAL	47 (42 in 06/07)	46	979 (735 06/07)	860

CAMHS in reach team Wetherby YO1, service activity (07/08)

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Caseload	23	10	39	44	48	44	46	33	34
Screening	17	18	22	18	18	23	13	22	3
Full assessment	16	11	5	12	12	17	21	8	6
Group assessment	8	0	1	4	10	15	2	3	1
Consultation clinic (tier 2)	6	3	12	10	4	15	2	1	2
Attended DTO/SG/ACCT meeting	7	17	22	25	28	26	15	15	7
Psychiatric clinic	8	31	21	19	22	11	5	5	7
1:1 sessions	121	95	120	109	112	155	97	129	90
Number of YP in group sessions	0	36	15	9	2	46	20	19	19
Discharges	10	3	5	4	9	6	18	5	10
DNA	15	13	4	10	15	12	13	16	16
Consultation of YP currently not on CAMHS caseload	18	5	19	7	18	17	12	10	9

Community Forensic CAMHS team Sheffield (including Aldine House)

Service activity figures Oct 2005 – Oct 2006 (Numbers of individual clients, not episodes)

REFERRAL SOURCE	CONSULTATIONS WITH PROFESSIONALS	ASSESSMENT OF PATIENTS ONLY	ACTIVITY DIRECTLY WITH PATIENTS
YOT	55	22	20
LOCAL AUTHORITY	9	5	3
CAMHS	16	4	3
SSLAC	16	8	7
COURT	10	10	0
ALDINE HOUSE	35	22	22
TOTAL	111	71	55

Notes

The figures in this table show the number of individual clients seen within the Forensic CAMHS Service between October 2005 and October 2006. There are six referral pathways and each case is first discussed with professionals in a consultation session (n = 111). Subsequent to this, follow up consultations may be arranged with the professional network, or a young person may be seen directly for assessment (n = 71). Following the assessment phase, a proportion of young people are then offered ongoing direct work (n = 55).

YH Referrals to tier 4 forensic CAMHS units (Nationally commissioned via NCG) 07/08

PCT	Referrals accepted by NCG	Referrals not accepted by NCG	Uncertain
Barnsley	2		
Bradford and Airedale	4		
Calderdale	3		
Doncaster			1
East Riding	1		
Hull	3		
Leeds	1	1	
North Yorks. and York		1	
Wakefield	1	1	
Total	15	3	1

NB Per head of population, YH refers considerably less CYP into the NCG system than any other region, and has a much higher acceptance rate (e.g. 69% compared with 39% for the North East, over the past two years)

Service activity levels in Yorkshire and Humber

The above data should be seen as indicative as activity levels vary from year to year and from area to area. It is also the case that in different parts of the country the numbers of children receiving custodial sentences varies depending more on local sentencing behaviour than the nature of offences committed.

Over the past two years, the total number of children and young people in secure settings in the youth justice system has begun to reduce – in September 09 the figure for under 18s was 2,556 – a decrease of 378 on the September 08 figures.

PART II Description of service to be provided.

10 Geographical location and spread of services

As stated previously, services to improve the emotional and psychological wellbeing and mental health of CYP in the YJS need to be accessible from all of the key points on the care pathway. In very specific terms this means:

1. Those at risk of entering the YJS
2. Those in police stations and custody suites throughout the YH region
3. Those supervised by youth offending services including YOTs, throughout the YH region
4. Those in secure settings in the YH region
5. Those leaving YH secure units, including transitions to adult care or other specialist services
6. Those being transferred into tier 4 CAMHS units eg national forensic units, and CYP leaving those units and returning to YH

Children and young people at risk of entering the youth justice system

This potentially covers a very wide range of settings and individuals. Figures suggest that almost 1 in 20 under 18s in YH have some sort of contact with the YJS each year, but not all of these will have mental health or emotional wellbeing needs. This may also not be at the level of formal supervision – it could be a verbal warning, or an Anti Social Behavioural Disorder for example.

Within the wider commissioning model it is expected that mainstream services such as primary care, CAMHS and universal children's services will develop the capacity and confidence to identify at an early stage those with emotional and mental health needs who are most at risk of contact with the YJS, and be able to offer effective advice and assistance to access further assessment and help where required – bearing in mind that some of these children will not find it easy to engage with professionals and services who only operate in a traditional way eg out-patient clinics.

Police stations and custody suites

In YH there are 33 Custody Suites in all, but these are not the only point of contact between the police and young people. In keeping with one of the key recommendations of the *Lord Bradley Report DH, 2009*, namely that PCTs should take over the commissioning of health care in Custody Suites, mapping and scoping of health and social care practice at this entry point is now being undertaken by OHSC, YHIP. This is

focused on mapping current systems and processes and will not collate data on numbers of CYP or their needs.

Youth Offending Teams in YH

There are 15 YOTs in YH, co-terminus with LAs:

Barnsley	Kingston-upon-Hull	Rotherham
Bradford	Kirklees	Sheffield
Calderdale	Leeds	Wakefield
Doncaster	North East Lincolnshire	York
East Riding of Yorkshire	North Lincolnshire	and North Yorkshire

Secure units for children and young people in YH

Aldine House Secure Children’s Home, Sheffield

An 8 bedded unit for girls 12 – 16 and boys 12 – 14 (up to 16 if particularly vulnerable). Length of stay is usually about 6 months and the unit often receives placements for CYP with complex needs requiring a longer period of stability. The unit provides for sentenced, remand and two welfare beds

East Moor Secure Children’s Home, Leeds

The unit houses 36 beds for boys. The residential building is split into four units, each accommodating nine children, accompanied by four staff. The unit provides for sentenced, remand and two welfare beds. It caters for children of 10-17 years of age, the average being 14 / 15. Length of stay can be as short as one night and as long as a year, the average stay is 3 / 4 months. Plans to redevelop East Moor SCH were announced in 2009 and are currently being discussed with the YJB nationally

The Rivendell Unit, Young Offenders Institute (Juveniles), HMP Newhall, Wakefield

The unit is in the grounds of HMP Newhall, an adult female prison. It has 26 beds for remanded and sentenced female adolescents; all are aged 17 years. The beds hold remand and sentenced adolescents. Once a girl reaches the age of 18 she is moved to a young offender’s institute (18 – 21yrs). The average length of stay is 4 to 6 months, but with some girls doing up to year before leaving or transferring to a YOI

Wetherby Young Offenders Institute, Leeds

This is by far the largest establishment for adolescents in YH. The unit has 360 beds for remanded and sentenced males aged 15 to 18 years old. The average length of stay is 4 to 6 months. Once a boy reaches 18 and he is still in custody he then joins the mainstream prison system.

The Keppel Unit

This is a new (October 08) 48 bedded unit within the grounds of Wetherby YOI for boys from across England who are seen as more vulnerable/high risk. Whilst this is not a mental health unit as such, many placed here will indeed have increased mental health/emotional/psychological needs.

Step down and follow on facilities including transitions to adult services

There is currently no comprehensive picture of what is available on a regional basis. It is assumed that there will be considerable local variation, and commissioners need to be confident that service provision is adequate and fit for purpose.

Tier 4 forensic CAMHS inpatient beds

There are no tier 4 forensic CAMHS units in YH. The nearest nationally commissioned facilities are the Roycroft Unit in Newcastle and the Gardner Unit in Manchester. CYP who are not deemed eligible for National Commissioning Group funded placements are often placed in private secure beds, at the considerable expense of the home PCT. No such units are available within YH.

11. Referral/entry routes, eligibility

In order for the service to be as accessible as possible, systems will be in place to support and respond appropriately to referrals for assessment from

- Police officers and Forensic Medical Examiners
- Youth Justice Practitioners
- Health and social care and educational workers
- Voluntary sector and community workers
- Primary care practitioners and Accident and Emergency staff
- Front line and custodial staff
- Service users (self referrals) and their families

Referral routes and processes should be as simple, straightforward and open as possible and will be communicated widely amongst relevant agencies and groups. All aspects of the service will have transparent eligibility and priority criteria.

Initial assessments will be carried out within 24 hrs where they are required urgently because of acute needs.

Any referral not seen as appropriate for further intervention will be given effective information about alternative sources of help and advice. Signposting and further help to access alternative and more appropriate services will be provided where necessary.

NB All service provision will follow the model laid out in the high level regional care pathway and performance indicators template

12. Discharge/exit routes

A young person's journey through the youth justice system contains many potential exit, transfer, or re-entry points including discharge from community based services, discharge from a secure unit, discharge from tier 4 facilities, and transfer into adult or more specialised services

Care planning/CPA/review meetings that include all of the relevant and involved community and unit based services e.g. YOT, LAC, LA Children's Services, CAMHs, voluntary sector staff, or those in follow on/step down units, adult care etc, will take place for all planned discharges, and in every situation there will be regular reviews for the wider team of statutory and other services involved, for continuation of care well before discharge.

Discharge planning

- Community services including CAMHs, social care, voluntary sector agencies, YOT etc will be contacted and will receive a summary of the care received while in care / custody for unplanned discharges
- All children and young people leaving care/custody will be given a copy of the summary to take to Social Worker, GP, YOT or CAMHS practitioner
- Crisis referrals will be seen within the shift and all acute/urgent referrals will be seen by an appropriately qualified practitioner within 24 hours
- Referrals requiring an assessment by a psychiatrist will be seen within 7 days unless they are an emergency
- Provision will be made for children who self injure/attempt suicide, how soon will they be seen and by whom
- CMHTs, care coordinators and significant others to the patient will be invited to all CPAs/care planning meetings
- All patients will be engaged in developing their personal care plan
- All patients will be asked to sign their care plans and be supported to do this in a meaningful way

NB All service provision will follow the model laid out in the high level regional care pathway

13. Processes, activities, interventions

Assessment

Clear protocols and agreements are in place with partner agencies and other colleagues about accessing advice from, consultation with and referral to the service that is provided. Letters to young people are clear and informative and there are sufficient administration staff to ensure a response to queries within 24 hrs. Wherever possible, multiple/repeat assessments should be avoided.

System 1 Connecting for Health should be in place in each unit/setting, or there is evidence that this, or an alternative shared IT system is being worked towards, and access to evidenced based common assessment tools (eg ASSET, CAF) is available electronically for initial screening.

Record Keeping and Data Collection

The service provider shall ensure that they maintain a dataset which meets with the criteria identified within the National Service Framework for Children, Young People and Maternity services. The data set and any system introduced must be:

- Capable of recording non-patient centred activity such as consultation to professional groups
- Family-centred not individual-centred
- Capable of reflecting multi-disciplinary team working
- Supportive of the use of the new Mental Health Act
- Reflect care / legal status of child
- Supportive of the use of the Care Programme Approach/Care Planning
- Capable of supporting government directives such as NICE guidelines, HAS report etc
- Able to communicate/integrate with other systems in social care, primary care, children's services, maternity services and adult psychiatric services
- Able to communicate/integrate and reflect activity across primary to tertiary care
- Adaptable to change in policy / priorities
- User-friendly
- Compliant with data standards and XML
- Able to support day to day clinical practice and clinical governance
- Able to produce annual reports for local health needs analysis

The CAMHS dataset developed by the CAMHS Outcomes Research Consortium (CORC) represents a significant step in meeting these needs and the service provider must be able to demonstrate that their CAMHS dataset replicates or is based on this. For further information see <http://www.corc.uk.net/index.php?sectionkey=4>

The service provider will comply with all reasonable requests for information and provide performance reporting information in the manner and format agreed with service commissioners.

Interventions

Young people have a comprehensive and effective range of interventions open to them, delivered by qualified and informed practitioners. Plans should be individual and comprehensive, and developed in collaboration with children, young people and their families. In keeping with Standards for Better Health:

Patient/client (Children and young person) focus

The provider will have clear integrated and partnership working with children and young people and their carers to deliver health and social care outcomes and consistent care that reflects diverse needs, equality, preferences and choices and in partnership with other organisations, and as appropriate to individual need

Accessible and Responsive care

The provider will have in place care pathways that provide choice in access to services and treatment that are timely, prompt and accessible

Care environments and Amenities

The provider can demonstrate that health and social care will be provided in environments that promote the needs children and young people with mental health and emotional wellbeing and staff well being, that promote privacy and dignity, and are well maintained and cleaned to promote and deliver positive life outcomes for the child

Public Health

The provider can demonstrate engagement and collaborative working practices with all relevant organisations to promote, improve all health and social inequalities within the relevant health population

In addition all interventions and treatments offered must be in keeping with NICE guidelines and reflect evidence based/evidence informed practice

Interfaces with other services

A high level care pathway has been developed outlining the key relationships between agencies. Specific protocols and agreements need to be put in place between all partners in order to ensure a seamless response to CYP and their families. The service will need to demonstrate targeting of services working with children and families most at risk of poor health outcomes and offending.

Service providers need to be aware of, connected to and able to signpost children and their families to the wide range of health, and social care, youth justice and voluntary sector and community agencies and projects that may be able to offer support, help and advice to CYP and their families, including in specialist areas such as Learning Disability and alcohol and substance misuse

PART III Specific standards and targets

14. Key features of service delivery

Service Structure	<ul style="list-style-type: none"> • Services should be set up in such a way that there are no isolated professionals • Services should have appropriate administrative and secretarial support to ensure efficient service provision and a quick response to referrals • Staffing and facilities should take account of local diversity
Accessibility	<ul style="list-style-type: none"> • Sessions should be held at times which are convenient to school-age children and working parents and those who find services hard to engage with • Health and social care will be aware of and support educational needs of CYP and vice versa • Sessions should be delivered in settings accessible to parents of young children and individuals with disabilities • Sessions and processes should be organised so that acute/urgent referrals are seen promptly for assessment within 24hrs • Sessions and processes should be organised so that there is a minimal delay between assessment and the start of any therapeutic interventional programme within seven days
Clinical/Service Effectiveness	<p>The service provider will:</p> <ul style="list-style-type: none"> • Establish routine audit and evaluation mechanisms in line with clinical governance requirements • Develop and adopt reliable systems for evaluating outcomes in practice • Consult with service users on their experiences as an integral part of all service evaluation processes • Provide appropriate administrative and IT support to facilitate service evaluation
Professional Standards and Good Practice	<p>The maintenance of professional practice is an important component of service delivery, the service provider shall ensure that:</p> <ul style="list-style-type: none"> • All professional staff are qualified and registered with the appropriate body • All professional staff have access to the time and resources needed for continuing education and professional development • All professional staff participate in audit, which is reported to appropriate audit committees in line with local arrangements • Any professional training taking place within the service is monitored by the appropriate professional body • Suitable opportunities are available for staff to instigate and participate in research • All services shall have workforce development plans underpinned by work force needs analysis at least annually
Facilities	<p>The service provider shall ensure that all premises used to deliver emotional wellbeing and specialist CAMHS have:</p> <ul style="list-style-type: none"> • Furnishing and equipment congenial for CYP and families • Access to toys and play equipment • Rooms suitable for the full range of assessments and treatments including physical examination, psychometry, individual psychotherapy, family therapy. Video facilities should also be available.

	<ul style="list-style-type: none"> • Appropriate reception and waiting areas • An environment that promotes health and <i>wellbeing</i> for all
Communications	<p>The service provider shall ensure that appropriate mechanisms are established to ensure efficient communications between:</p> <ul style="list-style-type: none"> • Specialist staff, CAMHS staff, other health and social care staff and service users • Where a young person is to be transferred to adult services there is a duty to communicate 6 months before the 18th birthday with the relevant statutory agencies

15. Specific Outcomes to be achieved

Universal services - Outcomes

Service providers can demonstrate that all staff working with children and young people who may be/are in contact with the Youth Justice System:

- understand and identify risk factors
- ensure that parent's own mental health needs are recognised and addressed (particularly mothers with antenatal and postnatal depression) and referred to adult services as necessary
- access specialist advice and support
- understand attachment theory and are able to support this
- have opportunities to talk in confidence when they are feeling troubled
- know what information and support is available to them and are able to access it
- have a basic understanding of emotional and mental health and development
- recognise the importance of their contribution to children's emotional and mental wellbeing
- have a basic understanding of protective factors and how these can be nurtured
- understand the child or young person's behaviour and feel confident in responding
- Feel supported and confident in implementing specific approaches to address issues

Targeted services - Outcomes

All providers of targeted services to CYP who may be /are in contact with the Youth Justice System can demonstrate:

- All policies, procedures and practices relating to children and young people in need of additional support have an explicit mental health promotion element

- Integrated delivery of accessible support services for children, young people and their parents/carers
- Referral protocols and pathways for access to specialist services including CAMHS are agreed and transparent
- All of the child's or young person's needs are assessed to inform holistic care planning
- The mental health needs of children and young people in local authority care are identified and addressed
- The mental health needs of CYP using illegal substances and/or alcohol are addressed
- Children and young people in high risk groups, or whose, mental health is a matter of concern, receive assessment of their needs and therapeutic help and support from appropriately qualified professionals
- Children and young people have opportunities to talk in confidence when they are feeling troubled
- The emotional as well as physical, educational and social needs of children and young people are addressed
- Children, young people and their families are supported to cope with their condition
- Holistic plans are in place for children being discharged from hospital
- Children, young people and parents/carers know what will happen and are actively involved in the assessment, action planning and review processes
- Children, young people and their parents/carers experience seamless services
- Improved health for looked after children
- Improved educational attendance and reduced rates of school exclusion
- Reduced numbers of young people experiencing placement breakdowns

And that they provide support to families and colleagues to ensure that:

- The emotional needs of the child's family are recognised and addressed
- Parents understand the emotional and mental health aspects of their child's experience and condition, and feel confident in supporting them
- Parents/carers/guardians and staff
 - have a basic understanding of emotional and mental health and development
 - recognise the importance of their contribution to children's emotional and mental wellbeing
 - have a basic understanding of protective factors and how these can be nurtured
 - know what specialist advice and support is available to them and how to access it
 - understand the child or young person's behaviour and feel confident in responding
 - are supported and feel confident in implementing specific approaches to address issues
- Panel members and decision takers understand issues relating to mental health and wellbeing and the impact of particular life events on care and support needs
- Adoption, fostering and Children's hearing panel members and decision makers are able to identify children at risk of poor mental health
- There will be sharing of information about children at risk from others, to themselves, to or to others, to MAPPA and Safeguarding Boards as required
- All professionals in contact with an individual child understand their needs

Specialist services - Outcomes

All providers of specialist services to CYP who may be /are in contact with the Youth Justice System can demonstrate:

- Children and young people and their families are able to access appropriate assessment, support and treatment quickly when they need it and managed in the community wherever possible and as appropriate to the level of perceived risk
- Children who require it will be diverted from the earliest point of contact with the YJS/CJS into designated place of safety
- Intensive outreach services are available as part of the overall network of services for children and young people with mental health difficulties
- Children and young people who present with acute or urgent mental health problems have rapid access to appropriately skilled and supported services
- Children and young people received streamlined, seamless care response when presenting with common mental health emergencies
- Children and young people are able to access skilled support, wherever possible, before their difficulties become severe
- Children and young people requiring psychiatric in-patient care are admitted to appropriate care environments
- Creation of an out of hours assessment service for children and young people with mental health problems
- A reduction in the numbers of children and young people being placed in Tier 4 provision
- A reduction in the amount of funding spent on Tier 4 provision
- A reduction in the numbers of children and young people inappropriately placed on adult mental health wards
- A reduction in the number of children and young people inappropriately admitted to acute medical facilities
- Adequate administrative support to ensure the smooth running of the service

16. Management, leadership, supervision

Appropriate leadership and management arrangements will be in place to ensure:

- Effective management of the whole integrated service
- Effective management of each discrete element of the service
- Clear lines of accountability, professionally and managerially
- Cost effective / efficient deployment of resources

Supervision

Safe and appropriate clinical supervision and management arrangements are in place across the service/s and within each facility:

- The service structure will facilitate a **management supervision** structure to help workers to monitor and manage caseloads and to appraise quality and performance of their work
- This supervision structure will provide a forum for case discussion, case management and multi-agency case review as appropriate
- The Provider will have a **clinical/case supervision** structure for workers in place to provide support, reflective learning space, and access to consultation
- The Provider will have a protected supervision time for workers to facilitate training, concentrate on continuing professional development, knowledge and expertise and the development of the team
- Safe and appropriate professional supervisory arrangements are in place especially where staff are seconded in from partner agencies

17. Local or national service standards and guidance.

Standards for better health:

General standards – all services will be expected to meet these standards:

Key Component	Key Elements / Actions
Standards for Better Health	<p>The service should have a quality framework in place which demonstrates compliance with core Standards for Better Health reflecting the seven domains.</p> <ul style="list-style-type: none"> • Safety – The provider will have in place robust processes and systems to manage and minimise risks reducing the risk of harm to patients including incident reporting mechanisms, risk assessments and evidence of lessons learnt • Clinical and Cost Effectiveness- The provider can demonstrate that all health care decisions are based upon active research and evidence based practice providing effective clinical outcomes to meet the needs of individual patients. • Governance – The provider will ensure quality assurance, quality improvement and patient safety are strongly embedded within their culture and working practices through effective management, leadership and accountability processes and systems. • Patient Focus – The provider will have clear integrated and partnership working with patients and their carers to deliver health outcomes and consistent care that reflects diverse needs, equality, preferences and choices and in partnership with other organisations. • Accessible and Responsive care – The provider will have in place care pathways that provide choice in access to services and treatment that are timely, prompt and accessible. • Care environments and Amenities - The provider can demonstrate that healthcare will be provided in environments that promote the needs of patients and staff well being, that promote privacy and dignity, and are well maintained and cleaned to promote and deliver healthy outcomes • Public Health - The provider can demonstrate engagement and collaborative working practices with all relevant organisations to promote, improve all health inequalities within the relevant health population

YJB Key Elements of Effective Practice:

Assessment

Identification of early indicators for potential mental health problems will help to provide effective mental health care. Practitioners should use standardised protocols and early intervention systems to provide adequate and effective care pathways. *Asset*, in particular Section 8 of *Asset – Core Profile: Emotional and mental health*, should be used as the starting point for constructing safe and accurate mental health assessments.

Individual needs

Individual needs, such as gender, ethnicity, cultural background and complex cases of co-occurring substance misuse, should be taken into account when developing individual tailor-made intervention plans. Mental health diagnosis can affect intervention success and therefore should be considered when planning an intervention.

Communication

Protocols and standardised procedures across a broad range of practitioners and agencies should be used to ensure effective practice. Practitioners should refer to their professional guidelines when obtaining informed consent from a young person. Young people, where possible, should be involved in the decisions that affect them.

Service delivery

The intervention plan must be matched to the individual needs of a young person. Practitioners should aim to engage families and young people to increase the level of social support and create a positive mutual regard to increase the likelihood of the successful completion of an intervention.

Transition

Multi-disciplinary plans should be developed to aid the transition and monitoring of a young person's care from one service to the next. Practitioners should aim to reduce risk of relapse by including family members, integrating and co-ordinating services and involving significant others such as parents/carers, guardians and other specialist staff.

Training

Skills-based training should be available to practitioners to allow them to rehearse and reflect on everyday practice. Practitioners should be given the opportunity to maintain skills and relevant mental health knowledge to enable them to work across a number of different partners and multidisciplinary teams.

Management

Managers should ensure that clear management systems with high-quality supervision and appraisal systems are in place to ensure that a young person's mental health problems are managed in a safe and appropriate manner.

Managers should have a coherent approach to dealing with, and managing, individuals in a mental health crisis or emergency situation.

Service development

Inter-agency protocols should be developed with all relevant external agencies when dealing with high-profile cases. An integrated mental health and substance misuse strategy should be established to ensure that a young person's needs are met across a range of different dimensions.

Monitoring and evaluation

Monitoring data and evaluating the interventions delivered is essential to ensure effective service delivery of mental health care. Managers should ensure that appropriate audit data is collected in order to conduct meaningful evaluations of service delivery.

Local policies

Services provided to specific parts of the care pathway need to be aware of and adhere to any applicable local quality standards for that area. For example, policies to be adhered to in Aldine House (Secure Children's Home) in Sheffield

- Sexual Health Policy – Sheffield
- Taking Care with Drugs: Responding to Substance use among looked after children - Department of Health
- Promoting the Health of looked after children - Department of Health
- Looking after the mental health of looked after children: sharing emerging practice - Young Minds
- Sexual health Policy - Sheffield city council
- Screening, referral and Assessment protocol and guidance - Sheffield
- Key Elements of practice - mental health & health - YJB
- Consent - what you have a right to expect: A guide for children and young people - department of health.
- Children's Home's - National minimum standards - children's Home regulations - Department of health
- YJB Substance Misuse specification
- YJB service specification
- Every child matters: Change for Children in the criminal Justice system - Substance misuse intervention - Home Office and YJB are developing an end to end programme of interventions

Other recommended quality tools and systems

QINMAC Service standards

This is a quality improvement network for multi agency CAMHS that is managed by the Royal College of Psychiatrists. Audit and outcome measures are available to members and all service providers should be aware of and refer to these or an appropriately robust alternative mechanism for ensuring high quality care:

<http://www.rcpsych.ac.uk/pdf/QINMAC%20Standards%202nd%20Edition%202008%20.pdf>

Delivering Every Child Matters in Secure Settings, National Children's Bureau 2008

This is 'a practical toolkit for improving the overall welfare of young people including produced by the National Children's Bureau and endorsed by the DH. It contains an audit tool and checklist, and summarises all of the relevant standards and criteria from the YJB, NSF, HMP, Prison Service Orders, WHO and The Commission for Social Care Inspection.

18. Assurance of safety, consistency and quality

Quality Improvement	<ul style="list-style-type: none">The provider will identify and implement continual improvements to the service through their quality framework. An annual report against the quality framework will be required, which includes evidence of these improvements and of progress against the developmental standards
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Safeguarding Children - Essential safeguards

There are a number of essential safeguards that should be observed in all settings in which children live away from home, including foster care, residential care, private fostering, armed forces bases, healthcare, boarding schools (including residential special schools), prisons, Young Offenders' Institutions, Secure Training Centres and secure units.

Where services are not directly provided, essential safeguards should be explicitly addressed in contracts with external providers. These safeguards should ensure that:

- Children feel valued and respected and their self-esteem is promoted
- There is an openness on the part of the institution to the external world and to external scrutiny, including contact with families and the wider community
- Staff and foster carers are trained in all aspects of safeguarding children, alert to children's vulnerabilities and risks of harm, and knowledgeable about how to implement safeguarding children procedures children who live away from home are listened to, and their views and concerns responded to
- Children have ready access to a trusted adult outside the institution – e.g. a family member, the child's social worker, independent visitor or children's advocate. Children should be made aware of the help they could receive from independent advocacy services, external mentors and ChildLine
- Staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means
- There are clear procedures for referring safeguarding concerns about a child to the relevant local authority (LA)
- Complaints procedures are clear, effective, user-friendly and are readily accessible to children and young people, including those with disabilities and those for whom English is not their preferred language
- Procedures should address informal as well as formal complaints. Systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture that need to be addressed
- Records of complaints should be kept by providers of children's services – e.g. there should be a complaints register in every children's home that records all representations or complaints, the action taken to address them and the outcomes.
- Children should genuinely be able to raise concerns and make suggestions for changes and improvements, which should be taken seriously
- Bullying is effectively countered

- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers
- There is effective supervision and support that extends to temporary staff and volunteers
- Contractor staff are effectively checked and supervised when on site or in contact with children
- Clear procedures and support systems are in place for dealing with expressions of concern by staff and carers about other staff or carers. Organisations and service providers should have a code of conduct, instructing staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers.
- There should be a guarantee that procedures can be invoked in ways that do not prejudice the 'whistle-blower's' own position and prospects
- There is respect for diversity, and sensitivity to race, culture, religion, gender, sexuality and disability
- Staff and carers are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home
- There will be immediate registration on ACCT of CYP at risk of suicide or self harm

Information sharing

Service providers will ensure that the following principles are adhered to:

Key principles

- It will be explained to children, young people and families at the outset, openly and honestly, what, how and why information will, or could be, shared, and their agreement sought. The exception to this is where to do so would put that child/young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime, including where seeking consent might lead to interference with any potential investigation.
- The safety and welfare of the child or young person must always be considered when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.
- The wishes of children young people and families who do not wish to share confidential information should be respected wherever possible. Information can still be shared if it is judged that the facts of the case mean there is a sufficient need to override that lack of consent.
- Advice is sought where there is doubt, especially where doubt relates to a concern about possible significant harm to a child or serious harm to others.

- Information shared must be accurate and up to date, necessary for the purpose for which it is being shared, shared only with those people who need to see it and shared securely.
- Reasons for decisions are always recorded – whether it is to share information or not.

Ref 'When to share information: best practice guidance for everyone working in the youth justice system, DH, 2008.

In terms of clinical information sharing it may be worth considering the appointment a Caldicott guardian for the service / by elements of service. It is essential that at each point of contact where information is to be shared between agencies/service providers, client confidentiality is maintained, unless on the balance of judgement maintaining confidentiality contributes to harm to the individual or others, or prevents the reporting of a serious offence. When consent is sought from a client, s/he must be informed about the uses to which the information will be put. Informed consent can be seen as having been gained when the client has been given sufficient and suitable information and is able to understand and assess the risks of participation. Consideration should be given to the individual's capacity to give informed consent.

19. Involvement of service users and carers

Availability of information

The provider will be responsible for ensuring that there is clear and accurate information is available regarding the services on offer. This information should be designed with the active involvement of children and young people and their families and it will need to be:

- Available in a range of formats including leaflets, intranet, internet websites
- Written in plain English and available in a number of languages, and easy ready versions, as appropriate to the local population being served
- The information is updated regularly and dissemination plan checked regularly
- Forms of treatment, medication and decision-making and client input into their own care plans

User and carer engagement strategy

Section 11 of the Health and Social Care Act, 2001 places a duty on service commissioners to make arrangements to involve and consult with service users and the public in the planning and organisation of services. Combined services will therefore be expected to consult with patients as required by the above act and to facilitate the meeting of all statutory responsibilities in this area.

An agreed framework will need to be put in place across all the elements of the service which ensures that service user and carer involvement is evidenced in all aspects of the service development and delivery:

1. All staff should recognise the potential contribution of all children and young people who are service users to help improve services
2. Service information must be available in each facility, to users of all services, explaining exactly what is provided and what happens. This is a precursor to more proactive engagement
3. Communications systems will be developed and established as the norm both within units, and in community settings, to help facilitate user feedback and suggestions for improvement
4. Feedback should be encouraged to be realistic to avoid raising expectations beyond reasonable possibility
5. The strategy will be built on the 'ladder of participation'* and aim as developed a level of user/carer participation as possible
6. The commitment to provide feedback on what is happening within service is of fundamental importance and will be completed within a specified time frame
7. Protocols put in place to resolve issues where agreement can't be reached regarding individual agencies responsibilities which hinder appropriate care planning
8. Service users should have access to independent advocates when in care of in patient or community services
9. Exit interviews to be undertaken on a routine basis and results compiled annually

*Arnstein, Sherry R. "A Ladder of Citizen Participation," JAIP, Vol. 35, No. 4, July 1969, pp. 216-224

20. Equality and diversity

The service will challenge discrimination, promote equality and respect the human rights of service users and their carers/family members.

The service shall not discriminate unlawfully within the meaning and scope of any law, enactment, regulation or similar instrument relating to discrimination (whether in relation to race, gender or disability, sexual orientation, religion or otherwise) in employment or performance of the service.

- The Service Provider will facilitate the commissioner in meeting all its statutory responsibilities in this area
- All services will undertake a Diversity Impact Assessment on at least an annual basis

The service provider will need to be able to provide evidence that an effective framework is in place to ensure

- The local BME community is aware of services on offer
- The service is sensitive to the needs of children and young people from a range of BME backgrounds
- Systems to monitor the take up of the service by BME groups are in place
- Service user feedback addresses issues of diversity

PART IV Monitoring Arrangements

21. Provider procedures for incidents, complaints and feedback

Expectations of provider procedures and policies

To ensure that the service has a Near Miss, Serious and Untoward Incident Reporting and Investigation Process, in line with the National Patient Safety Agency guidelines, and any other local, LA, PCT (Children's Trust) and regional protocols.

From 1st April 2004, the Prison and Probation Ombudsman (PPO) investigates all deaths in custody. The PCT, as the commissioner of healthcare services, has the lead responsibility for investigating clinical issues. The local managers shall work closely with the PPO, relevant custodial settings and the PCT in the investigations and implementation of any recommendations made.

Complaints system

A well documented child and young person-friendly complaints system will need to be in place that ensures

- The process and each stage of complaint is readily available
- Availability in a range of languages and in picture/easy read formats
- Procedures to follow if a resolution is not achieved, including access to independent mental health advocates for young people

22. Monitoring and review

The service provider will attend monitoring and review meetings with the service commissioner on at least a quarterly basis. Regular attendance at other forums and networks (for example local and regional secure unit/health partnership boards) is also expected.

Please also refer to the Regional Commissioning Model Document 4, Quality and Performance Indicators (available January 2010)

The service provider will report quarterly in writing (exceptions to be reported monthly) to the commissioner on the following fields:

Consultation, training and supervision

- Sessions and time spent on the different activities of consultation, training and supervision (internal to the team and externally i.e. to other teams/agencies)
- Outcomes i.e.
 - Numbers trained and skills/competencies developed
 - Summary of actions/decisions resulting from consultation/supervision

Client contact

- New referrals per month to the service, reason for referral, source, age, gender and ethnicity
- Results of initial assessment
 - number of new referrals per month which meet service eligibility criteria
 - number of new referrals that are signposted to other services
- Prioritisation of accepted referrals
- Waiting times for assessments and interventions (develop criteria)

Active cases

- Number of completed assessments (per part of service)Number of children currently in service
- Number of children in care currently in service (breakdown by facility)
- Contacts per month (breakdown as appropriate)
- Involvement of families/carers/partners
- Identification of services required
- Treatment received
- Length of episode
- Number of discharges
- DNA rates and reasons for DNA

Outcomes

Outcome measurement of the emotional wellbeing and mental health of this client group is being explored nationally. In the interim, the following fields are required, with more specific criteria to be developed:

- Outcome/action at point of discharge or release e.g. arrangements for follow on intervention or support if required (categories to be agreed)
- Time given to follow on/handover activity e.g. attendance at care planning meeting
- Client status after three months following discharge/release e.g.
 - Still receiving input for emotional/psychological/mental health, by whom
 - Not known

Community and care settings can use a variety of methods to ensure that a high quality service is provided. These will include:

- Patient/client questionnaires and focus groups
- Waiting time surveys
- Service/Clinical audit
- Audit of prescribing
- Activity information
- Health/emotional wellbeing Advice Audit
- Health/social care Needs Analysis

The community and custodial care settings will be required to supply a quarterly report on the following and any other reasonable additional information to enable the PCT to monitor performance targets and produce an annual clinical governance report in accordance with PSO 3100 *Clinical Governance – Quality in Prison Healthcare* (YOIs specifically)

- Maintenance of accurate records of interventions, reviews and outcomes to an agreed coding methodology;
- A structured and random selection of care plans to be reviewed for completeness in line with NMC / GSSC standards;
- A review of electronic patient records;
- As part of the overall annual review process, the service coordinator will be asked to provide a report for evaluation on the service being provided under this agreement and the Contractor will be expected to:
 - Feedback on service quality in an agreed format;
 - Report on numbers of consultations given;
- Ensure at all time the adherence to “best practice”;
- Audit the process including a client satisfaction survey at least annually;
- Contribute to the development of clinical IT systems

The health care managers in community and custodial care settings will ensure systems / processes are in place to demonstrate:

- Patient satisfaction;
- Value for money;
- The management of critical / serious untoward incidents;
- Complaints management;
- Coordination of care as patients move across the different areas within the care pathway;
- Seamless services provided between children’s secure services and other community agencies.

23. Provider involvement in the review of services

Please refer to the Quality/Performance Indicators Template, which provides a structured methodology for joint review of service delivery with the provider. These indicators are in keeping with the expectations of national bodies and processes eg the Care Quality Commission, Her Majesty's Inspector of Prisons (Health care) and the YJB's Key Elements of Effective Practice. At the time of writing this updated final draft, work is ongoing to ensure similar alignment with Ofsted, the agency currently responsible for monitoring health care in Secure Children's Homes and Secure Training Centres.