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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  
Quality Indicators Template**

**Document 4 of 4 (updated February 2010)**

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

## Document 4: Quality Indicators Template

This Quality Indicators Template 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 has been designed to be applicable to the range of services that make up the overall 'young offender mental health care pathway' in a given locality. As such it is best seen as work in progress and will almost certainly need to be revised in the light of local implementation. It is recommended all services that contribute to the 'young offender mental health care pathway' in each area should now be reviewed in the light of the requirements that are set out below, in accordance with local governance procedures (see page 6 below).

See also:

Document 1: High Level Regional Service Specification

Document 2: High Level Regional Care Pathway

Document 3: High Level Regional Workforce Development Strategy

## 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 those 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, and their families;
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 Quality Indicators Template 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.

## Alignment of this template with National Reviews and Inspections

At the time of writing, different national bodies have responsibility for formally monitoring health care delivery in different parts of the Youth Justice System. For example, the Care Quality Commission (together with Her Majesty's Inspectors for Probation) reviews Youth Offending Teams, Her Majesty's Inspectors for Prisons review Young Offender Institutes, and Ofsted regulates Secure Children's Homes. Increasingly these bodies undertake thematic inspections and reviews on a joint basis.

As part of the process of developing consistent standards of service delivery for the emotional wellbeing and mental health of those in contact with the YJS in Yorkshire and Humber, consultations were undertaken with colleagues from the three national bodies referred to above (ie the CQC, HMPI, and Ofsted). In each case the response was very positive and supportive. In particular it was confirmed that evidence gathered to meet the indicators set out in this regional template would also be relevant and applicable to the national reviews and inspections they carry out. This template is therefore best utilised as a part of a self assessment process locally.

**Common abbreviations used in this document**

<p>ACCT – Assessment Care in custody and teamwork plan          C4EO – Centre for Excellence and Outcomes in Children and Young People’s Services          CAF – The Common Assessment Framework          CAMHS – Child and adolescent mental health services          CJS – the Criminal Justice System          CPA – The Care Programme Approach          CWDC – Children’s Workforce Development Council          CYP – Children and young people          CYPP – Children and Young People’s Plan          DCSF – Dept of Children Schools and Families          DH – Department of Health          ECM – Every Child Matters</p>	<p>EPWBMH – emotional and psychological wellbeing and mental health          HSCNA – Health and social care needs assessment          MH – mental health          NCB – National Children’s Bureau          NCG – National Commissioning Group          NPSA – National Patient Safety Association          OHSC – Offender Health and Social Care          PSI – Prison Service Indicator          PSO – Prison Service Order          SLA – Service level agreement          YH – Yorkshire and Humber region          YHIP – Yorkshire and Humber Improvement Partnership          YJS – The youth justice system          YOI – Young offender institute          YOS – Youth offending service          YOT – Youth offending team</p>
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## **Responsibility for oversight (suggested)**

The indicators in this document are designed to apply to the mental health and emotional/psychological wellbeing pathway for children and young people in contact with the youth justice system in a given locality. The pathway covers a number of youth justice (and more general) services and settings, and consequently responsibility for ensuring that the indicators are met currently lies with different bodies at different points, depending where a child or young person is in contact with the overall system, and depending on local structures and patterns of partnership working in commissioning and Children's Trusts.

### **Children and young people who are under the supervision of Youth Offending Teams:**

There are two basic models for providing corporate governance and oversight for the welfare of children and young people under formal YOT supervision, and each Local Authority in YH has one or the other of these systems in place.

- In some LAs the work of the Youth Offending Team is governed by the Children's Trust arrangements.
- In others the responsibility lies with the multiagency YOT Management Board

The responsibility for ensuring that these Quality Indicators are implemented would therefore lie with one or the other of these bodies, depending on the arrangements in place in the particular Local Authority.

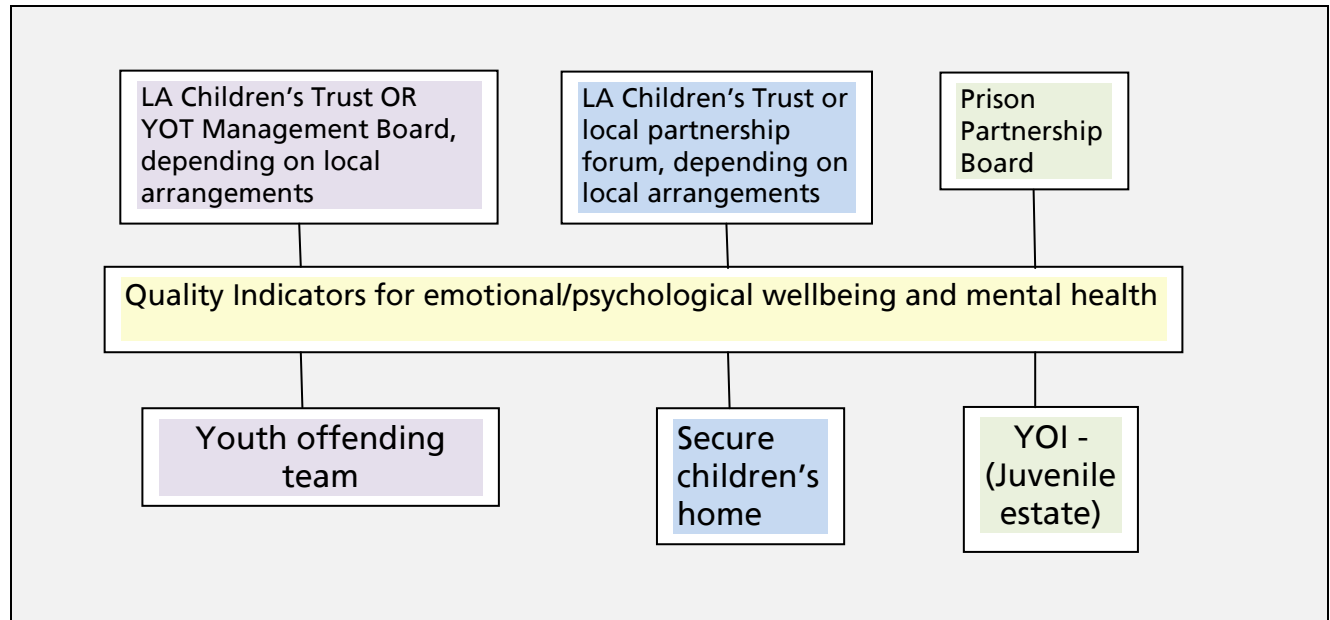
### **Children and young people in secure children's homes**

The LA Children's Trust is ultimately the body responsible for ensuring that all services to support the emotional and psychological wellbeing and mental health of children and young people meet the indicators laid out in this document. However, where the SCH has in place a management forum similar to the Prison Partnership Board, this may be the most appropriate body, depending on local arrangements.

### **Children and young people in Young Offender's Institutions (juvenile estate)**

The Prison Partnership Board is the responsible body for ensuring that all services to support the emotional and psychological wellbeing and mental health of children and young people Young Offenders Institutions (specifically juvenile estate) meet the standards laid out in this document

## Improving the mental health of children in the youth justice system: Arrangements for ensuring the implementation of Quality Indicators



NB

It is intended that the indicators\* in this document, in being applied to a 'pathway' will need to be applied to a range of different settings, teams and agencies where children and young people come into contact with the Youth Justice System.

In order to ensure the most effective and efficient 'young offender mental health care pathway' it is recommended that at the very least each part of the pathway or milestone (for example - Police Custody Suite, YOT, Secure Unit) in a given locality, is assessed according to these Quality Criteria, on a self assessment basis.

It is also recommended, that over time, steps are taken to enable a more holistic and unified approach to be developed locally, and that responsibility for using these Quality Indicators is incorporated into the local Children's Trust arrangements.

\*With the exception of Indicator 9, as this applies specifically to children's secure units.

# Summary list of indicators (green level)

## Area: Safeguarding and safety

### 1) Safeguarding and child protection

All youth justice agencies and related settings work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs, and safeguard children who are being or who are likely to be harmed; and children and young people are protected from abuse through clear safeguarding policies and procedures

### 2) Equality and human rights

The planning and delivery of all emotional wellbeing and mental health services for children and young people and their families/carers is based on anti-discriminatory practices that embrace and positively promote diversity on the basis of race, nationality or ethnic origin, religion, gender, sexual orientation, disability and age

### 3) Staff who work with children and young people

All staff who work directly with children and young people who are in contact with the Youth Justice System have been safely recruited, and they understand and ensure that promoting the welfare of children and young people forms an integral part of the care that they offer, and are aware of their safeguarding responsibilities

### 4) Consent

In each team/setting policies and systems are in place to ensure that appropriate consent is obtained from children and young people in contact with the YJS (and if appropriate their families/carers) in relation to their assessment and treatment for mental health and emotional wellbeing problems and the use of their confidential information

### 5) Incidents and accidents

There is a formal system in place, which protects children and young people and their families/carers through identifying and learning from all safety incidents and other reportable incidents, AND improvements are made in practice based upon local and national experience and information derived from the analysis of such incidents

**6) Assessment and referral**

There is in each setting where children and young people come into contact with the justice system a well publicised single point of contact for the assessment of the mental health and emotional wellbeing needs of children and young people, and their families, AND for those with additional/multiple needs including Learning Disability, Substance Misuse, Suicide/Self Harm AND

Police, courts, youth offending teams and children's secure units are able to access MH assessments for children and young people with urgent needs within 24hrs (including specialist forensic CAMHS assessment where indicated)

**7) Comprehensive range emotional/psychological wellbeing and mental health services**

In each PCT/LA area children and young people in contact with the YJS, and their families/carers, have access to a comprehensive range of emotional wellbeing and mental health services and related resources at universal, specialist and targeted levels, delivered in ways that are accessible to children and young people and in non stigmatising settings, and informed by the mental health needs assessment (see Quality Indicator 13)

**8) Primary Care Mental Health Services**

Children and young people in contact with the YJS and their families have access to initial assessment and common psychological, emotional and mental health problems from primary care. A primary mental health service triages referrals to secondary or specialist and targeted mental health services and offers a full range of primary mental health promotion, advice and interventions for common mental health problems to all suitable service users in partnership with GP and primary healthcare, including access to Child and Adolescent Mental Health Services where applicable

**9) Access to services by children and young people in secure units**

All children and young people in secure units (including those who are 'Out of Area' or not from YH) are able to access timely assessment and intervention for emotional and psychological wellbeing and mental health needs at universal, targeted and specialist levels (tiers 1 -4)

**10) Lead professional and continuity of care management**

All children and young people in contact with the YJS have an individual care plan coordinated by a named lead professional for their mental health, psychological and/or emotional wellbeing needs. As children and young people move through (and in and out of) the youth justice system, there is evidence that each service they come

into contact with is prioritising the need for continuity of care delivery and is working in a whole systems way to identify and address all obstacles to full continuity of care

#### **11) Transitions and transfers**

Each locality has clear arrangements in place to ensure that all children and young people transferring from one part of the YJS to another (eg from YOT to secure unit) OR returning to Yorkshire and Humber from secure units elsewhere receive continuity of care for their emotional, psychological and/or mental health needs AND

There are clear arrangements in place and support available to support the mental health needs of 18yr olds in making the transition from Children's Secure Estate and other parts of the YJS to adult settings. These arrangements should include protocols for transferring from child and adolescent mental health and social care services to adult mental health services

#### **12) Follow on/discharge Planning**

When children and young people leave or are 'discharged' from one part of the YJS to another, a detailed care plan for their emotional and psychological wellbeing and mental health is passed on to the receiving service/unit, indicating what assessments, support and or interventions have been undertaken, and what further work (if any) is recommended, including mental health care input to dedicated plans such as final (prior to discharge) ACCT case reviews

### **Area: Delivering high quality care**

#### **13) Needs Assessment: Emotional, Psychological, Mental Health and Social Care**

At each setting/unit/service in the youth justice pathway a baseline health and social care needs assessment (HSCNA) of the mental health and emotional wellbeing needs of children, young people and their families/carers has been completed using a structured assessment tool, and signed off by senior commissioning and provider partners. The HSCNA has been fed into the local Children and Young People's Plan, Joint Strategic Needs Assessment, and Local Area Agreement, and it contains agreed annual health priorities, for improving the mental health and emotional wellbeing of those in contact with the YJS

#### **14) Setting in which the child or young person and their family/carer is seen**

All mental health and emotional/psychological wellbeing services for children and young people in contact with the YJS are offered in appropriate, safe, surroundings that offer as much privacy as possible and are friendly and accessible to children and young people and their families/carers

### **15) Access to advocacy and involvement of children, young people and their families/carers**

Children and young people who are in contact with the YJS have should access to trained advocates who have experience of working with children and young people and communicating in accessible ways with them, an in-depth understanding of law and policy relating to children and young people with mental health problems, and a commitment to ensuring respect for children and young people's rights in line with the United Nations Convention on the Rights of the Child

The views of children and young people in contact with the YJS, their parents/carers planning, delivering and improving mental health and emotional wellbeing services

### **16) Availability of high quality information about local services and general advice**

There is ready access to up to date and accessible information about the mental health and emotional wellbeing services that are available to children and young people and their families who are in contact with the YJS. There is a range of advice and self help materials available on emotional, psychological and mental health, appropriate for children and young people and adapted to the setting (eg secure unit) wherever possible

<b>Area: Governance</b>
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### **17) Multi-agency partnership forum (corporate governance)**

There is in every PCT/LA area a multi-agency, commissioner led partnership forum, focusing on developing a joint commissioning strategy to meet the emotional and psychological wellbeing and mental health of children and young people in contact with the YJS and their families, (including those at risk of being in contact), ensuring joint decision making, effective management of resources, effective information sharing, audit and service development between PCT, YJB, YOT, Secure Unit (where there is one), Children's Services, and other partners eg education, the police, and third sector agencies. The arrangements ensure compliance with the joint aims and objectives of the parties involved

### **18) Care/Clinical governance**

In each setting/team where children and young people are in contact with the YJS, there are joint/multiagency arrangements in place that facilitate continuous service improvement of the mental health and emotional wellbeing services that are provided. This includes the utilisation and analysis of key information sources such as: critical incidents, complaints, service user feedback, best practice and clinical audit,

audit of Death in Custody YJB and HMIP Action plans. There is evidence of communication of these improvements across the organisation/team/services involved

### **19) Information Governance**

All services that meet with children and young people in contact with the YJS have a systematic and planned approach to the management of records of mental health and emotional/psychological wellbeing assessments and interventions. This ensures that, from the moment a record is created until its ultimate disposal, the team/organisation maintains information so that it serves the purpose it was collected for, and disposes of the information appropriately when no longer required, and that staff receive regular training in the appropriate management of patient information.

To facilitate this, there is a common IT system in place between the different agencies involved in the health and social care of children and young people in contact with the youth justice system

### **20) Staff development**

There is evidence that each staff member who relates directly to children and young people in contact with the YJS (and their families/carers) has an up to date personal development plan that includes specific reference to the individual's training needs in terms of the mental health and emotional/psychological wellbeing of children and young people in contact with the YJS, and that this is reviewed every six months. This will be in significantly greater detail for staff with a specific role in improving the mental health and emotional wellbeing of those in contact with the YJS

### **21) Work Force Development**

A Joint Workforce Development Plan is in place. This plan is based upon up to date demand assessment, review of recruitment and retention, current workforce reviews, and includes optimising opportunities for joint training across organisational boundaries, AND is in keeping with the YH Regional High Level Workforce Strategy for improving the emotional, psychological wellbeing and mental health of children and young people in contact with the YJS

<b>Area: Public Health</b>
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### **22) Health Promotion Groups**

In each PCT/LA area children and young people who are in contact with the YJS (both in community settings and secure units) have access to health promotion action groups including: (a) Mental Health Promotion and Emotional Well being, (b) Smoking Cessation / Reduction, (c) Healthy eating and nutrition, (d) Healthy lifestyles including sex and relationships education, (e) Education and advice regarding drug and other substance misuse

### **23) Access to physical exercise**

All children and young people are offered the opportunity to engage in a range of physical exercise programmes appropriate to their health needs. These programmes are have been developed and operated in consultation with the health care unit and contain a range of interventions which are tailored to support the cardio vascular, respiratory, physical rehabilitation, weight reduction and emotional/psychological and mental health well being of individuals

# The indicators, rationale, supporting evidence and references:

## Area: Safeguarding and child protection

### 1) Safeguarding and child protection – Green Indicator

All youth justice agencies and related settings work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs, and safeguard children who are being or who are likely to be harmed, and children and young people are protected from abuse through clear safeguarding policies and procedures

#### Rationale

Guidance and legislation have now established that health and social care services and staff, and all staff working within children and young people, have a key role to play in safeguarding and promoting their welfare. At a strategic level, agencies and professionals should work in partnership with each other, service users and members of the local community, in accordance with their agreed Local Safeguarding Children Board annual business plan. To fulfill their commitment to safeguard and promote the welfare of children, all organisations that provide services for, or work with, children must have:

- clear priorities for safeguarding and promoting the welfare of children, explicitly stated in strategic policy documents
- a clear commitment by senior management to the importance of safeguarding and promoting children's welfare
- a clear line of accountability within the organization/team for work on safeguarding and promoting the welfare of children

#### Suggested evidence

- All youth justice settings have a written safeguarding policy that is compliant with government guidance (and PSO 4950 for YOIs) and local safeguarding children policies
- There are readily accessible safeguarding policies that clearly cover suicide and self-harm, bullying and violence between young people, and harm from staff and members of the public/visitors
- The Safeguarding Committee has clear reporting lines into the YJB/LA Children's Trust/PCT Partnership Board (see indicator 17), relevant senior management decision making forums and other multi-agency meetings concerning vulnerable children and young people in the area/establishment
- Evidence that the policy and procedures are being followed: minutes of the safeguarding children committee meetings
- Safeguarding includes the development of activities to promote wellbeing
- All settings in which children and young people are living away from home, have in place rigorously enforced anti-discrimination and anti-bullying strategies

- There is clear evidence of incident reporting and of injuries arising from the use of restraint (see also Indicator 5)
- The Local Safeguarding Children Board (LSCB) regularly discusses the emotional wellbeing and mental health needs of children and young people in the YJS, including secure units, YOTs and other settings
- Membership of the LSCB is multi-disciplinary and includes representatives from mental health and Youth Offending Services

### Specific Literature and Reference

- Inspections of safeguarding and looked after children's services – full evaluation schedules, Ofsted, 2009
- Developing a restraint minimisation strategy, Guidance for secure establishments, YJB 2009
- A review of safeguarding in the secure estate, National Children's Bureau and the Youth Justice Board, 2008
- An Independent Review of Restraint in the Secure Estate YJB Smallridge P and Williamson A, 2008
- Restrictive physical intervention in secure children's homes, Di Hart, NCB DCSF 2008
- Delivering Every Child Matters in Secure Settings. A practical toolkit for improving the health and well-being of young people. Lewis E and Heer B, NCB 2008
- Staying Safe Action Plan DCSF 2008
- Managing the behaviour of children in the secure estate YJB 2006
- Tell them not to forget about us, a guide to practice with looked after children in custody, National Children's Bureau, Every Child Matters, 2006
- The Application of the Children Act 1989 in YOIs, The Association of Directors of Social Services, The Local Government Association, The Youth Justice Board, 2003

#### Amber indicator

There is limited evidence of effective safeguarding policies and procedures in the given setting. The setting's safeguarding board/committee meets regularly but there is inconsistent attendance by specialist mental health staff and infrequent reference to the emotional, psychological and mental health needs of children and young people in contact with the YJS

#### Red Indicator

There is no evidence of effective safeguarding policies and procedures in the given setting. The setting's safeguarding board/committee meets irregularly and there is infrequent attendance by specialist mental health staff and rarely any reference to the emotional, psychological and mental health needs of children and young people in contact with the YJS

## 2) Equality and Human Rights - Green indicator

The planning and delivery of all emotional wellbeing and mental health services for children and young people and their families/carers is based on anti-discriminatory practices that embrace and positively promote diversity on the basis of race, nationality or ethnic origin, religion, gender, sexual orientation, disability and age

### Rationale

There are six strands of diversity identified within equalities guidance, these are: race, nationality or ethnic origin, religion, gender, sexual orientation, disability and age. In order to provide a service which is both equitable and sensitive to individual/family requirements, reference to the diversity of the population served needs to be made. Not only do all emotional and psychological wellbeing and mental health services need to be planned to take account of a child or young person's requirements and to safeguard human rights, but to provide a high standard of personalised care and service, ALL staff need to have an understanding of the distinct needs, preferences and choices of the populations they serve.

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified

- Evidence of a robust equality and diversity action plan that contains;
  - Evidence of population needs assessment (6 strands)
  - Evidence of a training strategy for all staff that includes anti-discriminatory practice
  - Instructions on improving access to interpreter services
  - Robust equality impact assessment
  - Robust data collection
- Evidence of consultation with children, young people and their families that includes seeking their views on the extent of discrimination, bullying, and exposure to abusive or insulting language or behaviour in the setting
- 24 hr access to interpreter services, with interpreters trained to Diploma in Public Services Interpreting standards
- Evidence that the design of the facilities allows access to people with physical disabilities or there are plans in place to provide people with physical disabilities access to health and social care assessments and facilities appropriate to their needs
- Evidence that children and young people are able to practise their religion fully and safely
- Evidence of joint working between setting's DRO and mental health/emotional wellbeing staff
- Evidence that the range of literature available to children and young people and their families is accessible in formats appropriate to the population
- Staff records contain reference to recent (within the last 18 months) diversity training.

### Specific Literature and Reference

- Young People Know Your Rights to Fair Treatment, Equality and Human Rights Commission, 2009
- Equality impact assessment: summary tool and guidance for policy makers, DH 2008
- The Disability Discrimination Act 1995, 2005
- Delivering Race Equality in Mental Health Care, DH 2005
- Community Development Workers for Black and Ethnic Minorities, DH 2005
- Improving Mental Health services for BME communities in England, DH 2005
- Mental Health and Social Exclusion, ODPM 2004
- Breaking the cycle of social exclusion, ODPM 2004
- PSO 2800. Race Equality Disability Strategy, HMPS 2004
- Implementing race equality in prisons, a shared agenda for change, HMPS CRE 2003
- Black youth on the margins, Joseph Rowntree Foundation 2001
- PSO 1702 Anti Bullying Strategy
- PSO 4630 Immigration & Foreign Nationals.
- PSI 14/1999 Prisoners with Disability, Management
- Health Care Standards Unit - Standard C7E – Equality and Diversity  
[http://www.hcsu.org.uk/index.php?option=com\\_content&task=view&id=214&Itemid=109](http://www.hcsu.org.uk/index.php?option=com_content&task=view&id=214&Itemid=109)
- Race relations Act 1976
- Sex Discrimination Act 1975

### Amber Indicator

The planning and delivery of mental and emotional/psychological health care DOES NOT FULLY meet the needs of the diverse client group/population but there has been a comprehensive needs assessment undertaken and there are plans in place to address the identified issues

### Red Indicator

The planning and delivery of health care DOES NOT FULLY meet the needs of the diverse client group/population AND THERE IS NO EVIDENCE OF a comprehensive Equality Impact Assessment.

### 3) Staff who work with children and young people – Green indicator

All staff who work directly with children and young people who are in contact with the Youth Justice System have been safely recruited, and they understand and ensure that promoting the welfare of children and young people forms an integral part of the care that they offer, and are aware of their safeguarding responsibilities

#### Rationale

In order to carry out their duties, staff (at all levels) need to clearly understand their roles and responsibilities regarding safeguarding and promoting the welfare and wellbeing of children and young people, and need to be appropriately trained and supported to undertake these roles and responsibilities effectively. All staff working in youth justice settings must take special care to help safeguard and promote the welfare of children and young people who may be living in particularly stressful circumstances. These include families:

- living in poverty
- where there is domestic violence
- where a parent has a mental illness
- where a parent is misusing drugs or alcohol
- where a parent has a learning disability
- where a parent has themselves been an offender
- that face racism and other forms of social isolation
- living in areas with a lot of crime, poor housing and high unemployment.

In particular, those working with young mothers in contact with the Youth Justice System (including young women's establishments that have Mother and Baby Units) must ensure that staff working with these young women are prioritised for child protection training, and that mother and baby units always have a member of staff on duty who is proficient in child protection, health and safety and first aid/child resuscitation. The health needs of mothers and their babies/children must be captured in a childcare plan, setting out how the best interests of the child will be maintained and promoted during the child's residence on the unit or contact with the team/service

#### Suggested evidence

- All agencies have in place safe recruitment practices for all staff in contact or working with children
- Systems are in place within all organisations to ensure that all staff who come into contact with children or who have access to information about children are checked by the Independent Safeguarding Authority/Criminal Records Bureau (*at the time of writing there is a transitional period from the CRB to the new ISA system. The new ISA system in particular clarifies the nature and extent of the contact*)
- All staff caring for, or working with children and young people, especially those living away from home have clear guidance and training to enable them to identify inappropriate and exploitative adult-child and/or peer relationships and take action to ensure children and young people are protected from harm
- Agencies provide staff working with children, young people and families with supervision and with support to enable them to manage the stresses inherent in this work

- All settings implement systems which quality assure the services they provide or commission and ensure their staff use effective systems to record their work with children and families
- There are clear procedures in place for dealing with allegations of abuse against members of staff and volunteers
- There are clear arrangements to ensure that all staff undertake appropriate training to equip them to carry out their responsibilities effectively, and keep this up-to-date by refresher training at regular intervals; and that all staff, including temporary staff and volunteers who work with children, are made aware of the team/establishment's arrangements for safeguarding and promoting the welfare of children, including a child protection policy
- There are in place appropriate whistle-blowing procedures, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

### Specific Literature and references

- The Vetting and Barring Scheme, Guidance, HM Government, October 2009
- Recruiting safely, safer recruitment guidance, CWDC
- Drawing the line - report on the government's vetting and barring scheme, Sir Roger Singleton, DSCF 2009
- A review of safeguarding in the secure estate, National Children's Bureau and the Youth Justice Board, 2008
- 2020 Children's Workforce Strategy, DSCF 2008
- Emotional Wellbeing at Wetherby YOI, Ryan and Tunnard, NHS Leeds, 2008 (unpublished)
- An introduction to child protection legislation in the UK, NSPCC, 2007
- Working Together to Safeguard Children, Safe Recruitment Standards, DCSF, 2006
- Safeguarding Children and Young People, Roles and Competencies for Health Care Staff, Intercollegiate Document, 2006
- Safeguarding Children and Safer Recruitment in Education – DES 2006
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, DCSF 2006
- Championing Children – skills and knowledge for managers of integrated services, Every Child Matters, DES, 2006

#### Amber indicator

All staff have been recruited appropriately but there is not clear evidence that all staff receive training in order to ensure that they are aware of their duties to safeguard and promote the welfare of children and young people

#### Red indicator

It is not clear that all staff have been recruited appropriately or that they have received training in order to ensure that they are aware of their duties to safeguard and promote the welfare of children and young people

## 4) Consent – Green indicator

In each team/setting policies and systems are in place to ensure that appropriate consent is obtained from children and young people in contact with the YJS (and if appropriate their families/carers) in relation to their assessment and treatment for mental health and emotional wellbeing problems and the use of their confidential information

### Rationale

Valid consent is just as important when treating children and young people as it is with adults. In some situations children under 16 are able to give consent themselves, and sometimes others need to take the decision on their behalf. When caring for children, and their mental health and emotional wellbeing, there is an overriding duty to act in the best interests of the child. When making decisions e.g. regarding treatment, the child or young person should be involved in the decision as much as possible, depending on their level of understanding. If the child is not capable of consenting themselves, you will need the consent of a person with parental responsibility or, in some circumstances, the court, in order to proceed with treatment

### Suggested supporting evidence

- Policies on consent that address the needs of children and young people specifically
- Services are provided in line with statutory guidance and make it clear that in the context of protecting children from harm, it is the child whose interests are paramount
- Consent policies include what to do when there is disagreement between a competent young person and their parents, and also address the situation where health care professionals believe that a particular treatment is crucial for a child but the child, young person, parents refuse to give consent
- Young person information consent form
- Young person Information consent policy
- Evidence of clear policies in relation to capacity and mental health/emotional wellbeing
- Systems are in place to ensure that staff in all services are able to obtain legal advice regarding consent and capacity the process for this is clearly understood
- Staff are familiar with the concept of 'competence' in giving consent
- Evidence of staff training policies re consent and capacity
- Evidence of receiving consent and capacity training in staff personal development plans

### Specific Literature and reference

- Information sharing, Guidance for practitioners and managers, DCSF 2008
- Every Child Matters, Information Sharing, Case Examples, DCSF 2009
- Consent – Children and Young People, Medical Protection Society, 2008
- When to Share information: Best practice guidance for everyone working in the youth justice system, DH, 2008
- You're Welcome Quality Criteria, Making Health Services Young People Friendly, DH 2007
- Sharing personal and sensitive personal information on children and young people at risk of offending, A Practical Guide, YJB 2005
- Mental Capacity Act, 2005

- Confidentiality: NHS Code of Practice, DH 2003
- Seeking Consent: Working with People in Prison, DH 2002
- Consent - what you have a right to expect: A guide for children and young people DH 2001 (see also guides for parents, and for relatives and carers)
- Seeking consent – working with children, DH 2001
- Good practice in consent: achieving the NHS plan commitment to patient centred consent practice, HSC 2001/023
- PSI 38/2002 – Guidelines to consent to medical treatment
- Freedom of Information Act 2000
- Data Protection Act 1998
- Safe and Secure:
- <http://www.mentalhealthstrategies.co.uk/pdf/other-publications/safe%20and%20secure%20Poster.pdf>
- See also <http://www.appropriateadult.org.uk> for guidance on Appropriate Adults

### **Amber indicator**

The setting has clear policies in place for consent however not all staff working with children are aware of them and have received training in their application

### **Red indicator**

The setting does not have clear policies in place and staff are not trained in how to seek consent from children and young people and/or their families

## 5) Incidents and accidents – Green indicator

There is a formal system in place in each setting, which protects children and young people through identifying and learning from all safety incidents and other reportable incidents, AND improvements are made in practice based upon local and national experience and information derived from the analysis of such incidents

### Rationale

Organisations and services protect children and young people through the use of systems that identify record and learn from all safety incidents and other reportable incidents and accidents. By seeking to identify the root cause and likelihood of repetition the potential to avoid incidents in the future and improve standards is increased. Such a system protects children and young people and staff.

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified.

- There is a risk register with supporting policies and procedures including an action plan for each incident and accident, and a system for identifying seriousness
- Evidence of recording and review of all safety incidents and formalised feedback to ensure remedial action taken to address issues / improve services
- This evidence includes systems for recording and reviewing all use of physical restraint, as well as incidents of self harm and attempted suicide
- Evidence that significant events, such as deaths in care/custody have an agreed joint action plan and that this has been discussed at the Local Safeguarding Children's Board with activity being reviewed regularly over a 6 -12 month period
- In each setting, evidence that any findings or recommendations from reports of the Local Safeguarding Children's Board, and action plans arising from these, have been communicated across the organisation
- Evidence of communication with staff groups re incident feedback
- Evidence of practice / process change as a result of incident feedback
- Evidence that children and young people are consulted and have opportunity to share their feelings in a supported way following serious incidents and accidents

### Specific Literature and Reference

- Developing a restraint minimisation strategy, Guidance for secure establishments, YJB 2009
- An Independent Review of Restraint in the Secure Estate YJB Smallridge P and Williamson A, 2008
- Review of patient safety for children and young people, NPSA, 2009
- PSO 2710 – Follow up to death in custody, 2009
- NHS (Complaints) Amendment Regulations 2009
- Making Experiences Count Outcomes Framework Document, DH 2008
- Making Experiences Count Toolkit DH 2008 [www.dh.gov.uk/mec](http://www.dh.gov.uk/mec)
- Serious incidents – Guidance on serious incident reporting procedures, YJB, 2007

- Seven steps to patient safety in mental health, Good Practice examples, NPSA 2007
- PSO 3801 – Health and Safety Policy Statement, , HM Prison Service, 2007
- The Health Act 2006 Code of Practice for the prevention and control of Health Care Associated Infections, DH 2006
- PSO 3810 - Health and Safety Arrangements for consultation with staff, Guidance note 03/2006
- Building a memory, preventing harm, reducing risk and improving patient safety, NPSA, 2005
- Getting over the wall – How the NHS is improving patient experience, DH 2004
- Nice Guidelines: The interventional procedures programme, Health Service Circular 2003/011
- Common themes from analysis of 120 Prisons and Probation Ombudsman (PPO)reports [http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_o85026](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_o85026)
- PSO 2520 Prison and Probation Ombudsman, 2001
- PSI 36/1998 – Investigating a death in custody, 1999
- Investigating fatal incidents <http://www.ppo.gov.uk/fatal-incident-investigation/the-process/index.html>

### Amber Indicator

There is a formal system in place that protects children and young people through identifying all safety incidents and other reportable incidents; HOWEVER, there is no system to ensure that improvements are made in practice based upon local and national experience and information derived from the analysis of incidents

### Red Indicator

There is NO formal system in place that protects children and young people through identifying and learning from all patient safety incidents and other reportable incidents

## Area: The Mental Health and Emotional Wellbeing Pathway

### 6) Assessment and referral - Green indicator

There is in each setting where children and young people come into contact with the justice system a well publicised single point of contact for the assessment of the mental health and emotional wellbeing needs children and young people, and their families, AND for those with additional/multiple needs including Learning Disability, Substance Misuse, Suicide/Self Harm AND

Police, courts, youth offending teams and children's secure units are able to access MH assessments for children and young people with urgent needs within 24hrs (including specialist forensic CAMHS assessment where indicated)

#### Rationale

Children and young people and their families who are vulnerable, such as children in care, children with disabilities and children with behavioural, emotional and social difficulties, should be confident that:

- their emotional wellbeing and mental health needs will be assessed alongside all their other needs, no matter where the need is initially identified
- an individualised package of care is available to them so that their personal circumstances and the particular settings where they receive their primary support, appropriately influence the mental health care and support they receive

A clear and accessible referral and assessment process is fundamental to the success of a care pathway approach. In order for this to happen, all staff in YH who work with children and young people, both within the YJS and in more generic settings, should be aware of and have access to straightforward and effective referral and assessments processes for all levels of need.

#### Suggested supporting evidence

- A single point of contact for accessing urgent mental health assessment, on a 24hrs basis
- A clear protocol for accessing specialist forensic CAMHS assessment within 24hrs, 7days per week, where urgently indicated
- Evidence in the form of up to date recording systems that those with urgent needs have been assessed (face to face) within 24 hrs
- Clear information about how to access assessment for mental health, emotional and psychological problems in all youth justice settings
- Evidence that all staff working with children and young people know when and how to refer a child or young person for assessment (including urgent assessment) of their emotional, psychological and/or mental health needs and aware of the local single point of contact
- Clear procedures in place for referring children and young people with additional/multiple needs or dual diagnosis including learning disabilities, substance misuse suicide and self harm for assessment

- Evidence of SLAs and operational protocols/policies between the youth justice setting and mental health services (CAMHS) for referral and assessment
- Evidence that SLAs and protocols for referral and assessment have been reviewed and audited within the past two years
- Evidence of effective approaches to engaging with children and young people who may not be motivated towards being assessed, and their families

**Specific Literature and reference:**

- Early Identification, Assessment of Needs and Intervention, The Common Assessment Framework for Children, A guide for practitioners, CWDC, 2009
- Early Identification, Assessment of Needs and Intervention, The Common Assessment Framework for Children, A guide for managers, CWDC, 2009
- Improving Access to Child and Adolescent Mental Health Services, Reducing waiting times policy and practice guide, DCSF/DH, 2009
- Assessment, Planning, Interventions, and Supervision Key Elements of Effective Practice, YJB 2008
- Mapping Asset to CAF and CAF to Asset – YJB Poster
- Mapping Onset to CAF and CAF to Onset – YJB Poster
- A summary of the evaluation of the validity and reliability of the Youth Justice Board’s assessment for young offenders YJB 2008
- Common Assessment Tool for Children, Practitioner’s Guide ECM, 2007
- ICS, CAF and Contact Point, Every Child Matters 2007
- Report on Early Detection and Intervention for Young People at Risk of Psychosis NIMHE 2007
- The Common Assessment Framework, Asset and Onset, Guidance for Youth Justice Practitioners YJB 2006
- Depression in Children and Young People NICE 2005

**Amber Indicator**

There is a single point of referral but it does not work effectively, less than 75% of urgent referrals are assessed within 24hrs, and pathways for those with additional needs are not clear in every case

**Red Indicator**

There is no single contact point for referral in place and gaps in access to assessment and provision for those with additional needs. Less than 50% of those with urgent mental health needs are assessed within 24hrs

## 7) Comprehensive range of Emotional/Psychological Wellbeing and Mental Health services - Green indicator

In each PCT/LA area children and young people in contact with the YJS, and their families/carers, have access to a comprehensive range of emotional wellbeing and mental health services and related resources at universal, specialist and targeted levels, delivered in ways that are accessible to children and young people and in non stigmatising settings, and informed by the mental health needs assessment (see Quality Indicator 13)

### Rationale

The government is committed to the development of a fully comprehensive children and young people's mental health service in all areas as part of PSA 12 (improving emotional health and well being). The occurrence of mental health and emotional/psychological problems in young people who offend (who are at risk of it) are known to be considerable, severe and complex. These young people manifest the full range of mental health problems and disorders, with rates of psychosis, self-harm and suicide well above other children and young people. It is therefore very important that young people in contact with the YJS should have access to a comprehensive CAMHS, which explicitly covers mental health promotion, prevention, early intervention treatment and management of problems (including specialist needs such as forensic mental health, learning disability and dual diagnosis) that have been identified as a result of expert assessment.

### Suggested supporting evidence

- There is in each area and in each setting (ie units and community settings) a clear description of the emotional and psychological wellbeing and mental health services that are available to children and young people in the YJS
- The youth justice setting/team is able to demonstrate excellent links (eg SLA or operational protocol) with local CAMHS and able to access timely consultation, supervision, assessment and intervention for children and young people
- Child and adolescent mental health professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of expertise
- Evidence that a range of interventions and therapies are available, including for those who do meet the threshold for clinical diagnosis
- Evidence that a sufficient number of specialist CAMHS staff with an appropriate range of skills can be called upon to work with children and young people in contact with the YJS as required, including highly specialist expertise, such as forensic mental health, dual diagnosis, learning disabilities, neuropsychiatry
- Local children's commissioners and emotional wellbeing/mental health staff are familiar with the YH Regional Commissioning Strategy High Level Service Specification and Care Pathway for improving the mental health of children and young people in the YJS and services are commissioned and performance managed accordingly
- There are systems in place for information sharing with CAMHS in the home areas of individual young people who are not from YH
- There are clear protocols and timely access to referral and assessment for tier 4 and national forensic CAMHS beds

**Specific Literature and Reference**

- Healthy Children, Safer Communities, DH, 2009
- Improving the psychological wellbeing and mental health of children and young people, Commissioning Early Intervention Support Services, DCSF/DH 2009
- Lord Bradley Report on Mental Health in the Criminal Justice System, DH 2009
- Actions speak louder, a second review of healthcare in the community for young people who offend, HCC and HMI, 2008
- Children and Young People in Mind, The Final Report of the National CAMHS Review DCSF 2008
- Better Communication, Action Plan to improve services to young people with speech language and communication needs, DCSF, 2008
- Promoting Mental Health for Children Held in Secure Settings: A Framework for Commissioning Services DH 2007
- The Mental Health Needs of Young People Who Offend, The Derwent Initiative, 2007
- Service Standards, 2<sup>nd</sup> Edition, Quality Improvement Network for Multi Agency CAMHS (QINMAC) Royal College of Psychiatrists 2007
- Female Health Needs in Young Offender Institutions, YJB, 2006
- This is what we want, The Foundation for People with Learning Disabilities, 2006
- Truth Hurts, Report of the National Inquiry into Self Harm among Young People, Mental Health Foundation, 2006
- Depression in Children and Young People NICE 2005
- Mental Health needs and effectiveness of provision for young offenders in custody and in the community, Harrington and Bailey, YJB 2005
- Developing Comprehensive CAMHS, Young Minds, 2004
- Guidance on developing local prison health delivery plans DH 2003
- The Mental Health needs of young offenders, Mental Health Foundation Update, 2002
- Changing the outlook, - a strategy for modernising mental health services in prison DH 2001

**Amber Indicator**

There is limited evidence that service providers in each setting are working to ensure, as a priority, that children and young people in the YJS have access to a comprehensive range of emotional wellbeing and mental health services for children and young people. As a result, there is an SLA or protocol in place for service provision but it is not comprehensive

**Red Indicator**

There is no evidence that service providers are working to ensure, as a priority, that children and young people in contact with the YJS have access to a comprehensive emotional wellbeing and mental health services. There is not an SLA or service protocol in place

## 8) Primary Care Mental Health Services

Children and young people in contact with the YJS and their families have access to initial assessment and common psychological, emotional and mental health problems from primary care. A primary mental health service triages referrals to secondary or specialist and targeted mental health services and offers a full range of primary mental health promotion, advice and interventions for common mental health problems to all suitable service users in partnership with GP and primary healthcare, including access to Child and Adolescent Mental Health Services where applicable

### Rationale

Access to primary mental health is the most appropriate way of responding to common mental health problems, and helps to ensure that specialist/secondary services can function and be targeted effectively. The concept of equivalence of access to healthcare, is measured here with a particular emphasis on access to primary mental health care. This indicator also stresses the central role the GP plays in this access and provision and recognises the support necessary for primary care practitioners to provide a comprehensive service.

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified

- Evidence of joint planning of service provision between primary healthcare services and secondary mental health services (CAMHS) in secure units and in community settings
- SLAs or operational protocols demonstrating a sustainable service
- Evidence of adoption and working to the Regional YH YJS MH Care Pathway
- A formalised triage process and service protocols from primary to secondary care
- Evidence that primary care staff are confident and competent to deliver primary care mental health interventions to children and young people in the YJS
- Evidence that primary care staff receive support and training to deliver primary care mental health assessments and interventions to children and young people in the YJS

### Specific Literature and references

- Healthy Children, Safer Communities, DH, 2009
- Improving the psychological wellbeing and mental health of children and young people, Commissioning Early Intervention Support Services, DCSF/DH 2009
- Lord Bradley Report on Mental Health in the Criminal Justice System, DH 2009
- Actions speak louder, a second review of healthcare in the community for young people who offend, HCC and HMI, 2008
- Children and Young People in Mind, The Final Report of the National CAMHS Review DCSF 2008
- Fast-forwarding primary care mental health DH 2007
- The health needs of Young Offenders , Wendy Macdonald, The National Primary Care Research and Development Centre, The University of Manchester, November 2006
- Stepped care in psychological therapies: access, effectiveness and efficiency, Brit Journal of Psychiatry, Bower and Gilbody 186 11 - 17 2005

- Mental Health and Primary Care – Royal College of General Practitioners Position Statement, RCGP 2005
- Resettlement and Aftercare Provision (RAP) Management Guidance
- Getting it right for teenagers in your practice, RCN 2002
- Health Promoting Prisons: A Shared Approach PSI 24/2002  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006230](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006230)
- NICE guidance - Mental health and behavioural conditions  
<http://guidance.nice.org.uk/topic/behavioural>
- Changing the outlook: a strategy for developing and modernising mental health services in prisons (DH 2001))
- Mental Health Primary Care in Prison WHO, 2000 <http://www.prisonmentalhealth.org/EffectivePracticeINSETTutorPack:MentalHealthYJB>  
<http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=256&eP=>

(See also literature and reference for Quality Indicator 8 above)

### Amber Indicator

Children and young people in the unit/setting/team have access to a primary care mental health service that triages referrals to CAMHS but CANNOT PROVIDE a full range of primary mental health interventions to all suitable service users in partnership with GP and primary healthcare.

### Red Indicator

Children and young people in the unit/setting/team only have access to primary care mental health service that is provided ONLY by a General Practitioner

## 9) Access to mental health services by children and young people in secure units - Green indicator

All children and young people in secure units (including those who are 'out of area' or not from YH) are able to access timely assessment and intervention for emotional and psychological wellbeing and mental health needs at universal, targeted and specialist levels (tiers 1 – 4)

### Rationale

A custodial placement provides an excellent opportunity to ensure that a comprehensive assessment of the child or young person's mental emotional and psychological needs is undertaken, and for any required treatments or interventions to be carried out (although it is acknowledged that a short length of stay may reduce the ability for this to happen, especially the appropriateness of undertaking in depth psychotherapeutic work).

The placement of children into secure estate across England is allocated nationally and the nature of the distribution of units means that it is inevitable that at any given time a significant proportion of residents have a home town address in a different county - and often in a different region. In YOIs 30% of children may come from a different region and in the smaller SCHs there may be periods of time when none are from the immediate locality. The principle in YH is that the emotional, psychological and mental health needs of **all** CYP in the YJS should be properly assessed, and treated (depending on length of stay), irrespective of their home town.

### Suggested supporting evidence

- Secure units are able to produce evidence (e.g. waiting time audits, client clinical records) that demonstrates that all children and young people have equal access to assessment and intervention from for their emotional, psychological and mental health needs
- There is an SLA or operational protocol in place that clarifies the arrangements for all resident children and young people to have access to assessment and intervention (appropriate to length of stay)
- Policies and procedures are in place to enable effective communication with mental health services in the child or young person's home town
- There are clear procedures in place to ensure that records of any mental health assessment and intervention are passed on to the relevant services in the child or young person's home town

### Literature and references

- Delivering Every Child Matters in Secure Settings. A practical toolkit for improving the health and well-being of young people, Lewis E and Heer B, NCB 2008
- Who Pays? Establishing the Responsible Commissioner, DH 2007
- You're Welcome Quality Criteria, Making Health Services Young People Friendly, DH 2007
- PSO 4950 – Care and Management of Young People
- National Standards - Standards 10, 11 and 12 YJB 2004

(See also literature and reference for Quality Indicators 7 and 8 above)

### **Amber Indicator**

There is evidence that children from YH are able to receive timely assessment and intervention whilst in secure units in YH and this is supported by explicit commissioning arrangements. There may however be some difficulties in accessing assessment and intervention for children and young people from outside of YH

### **Red Indicator**

There is little demonstrable evidence in terms of waiting times or local commissioning arrangements that children from YH and those from outside the region alike receive timely assessment and intervention for their emotional, psychological and mental health needs whilst in secure units in YH

## 10) Lead professional and continuity of care management – Green indicator

All children and young people in contact with the YJS with have an individual care plan and a named lead professional for their mental health, psychological and/or emotional wellbeing needs. As children and young people move through (and in and out of) the youth justice system, there is evidence that each service they come into contact with is prioritising the need for continuity of care delivery and is working in a whole systems way to identify and address all obstacles to full continuity of care

### Rationale

Children and young people in contact with the youth justice system tend to have complex and varied health and social care needs requiring a co-ordinated approach to support from a number of disparate agencies. A large number of individual agencies may be involved with a young person at any one time. The regularity of movement across the YJS and the necessary security restrictions placed upon certain individuals means that at times, continuity of treatment or assessment programmes may be disrupted. Such disruption can be mitigated by effective care planning and liaison. It should be recognised that health care continuity, especially in relation to secondary care is a paramount consideration, especially when a move is planned between secure units. The duty of health and social care professionals in ensuring that key clinical/case information is appropriately transferred, should also be increasingly emphasised

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified.

- All children and young people in contact with the YJS have a named lead professional with responsibility to co-ordinate their mental health care
- All children and young people have an up to date care plan for their emotional wellbeing and mental health needs that indicates a planned care approach between the different agencies involved
- In each setting there are clear protocols for sharing information about a child or young person's mental health and emotional wellbeing needs
- All records have a clear note of appointments
- Within the care plan reference is made directly to discharge planning / arrangements
- Children and young people and their families/carers are involved in discharge planning and aftercare arrangements unless there are very clear reasons why this would not be good practice
- Where available, primary care clinical IT systems are used effectively to support care continuity
- In Secure Units, there is evidence that liaison between Office of Categorisation and Allocation and Health Care takes place on a regular basis
- In secure units, there is evidence that mental health and other specialist health staff are regularly involved in sentence and discharge planning meetings
- Evidence that staff are able to systematically follow up children and young people who have been referred on, in order to try to ensure continuity is achieved

## Specific Literature and Reference

- Coordinating and delivering integrated services for children and young people, The Team around the Child and the Lead Professional, Guidance for managers, CWDC 2009
- Refocusing the Care Programme Approach, DH, 2008
- You're Welcome Quality Criteria, Making Health Services Young People Friendly, DH 2007
- Maternity Matters: Choice, access and continuity of care in a safe service DH 2007
- Transition: getting it right for young people. Improving the transition of young people with long-term conditions from children's to adult health services DH 2006
- When to Share Information: Best practice guidance for everyone working in the youth justice system. DH 2008
- Youth Resettlement : A Framework for Action YJB 2006
- Promoting Continuity of Care for People with Severe Mental Illness whose needs span primary, secondary and social care - Department of Health Research findings register (ReFeR) 2003
- Not Working and Not Together, Yorkshire and Humber CAMHS 2003
- PSO 3050-Continuity of Healthcare for Prisoners
- PSO 6200-Transfers,
- PSO 6400-Discharges
- PS 0900 Categorisation and allocation of offenders 2008

### Amber Indicator

Less than 100% of children have a named lead professional responsible for coordinating their mental health. There is LIMITED evidence of continuity of care is being prioritised and this aspect of care delivery and is working in a whole systems way to identify and address all obstacles to full continuity of care as children and young people move through different parts of the YJS

### Red Indicator

There is no evidence of systems to ensure all children have a named lead professional or that continuity of care is being prioritised and this aspect of care delivery and is working in a whole systems way to identify and address all obstacles to full continuity of care as children and young people move through different parts of the YJS

## 11) Transitions and transfers – Green Indicator

Each locality has clear arrangements in place to ensure that all children and young people transferring from one part of the YJS to another (eg from YOT to secure unit) OR returning to Yorkshire and Humber from secure units elsewhere receive continuity of care for their emotional, psychological and/or mental health needs AND

There are clear arrangements in place and support available to support the mental health needs of 18yr olds in making the transition from Children's Secure Estate and other parts of the YJS to adult settings. These arrangements should include protocols for transferring from child and adolescent mental health and social care services to adult mental health services

### Rationale

Sensitive and effective management of children and young people transferring between teams and services within the community, and for CYP returning to their hometown following placement in secure units and tier 4 forensic CAMHS units, is essential in order to ensure that emotional wellbeing and mental health needs are properly managed and treated and that the vulnerability of CYP at such critical periods is recognised and supported

There are marked distinctions between the regimes of CAMHS and adult mental health services, and between the young person's and adult estate. Transfer due to an increase in age is often a difficult transition. Such a transition can lead to both emotional distress for young people and organisational complexity for the services. Where a young person is receiving treatment from external health and social care sources, there will also be an additional transfer to adult services. A smooth emotional and organisational transition to the adult estate enables the young person to settle quickly, reduces stress and subsequent disruption and ensures continuity of care.

### Suggested Supporting Evidence

- A written policy relating to the transfer of children and young people should be available
- There should be evidence of a transfer plan, indicating the range of agencies who should be contacted to ensure continuity
- Up to date and appropriately completed ASSET forms are available for all children on entering Secure Units
- Up to date reports on mental health assessments and interventions are available for the receiving service/unit/team
- Evidence of contact with families and carers
- The Care Programme Approach should be used
- Evidence of involvement of MH staff in case conferences prior to transfer would indicate collaboration with other agencies
- Evidence of communication with and involvement of the young person's hometown health and social care services in planning transfers and ongoing treatment
- A lead person who makes sure that the transition between services goes smoothly know what to do if things are not going according to plan
- Access to services that are based on best evidence of what works for young adults and which have been informed by the views of young adults

- Young adults who are approaching 18 and who are being supported by CAMHS should, along with their parents/carers: know well in advance what the arrangements will be for transfer to adult mental health services of any type, following a planning meeting at least 6 months before their 18th birthday
- There should be evidence of contact with the receiving team/service/prison. There should be reference within the child or young person's records of both discussions with them prior to transfer and contact with relevant agencies currently providing support services
- CAMHS in each area have clear arrangements for responding to the needs of children and young people returning to the area after being cared for in national tier 4 forensic inpatient units

### **Specific Literature and Reference**

- Accommodation, Key Elements of Effective Practice, YJB 2008
- Pushed into the Shadows – young people's experience of adult mental health facilities NCB 2008
- When to Share Information: Best practice guidance for everyone working in the youth justice system, DH 2008
- Refocusing the Care Programme Approach, DH, March 2008
- Transition: getting it right for young people. Improving the transition of young people with long-term conditions from children's to adult health services DH 2006
- The transition from CAMHS to Adult MH Services, The Children's Commissioner for England HASCAS 2006, 2007
- Youth Resettlement : A Framework for Action YJB 2006
- Resettlement and Aftercare Provision (RAP) Management Guidance
- Resilience and young people leaving care, Joseph Rowntree Foundation, 2000

#### **Amber indicator**

There is limited evidence of arrangements or protocols being used or developed to support transitions and transfers of children and young people with mental health needs as they move from one part of the youth justice system to another, or to adult services/estate

#### **Red Indicator**

There are no clear arrangements or support in place to facilitate young people moving from one part of the youth justice system to another, or to adult services/estate

## 12) Follow on/discharge Planning – Green indicator

When children and young people leave or are 'discharged' from one part of the YJS to another, a detailed care plan for their emotional and psychological wellbeing and mental health is passed on to the receiving service/unit, indicating what assessments, support and or interventions have been undertaken, and what further work (if any) is recommended, including mental health care input to dedicated plans such as final (prior to discharge) ACCT case reviews

### Rationale

A key element of reducing reoffending is the effective co-ordination and continuity of services as children and young people move from one part of the YJS to another, and especially on discharge from a children's secure unit. The most effective follow on and discharge planning addresses the 7 pathways to reduce re-offending, these are: accommodation, education, health, drugs, finance, children and families and finally, attitudes thinking and behaviour (Reducing re-offending action plan, Home Office 2004). This indicator addresses the contribution that support for emotional wellbeing and mental health care makes in the wider plan.

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified.

- The setting can demonstrate protocols and procedures with follow on services that ensure there is continuity of support for children and young people with emotional/mental health needs
- For the three months prior to the reference date, a sample of at least 30 per cent of discharge plans (or transfer plans in cases where establishments do not discharge into the community) should be reviewed to evidence they contain reference to mental health and social care arrangements
- There are in each locality services that offer tailored advice and help to children and young people who have been/are in contact with the YJS with practical matters such as housing, work, education finances and benefits, especially those who are leaving secure accommodation, and including adequate provision of safe, sustainable and supported accommodation and stop the use of bed and breakfast accommodation for care leavers and young people both at risk of custodial remand or returning to communities from custodial settings
- Where no specific arrangements are identified, a discharge plan from mental health care should be available
- There is evidence that mental health staff are regularly involved in discharge planning meetings
- Evidence of consultation with children, young people and their families about their experiences of leaving secure units and or formal YOT supervision

### Specific Literature and Reference

- When to Share Information: Best practice guidance for everyone working in the youth justice system. DH 2008
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, HM Government 2006
- Transition: getting it right for young people. Improving the transition of young people with long-term conditions from children's to adult health services DH 2006
- Youth Resettlement : A Framework for Action YJB 2006
- Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under section 11 of the Children Act 2004 HM Government 2005
- National Service Framework for Children, Young People and Maternity Services DH 2004
- Reducing re-offending by ex-prisoners, Social Exclusion Unit Report 2002
- PSO 2300 – resettlement
- PSO 6400 – discharge
- Managing Variation in Patient Discharge – NHS Institute for innovation and improvement (<http://www.nodelaysachiever.nhs.uk/CaseStudies/CaseStudyItems/CSJBo8Managing+variation+in+patient+discharge.htm>)
- End-to-end offender management – NOMS (<http://noms.homeoffice.gov.uk/managing-offenders/end-to-end/>)

#### Amber indicator

There are arrangements in place to ensure effective discharge follow on planning but it is not clear that they are followed systematically with all children and young people who have been receiving mental health or emotional/psychological help

#### Red indicator

There are no formal arrangements or systems in place to ensure that there is effective discharge follow on planning with children and young people who receive mental health or emotional/psychological help

### 13) Needs Assessment: Emotional, Psychological, Mental Health and Social Care – Green indicator

At each setting/unit/service in the youth justice pathway a baseline health and social care needs assessment (HSCNA) of the mental health and emotional wellbeing needs of children, young people and their families/carers has been completed using a structured assessment tool, and signed off by senior commissioning and provider partners. The HSCNA has been fed into the local Children and Young People's Plan, Joint Strategic Needs Assessment, and Local Area Agreement, and it contains agreed annual health priorities, for improving the mental health and emotional wellbeing of those in contact with the YJS

#### Rationale

The aims of a health and social care needs assessment are to gather information to ensure that the most suitable resources and services are commissioned and provided. This indicator ensures that the services for the emotional and psychological wellbeing and mental health of children and young people in contact with the YJS, and their families, are fit for purpose, up to date, and as effective as possible. It also stresses the collaborative role all partners have in ensuring that the needs assessment takes into account the wide range of services required.

#### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified.

- Evidence that the setting/unit has undertaken a structured mental health and emotional/psychological wellbeing needs assessment (for example using the University of Birmingham toolkit)<sup>1</sup> in the last two years
- Evidence that this information has been reviewed by the key partners responsible for commissioning and providing children and young people's mental health and emotional/psychological wellbeing
- Evidence that this process included consultation with and the involvement of children and young people in contact with YJS and their families
- Emotional/psychological wellbeing, mental health and social care priorities of those who are in contact with the YJS identified and published in the Children and Young People's Plan, the Joint Strategic Needs Assessment and incorporated into the Local Area Agreement

#### Specific Literature and Reference

- The Young Minds Children and Young People's Manifesto, Young Minds, 2009
- Children and Young People's Plan Guidance DCSF 2009
- Promoting the mental health of children in secure estate – A framework for commissioning services – DH/YJB 2007

<sup>1</sup> <http://www.hsmc.bham.ac.uk/documents/Toolkit1.pdf>

- The Local Government and Public Involvement in Health Act 2007
- Improving the quality and outcomes for services to children and young people through effective commissioning, A self-assessment tool for commissioners, DH 2007
- Delivering Health and wellbeing in partnership: The crucial role of the new local performance framework. Department of Communities and Local Government and Department of Health, 2007
- Joint planning and commissioning framework for children, young people and maternity services DfES/DH 2006
- Guidance on developing prison health needs assessments and health improvement plans DH 2002
- A health needs assessment for young women in Young Offender Institutions, YJB, 2005
- Guidance - Healthcare in Prisons - a health care needs assessment, University of Birmingham, 2000
- Toolkit for health care needs assessments in prison, University of Birmingham 2000

### **Amber indicator**

A baseline HSC MH Needs Assessment has been completed using a structured assessment tool. There is evidence that the needs assessment has been reviewed and amended within the last 24 months by the Director of Public Health of the local PCT (or appropriate deputy), as appropriate to the establishment/service. It DOES NOT contain agreed annual health priorities, that are published in the local Children and Young People's plan and signed off by the Secure Unit manager/prison governor, the chief executive of the local PCT, and the Director of Children's Services (or their deputies)

### **Red Indicator**

A baseline HSC MH Needs Assessment has been completed using a structured assessment tool. There is NO evidence that the HNA has been reviewed and amended within the last 24 months by the Director of Public Health of the local PCT (or appropriate deputy), as appropriate to the establishment/service, and local priorities for this population's MH have not been included in the CYPP or Local Area Agreement

## 14) Setting in which the child or young person and their family/carer is seen – Green indicator

All mental health and emotional/psychological wellbeing services for children and young people in contact with the YJS are offered in appropriate, safe, surroundings that offer as much privacy and respect as possible and are friendly and accessible to children and young people and their families/carers

### Rationale

Care is provided in environments that promote the well-being of clients and their families and staff and offer respect for the child or young person's needs and preferences in that they are designed for the effective and safe delivery of care or other specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for children and young people. The environment also should meet the needs of young people who have physical disabilities, and comply with current legislation on access to buildings for people who have a disability.

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified:

- Evidence that mental health care is provided in environments that are child/young person friendly and supportive of privacy and confidentiality
- Evidence that mental health care is provided in environments that are pleasant and comfortable
- Evidence that where possible, safe, and appropriate to the intervention and the individual's legal status, children and young people and their families are able to choose where the mental health/emotional wellbeing assessment/intervention takes place
- Evidence that community based meetings are offered in a variety of settings in order to facilitate engagement with children and young people who may be uncomfortable/mistrustful of conventional/institutional settings
- Evidence that children, young people and their families are consulted about the settings and environments in which they receive mental health and emotional/psychological wellbeing services and that positive feedback is received
- Evidence that care is provided in clean environments, in accordance with the relevant requirements of the Health Act 2006 code of practice for the prevention and control of healthcare associated infections
- Steps have been taken to ensure that all children and young people with disabilities have full access to facilities where mental and emotional health assessments and interventions take place
- Premises have been assessed by the relevant senior manager in the previous three months and their cleanliness considered to be up to the standards of the NPSA

### Specific Literature and Reference

- You're Welcome, Quality Criteria for making health services young people friendly, self assessment toolkit, DH, 2009

- Working together to provide age appropriate environments and services for mental health patients aged under 18, National MH Development Unit 2009
- Out of the Shadows, Young Minds 2008
- Adolescent services: smells like teen spirit, Health Services Journal, 1 September, 2008
- Emotional Wellbeing at Wetherby YOI, Ryan and Tunnard, NHS Leeds, 2008
- You're Welcome Quality Criteria, Making Health Services Young People Friendly, DH 2007
- The patient experience: Friendly healthcare environments for children and young people, NHS Estates 2003
- Getting it right for teenagers in your practice, RCN 2002
- Kings fund – Enhancing the healing environment  
[http://www.kingsfund.org.uk/research/publications/enhancing\\_the.html](http://www.kingsfund.org.uk/research/publications/enhancing_the.html)
- Design for Patient Safety – A system wide design led approach to tackling patient safety in the NHS NPSA [www.nrls.npsa.nhs.uk/resources/collections/design-for-patient-safety/](http://www.nrls.npsa.nhs.uk/resources/collections/design-for-patient-safety/)
- Patient Environment Action Teams – PEAT – Mapping PEAT to Core Standards NPSA  
<http://www.nrls.npsa.nhs.uk/patient-safety-data/peat/>

### Amber Indicator

The setting(s) where mental health and emotional wellbeing assessments and interventions take place is assessed by the relevant senior manager as being clean to NPSA (Standards for Better Health) standards but ONLY TWO of the following conditions is applicable:

- The setting is child/young person friendly and accessible
- The rights of children and young people to privacy and confidentiality are respected in all consultations
- Assessments and interventions are offered in non institutional settings wherever possible

### Red Indicator

NONE of the following conditions are applicable:

- The setting is child/young person friendly and accessible
- The rights of children and young people to privacy and confidentiality are respected in all consultations
- Assessments and interventions are offered in non institutional settings wherever possible

## 15) Access to advocacy and involvement of children, young people and their families/carers - Green indicator

Children and young people who are in contact with the YJS have should access to trained advocates who have experience of working with children and young people and communicating in accessible ways with them, an in-depth understanding of law and policy relating to children and young people with mental health problems, and a commitment to ensuring respect for children and young people's rights in line with the United Nations Convention on the Rights of the Child

The views of children and young people in contact with the YJS, their parents/carers (including prison staff) and others are sought and taken into account in designing, planning, delivering and improving mental health and emotional wellbeing services

### Rationale

Children and young people and their families feel involved in the services they receive when they are treated as equal partners, listened to and properly informed. Advocacy can play a crucial role in enabling effective service user involvement in the development and management of their care, and a skilled advocate can bring significant benefits in helping service users engage with what can often feel like an overwhelmingly complicated and intimidating system.

Section 11 of the Health and Social Care Act 2001 places a duty on NHS trusts, Primary Care Trusts and Strategic Health Authorities - to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes. This is a statutory duty, which means consulting and involving:

- not just when a major change is proposed, but in ongoing service planning
- not just in the consideration of a proposal, but in the development of that proposal; and
- in decisions about general service delivery, not just major changes.

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified.

- Children and young people with mental health and emotional/psychological wellbeing needs have access to specialist advocates to support their feedback and concerns
- There is formal recording of advocacy service access in the complaint documentation
- The setting has policies and procedures for ensuring the ongoing involvement of children, young people and their families in consultation and service review
- Information about how to make a complaint, comment, and compliment or express a concern about the services is freely available throughout the establishment
- There is evidence of a risk assessment and planning in relation to an individual's complaint and its resolution
- There is documented evidence of how practice and/or services were improved as a result of feedback from children and their families

- Information is accessible and available in a range of languages that reflect the client population
- Formal forums exist where CYP and their families may provide feedback (ie client/patient forums, service user groups, questionnaires for parents etc)
- Formal feedback evaluation forms are administered following a complaint
- Children and their families/carers are invited to complete service evaluation forms, especially at the point of leaving/being discharged

## Specific Literature and Reference

- Developing PALS in Prison, A toolkit and Good practice Guidance for implementing patient advice and liaison services in a secure setting, DH 2009
- NHS (Complaints) Amendment Regulations DH, 2009
- Children's views of services, A Rapid Review, Mainey et al, NCB 2009
- [Access to and use of NHS Patient Advice and Liaison Service \(PALS\): the views of children, young people, parents and PALS staff](#), Heaton, J., Sloper, P. and Clarke, S., Child: Care, Health & Development, 34, 2, 145-151 2008
- Principles of Good Complaints Handling. Parliamentary and Health Service Ombudsman 2008
- Making Experiences Count Outcomes Framework Document DH 2008
- Making Experiences Count Toolkit DH 2008
- Principles of Good Complaints Handling. Parliamentary and Health Service Ombudsman 2008
- You're Welcome Quality Criteria, Making Health Services Young People Friendly, DH 2007
- Getting the best from complaints, Social care complaints and representations from children young people and others, Every Child Matters, DES 2006
- Through the Maze – a guide to developing advocacy services for young people experiencing emotional or mental health issues <http://mazedadvocacy.net/ttm/get-a-copy>
- Putting participation into practice: A guide for practitioners working in services to promote the mental health and well-being of children and young people, Young Minds, 2005
- PSI 14, Handling Complaints about prison healthcare, DH, 2005
- Access to PALS and ICAS for prisoners letter gateway 5557, DH 2005
- Regulations and guidance on providing effective advocacy services for children and young people making a complaint under the children act 1989, Local Authority Circular DH DES 2004
- Getting over the wall – How the NHS is improving patient experience, DH 2004
- Complaints about Health and Social Care, S 113 Community Standards Act 2003
- Building a Culture of Participation, Involving children and young people in policy, service planning, delivery and evaluation DfES 2003
- Building on the best: Choice , responsiveness and equity in the NHS, DH 2003
- National Standards for the Provision of Children's Advocacy Services, DH 2002
- PSO 2510 Prisoner's requests and complaints procedure, 2002
- Learning to listen, core principles for the involvement of children and young people, Children and young people's unit, 2001
- Strengthening Accountability, patient and public involvement in policy guidance – Section 11 of the Health and Social Care Act 2001

### **Amber Indicator**

The views of service users, their parents /carers (including secure unit staff) and others are sought and taken into account in designing, planning, delivering and improving health care services. THERE ARE NO formal procedures in place to ensure involvement e.g. access to specialist advocacy services. Arrangements are in place to address this.

### **Red Indicator**

The views of service users, their parents /carers (including secure unit staff) and others are sought and taken into account in designing, planning, delivering and improving health care services. THERE ARE NO formal procedures in place to ensure involvement, AND NO arrangements are in place to address this.

## 16) Availability of high quality information about services and general advice – Green indicator

There is ready access to up to date and accessible information about the mental health and emotional wellbeing services that are available to children and young people and their families who are in contact with the YJS, and there is a range of advice and self help materials available on emotional, psychological and mental health, appropriate for CYP and adapted to the setting (eg secure unit) wherever possible

### Rationale

In order to improve the access children, young people and their families have to mental health and psychological well-being support, each PCT/LA should set out a clear description of the services that are available locally, which will include services to promote mental health and psychological well-being, early intervention support and high quality, timely, responsive and appropriate specialist services which span the full spectrum of children's mental health and psychological well-being needs. This information needs to be available in different formats and languages, and be designed with children and young people in mind

### Suggested supporting evidence

- Children young people and their families, and staff, are able to access clear, accurate and up to date information about the mental health emotional and psychological wellbeing services that are available to them
- This information is available in child/adolescent friendly formats and in different languages
- Practitioners/staff know how to access information about the mental health and emotional wellbeing services that are available for children and young people and their families locally
- All YJS settings and teams have ready access to general advice materials (eg leaflets, websites) on common mental health problems and emotional/psychological wellbeing. These are available via primary care, CAMHS, and YJS and front line staff
- There is access to a range of mental health self help materials that are child/adolescent friendly and available in different formats and languages

### Specific Literature and reference

- Young People's access to advice – the evidence, James Kenrick, Key research evidence on young people's access to advice on social welfare issues, Youth Access, 2009
- Developing PALS in Prison, A toolkit and Good practice Guidance for implementing patient advice and liaison services in a secure setting, DH 2009
- Delivering Every Child Matters in Secure Settings. A practical toolkit for improving the health and well-being of young people. Lewis E and Heer B NCB 2008
- KEEP (Key Elements of Effective Practice): Mental Health YJB 2008
- Children and Young People in Mind, The Final Report of the National CAMHS Review DCSF 2008
- Service Standards, 2<sup>nd</sup> Edition, Quality Improvement Network for Multi Agency CAMHS (QINMAC) Royal College of Psychiatrists 2007

- Quality Standards for young people's information, advice and guidance, DCSF, 2007  
<http://www.cegnet.co.uk/content/default.asp?PageId=2435>
- National Service Framework for Children, Young People and Maternity Services DH 2004
- Self help interventions for mental health problems, CSIP DH Expert Briefing 2003  
[http://www.lincoln.ac.uk/ccawi/esc/esc\\_web/assets/pdfs/mod3-selfHelpInterventions.pdf](http://www.lincoln.ac.uk/ccawi/esc/esc_web/assets/pdfs/mod3-selfHelpInterventions.pdf)
- See also <http://www.youngminds.org.uk/publications>

#### **Amber indicator**

There is clear information available about local services but there is only limited access to general advice and self help materials. There are plans in place to make information more accessible and available

#### **Red indicator**

There is limited information available about local services and very limited access to suitable self help and general advice materials. There is no clear plan to increase the availability of this sort of information and advice

## Area: Governance

### 17) Multiagency partnership forum (corporate governance) – Green indicator

There is in every PCT/LA area a multi-agency, commissioner led partnership forum, focusing on developing a joint commissioning strategy to meet the emotional and psychological wellbeing and mental health of children and young people in contact with the YJS and their families, (including those at risk of being in contact), ensuring joint decision making, effective management of resources, effective information sharing, audit and service development between PCT, YJB, YOT, Children's Secure Unit (where there is one), Children's Services, and other partners eg education, the police, and third sector agencies. The arrangements ensure compliance with the joint aims and objectives of the parties involved

#### Rationale

Good corporate governance is defined as a robust process to ensure clarity of purpose, transparency in decision making and clear lines of accountability. Agreements between health, education and social services, and youth justice, may be needed, which may be organised across more than one Primary Care Trust/Local Authority, for the joint funding, assessment and provision of services (including specialist residential provision when required), of children and young people with complex, severe and persistent behavioural and mental health needs. Contingency arrangements are agreed at senior officer levels between health, social services, YJS and education to meet the needs and manage the risks associated with this particular group of vulnerable children and young people

#### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified.

- There is a PCT/LA/YJB Partnership Board in place which meets as a minimum three times a year, and is co-chaired by the Chief Executive of the PCT\* or Director of Children's Services\*, and in areas that have them, the Governor/Manager\* of the secure unit (\*or appropriate deputies)
- The partnership board has agreed and signed off an Emotional/Psychological/Mental Health and Social Care Delivery Plan for children and young people in contact with the YJS, and their families
- The board regularly monitors the range of NHS and LA services available to children and young people in contact with the YJS and ensures they are appropriate to their needs (see *also indicator 13, Needs Assessment*). Such review is recorded in the minutes of the partnership board
- The board ensures that children and young people in secure units and custody suites have access to statutory agencies investigating complaints, inspecting services, or providing advocacy services (see *also indicator 15, Involvement of Children and their families*). This is recorded in the partnership board minutes

- The board must demonstrate that they have considered and reacted appropriately to all legitimate complaints, concerns or recommendations made by statutory and voluntary agencies concerned with the emotional/psychological wellbeing and mental health and welfare of children and young people in contact with the YJS, via annotations in the action plans (see also indicator 5, *Incidents accidents and complaints*)
- The board is required to publish the agenda & minutes of meetings and/or a report of the proceedings of the board in a publicly accessible format e.g. corporate website of the PCT or SHA/LA
- There is evidence that the board is in communication with Children's Trust planning partnerships

## Literature and Reference

- Promoting the emotional health of children and young people, Guidance for Children's Trust Partnerships, DCSF, 2009
- Children and Young People's Plan Guidance, DCSF 2009
- The developing relationship between youth offending teams and children's trusts Charlotte Fielder, Di Hart and Catherine Shaw, NCB/YJB 2008
- Delivering Health and wellbeing in partnership: The crucial role of the new local performance framework. Department of Communities and Local Government and Department of Health 2008
- National partnership agreement between the Department of Health and the Home Office for the accountability and commissioning of health services for prisoners in public sector prisons in England DH 2007
- The Local Government and Public Involvement in Health Act 2007
- Working together to safeguard children DH 2006
- Joint planning and commissioning framework for children, young people and maternity services DfES/DH 2006
- Statutory Guidance on inter-agency co-operation to improve the wellbeing of children: Children's Trusts, HM Government, 2005

### Amber Indicator

Partnership arrangements are sufficiently robust to ensure joint decision making, effective management of resources, effective information sharing, audit and service development. HOWEVER full engagement of all parties has not been achieved

### Red Indicator

Partnership arrangements are insufficient ie they do not include all key stakeholders and do not adequately support joint decision-making, effective management of resources, effective information sharing, audit and service development

## 18) Care/Clinical governance – Green indicator

In each setting/team where children and young people are in contact with the YJS, there are joint/multiagency arrangements in place that facilitate continuous service improvement of the mental health and emotional wellbeing services that are provided. This includes the utilisation and analysis of key information sources such as: critical incidents, complaints, service user feedback, best practice and clinical audit, audit of Death in Custody YJB and HMIP Action plans. There is evidence of communication of these improvements across the organisation/team/services involved

### Rationale

Clinical/care governance concerns all staff groups, not just health and social care professionals, and acknowledges everyone's contribution to the child or young person's experience of emotional wellbeing and mental health services. Good, integrated governance, for example, combines and creates consensus around the concerns of health and social care staff, front line/security staff, managers, and children/young people and their families. Key to effective governance is the availability of information sources on which to base decisions. It is assumed throughout this indicator that the PCT/LA/Children's Trust will have care/clinical governance arrangements. This indicator measures the availability of reference material to support the care/clinical governance process

The 'Making Experiences Count' consultation and the 'Early Adopter Programme' indicated that learning from feedback from compliments, comments, concerns and complaints should be fed into governance arrangements to support ongoing improvements in service delivery. The 'You're Welcome' Quality Criteria (DH 2007) are also highly relevant to this indicator

### Suggested Supporting Evidence (See also Quality Indicators 5, 15 and 17)

To support this indicator it is suggested that the following evidence be identified

- Evidence that each setting presents a report on at least an annual basis to the partnership board (see *indicator 17*) in relation to complaints, comments, compliments and concerns (4Cs)
- Evidence that the report identifies an action plan containing confirmed implementation and completion dates
- Evidence that the minutes of the clinical/care governance meetings held by individual partners are shared with the PCT/LA/YJB Partnership board and with the core integrated governance group
- Evidence that death in custody reports, where the PCT commissions the service, go to the PCT board
- Evidence that learning outcomes from Serious Untoward Incident reviews are shared with all of the relevant stakeholder organisations
- In Secure Units, evidence that learning outcomes from serious case reviews and reports into child deaths carried out by the Local Safeguarding Children's Board are shared with the PCT/LA/YJB Partnership Board and the healthcare unit
- Evidence that learning that leads to improvement in health care settings is shared and where appropriate adopted across the whole organisation/team

## Literature and Reference

- Principles of Good Complaints Handling. Parliamentary and Health Service Ombudsman 2008
- Making Experiences Count Outcomes Framework Document DH 2008
- Making Experiences Count Toolkit DH 2008 [www.dh.gov.uk/mec](http://www.dh.gov.uk/mec)
- Social Care Governance, A Practice Workbook, Northern Ireland Clinical and Social Care Governance Support Team, DHSSPS/SCIE, 2007
- Integrated Governance Handbook – DH 2006
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children HM Government 2006
- Prisoners' access to PALS (Patient Advice and Liaison Services) and ICAS (Independent Complaints Advocacy Service) DH 2005
- Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under section 11 of the Children Act 2004, HM Government 2005
- PSI 14/2005 Handling complaints about prison healthcare
- PSO 3100 Clinical Governance
- PSO 7035 Research Ethics Panel
- PSO 1301 – Death in custody
- PSO 2710 – Death in custody
- PSI 36/1998 – Investigating a death in custody
- S 113 Health and Social Care, Community Standards Act 2003
- PSI 14 2005
- PSO 4950

### Amber Indicator

There are joint (with the PCT/LA) clinical/care governance arrangements in place, which facilitate continuous service improvement by analysis of, key information sources such as: critical incidents, complaints, best practice and clinical audit, audit of Death in Custody and HMIP Action plans. HOWEVER ALL KEY INFORMATION SOURCES ARE NOT READILY AVAILABLE. There is evidence of communication of these improvements across the organisation/team

### Red Indicator

There are joint (with the PCT/LA) clinical/care governance arrangements in place, which facilitate continuous service improvement by analysis of, key information sources such as: critical incidents, complaints, best practice and clinical audit, audit of Death in Custody and HMIP Action plans. HOWEVER ALL KEY INFORMATION SOURCES DO NOT EXIST. There is evidence of communication of these improvements across the organisation

## 19) Information governance – Green indicator

All services that meet with children and young people in contact with the YJS have a systematic and planned approach to the management of records of mental health and emotional/psychological wellbeing assessments and interventions. This ensures that, from the moment a record is created until its ultimate disposal, the team/organisation maintains information so that it serves the purpose it was collected for, and disposes of the information appropriately when no longer required, and that staff receive regular training in the appropriate management of patient information. To facilitate this, there is a common IT system in place between the different agencies involved in the health and social care of children and young people in contact with the youth justice system

### Rationale

The effective management of records and information is a fundamental component of safe, secure and effective health and social care delivery. In recent years, the majority of negative service audit reports and critical incident feedback relates to poor information governance. Human rights, data protection and mental capacity legislation set the foundations of how information governance is to be managed. For children and young people, information sharing is vital to safeguarding and promoting their welfare.

Access to a common IT system for health and social care supports all of the above and is a feature of the YH Regional Commissioning Strategy for improving the mental health and emotional wellbeing of those in contact with the YJS

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified:

- All staff in Custody Suites, YOTs, Secure Units and CYP mental health and emotional wellbeing services have access to guidance on information sharing relevant to children and young people
- Each setting/team has an information sharing policy (amended for local use) and clear protocols to support this
- Staff training records to indicate they have undertaken training in the management of confidential information
- There is a health/social care records policy
- This policy includes clear guidance about sharing personal and sensitive information with others that need to know it
- There is an identified individual who is assigned responsibility for records' management
- Evidence of audit of healthcare information management (especially mental health) in the team/service/secure unit to demonstrate compliance with the relevant legislation

### Literature and Reference (See also Indicator 4, Consent)

- Information sharing and mental health, DH, 2009
- Every Child Matters resources:

- Information Sharing: Case Examples, 2009
- Information Sharing: Guidance for practitioners and managers, 2008
- Information Sharing: Training materials available for local agency and multiagency training, and for use by training providers, 2008
- Information Sharing: Further guidance on legal issues, sharing information, 2008
- When to Share information: Best practice guidance for everyone working in the youth justice system, Department of Health, 2008
- Sharing personal and sensitive personal information on children and young people at risk of offending, A practical guide, YJB and ACPO, 2005
- Mental Capacity Act 2005
- Confidentiality: NHS Code of Practice, DH 2003
- DH Information Governance Toolkit <https://www.igt.connectingforhealth.nhs.uk/>
- DH Knowledge Base <https://www.igt.connectingforhealth.nhs.uk/KnowledgeBaseList.aspx?tk=2550471799&Inv=5&cb=16%3a16%3a16>
- PSI 38/2002 – Guidelines to consent to medical treatment
- The protection and use of confidential health information in prisons and inter-agency information sharing – PSI 25/2002
- Freedom of Information Act 2000
- PSO 9010-IT security,
- PSOs 9020 & 9020a, Data Protection and Freedom of Information Act
- PSO 2520 Prison and Probation Ombudsman, 2001
- Safe and Secure <http://www.mentalhealthstrategies.co.uk/pdf/other-publications/safe%20and%20secure%20Poster.pdf>
- Data Protection Act 1998
- Access to health Records act. 1990

### Amber Indicator

The setting has a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required, AND policies relating to effective information sharing, THERE ARE NO systems are in place to ensure that appropriate consent is obtained from children and young people in relation to the use of their confidential information, AND staff DO NOT receive regular training in the appropriate management of patient information. The unit or service only has commonality of IT systems with some aspects of the High Level Care pathway

### Red Indicator

The setting has a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required, THERE ARE NO policies relating to effective information sharing, AND NO systems are in place to ensure that appropriate consent is obtained from children and young people in relation to the use of their confidential information, AND staff DO NOT receive regular training in the appropriate management of patient information, AND the unit or team does not have commonality of IT systems with other aspects of the High Level Care Pathway

## 20) Staff development – Green indicator

There is evidence that each staff member who relates directly to children and young people in contact with the YJS (and their families/carers) has an up to date personal development plan that includes specific reference to the individual's training needs in terms of the mental health and emotional/psychological wellbeing of children and young people in contact with the YJS, and that this is reviewed every six months. This will be in significantly greater detail for staff with a specific role in improving the mental health and emotional wellbeing of those in contact with the YJS

### Rationale

In order to continue to deliver high quality care, staff should be equipped with the appropriate skill set and knowledge for the roles they fulfil. The organisation/team will obtain optimum benefit from the staff resource if there is a tailoring of the knowledge and skills to the service purpose. All staff working directly with children and young people, especially those in contact with the YJS, should have sufficient knowledge, training and support to promote the emotional and psychological well-being of children, young people and their families and to identify early indicators of mental health need/difficulty.

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified for all staff who have direct contact with children and young people who are in contact with the YJS

- A staff appraisal/personal review policy
- A staff induction programme that includes orientation towards working with young people, safeguarding, and awareness of the emotional, psychological and mental health needs of children and young people in contact with the YJS
- A up to date personal development plan for each member of staff
- A dated review (six months prior to the reference date)
- Reference to the individual's training needs
- Evidence that all staff have access to training in adolescent development, mental health first aid, mental health and emotional/psychological needs of children and young people in the YJS
- Evidence that staff who have a particular role in promoting and improving young people's mental health and emotional wellbeing have access to relevant training, consultation and (clinical) supervision
- Identification of links between staff training needs and organisational development plans

NB Where staff are not directly employed by the organisation conducting the audit, prior arrangements should be made with their employing authority and audit responsibility delegated to them

### Literature and Reference

- Mental health competencies for staff working in Young Offender Institutions, Webb et al, Young Minds, 2008

- 2020 Children’s Workforce Strategy, DCSF, 2008
- Building Brighter Futures, Next Steps for the Children’s Workforce, DCSF, 2008
- You’re Welcome Quality Criteria, Making Health Services Young People Friendly, DH 2007
- NHS Knowledge and Skills Framework, Skills for Health DH 2007
- Championing Children, a shared set of skills, knowledge and behaviours for those managing integrated children’s services ECM, DfES 2006
- Common Core of Skills and Knowledge for the Children’s Workforce, ECM HM Gov. 2005
- The HR in the NHS Plan: A Prison Health Workforce Perspective and Briefing DH 2005
- Children’s National Workforce Competence Framework, Skills for Health & TOPSS 2004
- Essential Capabilities for Mental health Workers, Sainsbury Centre for Mental Health & NIMHE, 2003
- National Standards - Standard 10, YJB 2004
- The Capable Practitioner: A framework and list of the practitioner capabilities required to implement the National Service Framework for Mental Health. Sainsbury Centre for Mental Health: 2001
- Personal Learning Plans – The Doctors Working in Prisons Guide, DH 2003
- Clinical appraisal for doctors employed in prisons – PSI 29/2003
- Clinical Supervision in Prison Nursing – Getting Started, DH 2002
- Children’s Homes National Minimum Standards

### **Amber Indicator**

Each member of staff has an up to date personal development plan which is reviewed no less than every six months, but this personal development plan DOES NOT contain specific reference to the training needs of the individual or to training received in relation to the emotional, psychological and mental health of children and young people

### **Red Indicator**

Each member of staff DOES NOT have an up to date personal development plan

## 21) Work Force Development – Green indicator

A Joint Workforce Development Plan to support the mental health and emotional wellbeing of those in contact with the YJS is in place. This plan is based upon up to date demand assessment, review of recruitment and retention, current workforce reviews, and includes optimising opportunities for joint training across organisational boundaries, AND is in keeping with the YH Regional High Level Workforce Strategy for improving the emotional, psychological wellbeing and mental health of children and young people in contact with the YJS

### Rationale

As the staff groups delivering health and social care to children and young people in contact with the YJS come from a variety of organisations and professional backgrounds, a joint approach to planning and training of this resource is recommended. Recruitment and retention have often been problematic within health in secure settings Modernising the way staff work and the roles they undertake will help to achieve optimum workforce capability.

All staff who work with children and young people, in any service, need to be confident about the contribution they can make to children's emotional well-being and social development and use their own professional skills in supporting children when there is concern about their well-being. They understand their responsibilities for supporting children in difficulty.

The Children's Workforce Strategy (DCSF 2008) recommends six common core competencies for every person who works with children at even the most basic level:

- *effective communication and engagement*
- *child and young person development*
- *safeguarding and promoting the welfare of the child*
- *supporting transitions*
- *multi-agency working*
- *sharing information*

### Suggested Supporting Evidence

- A current, written joint workforce development plan is available, and has been signed off by the partnership board (see Indicator 17, Multiagency Partnership Forum)
- The workforce plan forms a distinct part of a wider multi agency strategic document that is in keeping with the YH Regional Workforce Development Strategy for improving the mental health of children in the YJS
- Specific mention within the plan should be made of how the partners aim to ensure that all staff that have direct contact with children in the YJS have the six common core competencies as a minimum
- Specific mention of the development of the specialist emotional wellbeing and mental health workforce
- Evidence that joint/multi-agency training opportunities are scheduled and maximised, across LA/YJS/NHS and other staff groups

- There is within the plan a section that relates to delivering the training strategy to police officers and across the prison health workforce in juvenile estate

## Literature and Reference

- Workforce Planning, Introduction and six step approach, Improvement and Development Agency 2009, on line at <http://www.idea.gov.uk/idk/core/page.do?pageld=13953870>
- 2020 Children’s Workforce Strategy, DSCF 2008
- YJB Workforce Development Strategy, A Strategic Framework for 2008 – 2011, YJB, 2008
- NHS Next Stage Review, Our vision for primary and community care: What it means for nurses, midwives, health visitors and AHPs. DH 2008
- Building Brighter Futures, Next Steps for the Children’s Workforce, DCSF, 2008
- Common core skills for the children’s workforce, Every Child Matters, 2005
- Common Core of Skills and Knowledge for the Children’s Workforce, ECM HM Gov. 2005
- Planning now for your future workforce needs, National Workforce Projects, 2005
- Children’s National Workforce Competence Framework, Skills for Health & TOPSS 2004
- Essential Capabilities for Mental health Workers Sainsbury Centre for Mental Health & NIMHE 2003
- The Capable Practitioner: A framework and list of the practitioner capabilities required to implement the National Service Framework for Mental Health. Sainsbury Centre for Mental Health: 2001
- Mental Health services - Workforce Design (NHS pub.),
- Healthcare staff skills toolkit (prison health pub.)
- Modernising workforce planning, Online resources, DH  
<http://www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/Modernisingworkforceplanninghome/index.htm>

### Amber Indicator

A Joint/Multiagency Workforce Plan Development Plan is in place, which is coherent with the Regional Workforce Strategy for Improving the emotional wellbeing and mental health of those in contact with the YJS. This plan is based upon up to date demand assessment, review of recruitment and retention, current workforce reviews but DOES NOT include optimising opportunities for joint training across organisational boundaries or achieving the common core competencies

### Red Indicator

A Joint Workforce Development Plan is NOT in place

### 22) Health Promotion Groups – Green indicator

In each PCT/LA area children and young people who are in contact with the YJS (both in community settings and secure units) have access to health promotion action groups including: (a) Mental Health Promotion and Emotional Well being, (b) Smoking Cessation / Reduction, (c) Healthy eating and nutrition, (d) Healthy lifestyles including sex and relationships education, (e) Education and advice regarding drug and other substance misuse

#### Rationale

The YJB in partnership with the LA and the NHS has a responsibility to ensure that children and young people in contact with the YJS have access to health and social care that is broadly equivalent to those the general public receives from the NHS. This means that access to health education, prevention and other health promotion interventions should be available for this population both in the community and in secure settings. This indicator highlights 5 key areas of focus for the health promotion action groups and requests evidence that activity takes place and benefits are derived from that activity.

#### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified.

- That children and young people have access to Health Promotion groups in the five areas identified: (a) Mental Health Promotion and Emotional Well being, (b) Smoking Cessation / Reduction, (c) Healthy eating and nutrition, (d) Healthy lifestyles including relationships, (e) Education and advice regarding drug and other substance misuse
- A local Health Promotion strategy exists which has direct reference to the needs of children and young people in contact with the YJS in terms of the all 5 of the specified areas
- Benefits are measured through the collection of formal participant feedback, completion of smoking cessation programme, increase in demand for healthy food options, reduction in referrals for stress and anxiety support from mental health teams, increase in take up of CARAT and drug treatment programmes, reduction in referrals for sleep disorders and general feedback from staff

#### Literature and Reference

- Delivering Every Child Matters in Secure Settings. A practical toolkit for improving the health and well-being of young people. Lewis E and Heer B, 2008 NCB
- Are you getting it right? A toolkit for consulting young people on sex and relationships education, NCB 2008
- Personal, Social, Health and Economic Education Association, <http://www.pshe-association.org.uk/>
- The Health Needs of Young Offenders, Wendy MacDonald, The National Primary Care Research and Development Centre, University of Manchester 2006

- Female health needs in Young Offender Institutions YJB 2006
- Competencies for providing more specialised sexually transmitted infection services within primary care - Assessment Toolkit, DH 2006
- Stop Smoking support in HM Prisons: the impact of nicotine replacement therapy - executive summary and best practice checklist , Macaskill and Hayton, DH 2006
- Choosing Health: Making healthy choices easier DH 2004
- Acquitted: Best practice guidance for developing smoking cessation services in prisons DH 2003
- Health Promoting Prisons: A Shared Approach, DH 2002
- Effective Sexual Health Promotion Toolkit, DH 2002
- Better prevention, better services, better sexual health - The national strategy for sexual health and HIV: DH 2001
- Guidance for field social workers, residential social workers and foster carers on providing information and referring young people to contraceptive and sexual health services, Teenage Pregnancy Unit, DH 2001
- PSO 3200- Health Promotion,
- PSO 3801 Health & Safety Policy Statement,
- Mental Health Promotion in Prisons, WHO 1998
- Let's talk about sex and relationships: a policy and practice framework for working with children and young people in public care, National Children's Bureau 1998
- PSI 24/2002, Health Promoting Prisons

### Amber Indicator

Children and young people in contact with the YJS who have mental health and emotional difficulties have access to health promotion groups. Within the local delivery plan there is a health promotion strategy which specifically addresses and there is evidence of activity within and benefit from at least THREE of the following areas: (a) Mental Health Promotion and Well being, (b) Smoking Cessation / Reduction, (c) Healthy eating and nutrition, (d) Healthy lifestyles including sex and relationships education, (e) Drug and other substance misuse

### Red Indicator

Children and young people in contact with the YJS who have emotional and mental health difficulties have access to Health promotion groups. Within the local delivery plan there is a health promotion strategy which specifically addresses and there is evidence of activity within and benefit from, LESS THAN THREE of the following areas: (a) Mental Health Promotion and Well being, (b) Smoking Cessation / Reduction, (c) Healthy eating and nutrition, (d) Healthy lifestyles including sex and relationships education, (e) drug and other substance misuse

## 23) Access to physical exercise – Green Indicator

All children and young people in contact with the YJS are offered the opportunity to engage in a range of physical exercise programmes

### Rationale

NICE endorses the importance of physical activity as a means of promoting good health and preventing disease, and the consequent need to develop comprehensive, multi-sectoral strategies (including innovative approaches) to promote physical activity as part of daily life. Studies have shown the links between taking regular exercise and improvement to the individual's mood, self esteem and confidence (Mental Health Foundation 2005). NICE also acknowledges that physical activity has a range of benefits beyond direct health outcomes, such as contributing to community cohesion and addressing the needs of vulnerable groups and communities.

It is often difficult within children's secure units to freely engage in a range of suitable physical activities which promote health and well being. Working alongside colleagues, health care staff would be able to promote recovery and health related activities appropriate to the individual's needs and environment.

### Suggested Supporting Evidence

To support this indicator it is suggested that the following evidence be identified.

- On the reference date a sample of child or young person's records should be reviewed
- Reference to their requirements and access to exercise should be evident
- Community based youth justice services have good links with suitable local leisure and sports facilities and there is evidence that CYP are encouraged and supported to participate
- Secure units have facilities for physical exercise and there is evidence that these are used by children and young people
- There should be evidence of jointly arranged and managed programmes within the secure unit aimed at enhancing the child or young person's well being and recovery through exercise

### Literature and Reference

- Promoting physical activity for children and young people, Public Health Guidance 17, NICE, 2009
- Up and Running, Exercise and Depression, Mental Health Foundation 2005
- Choosing Health DH 2004
- PSO 4250-physical education,
- PSO 4275-Time in the open air

### **Amber Indicator**

All children and young people are offered the opportunity to engage in a range of physical exercise programmes appropriate to their health needs. These programmes have been developed with reference to wider health needs but NOT in consultation with the health care unit, however they do contain a range of interventions which are tailored to support the cardio vascular, respiratory, physical rehabilitation, weight reduction and emotional/mental health well being needs of children and young people

### **Red Indicator**

All children and young people are offered the opportunity to engage in a range of physical exercise programmes. These programmes have NOT been developed with reference to their wider health needs and consist mainly of generic gym sessions

## Literature and references that apply to several/all indicators

### Yorkshire and Humber Regional Commissioning Model

- Document 1: High Level Regional Service Specification
- Document 2: High Level Regional Care Pathway
- Document 3: High Level Regional Workforce Development Strategy

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

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

- **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

#### 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 111** First time entrants to the Youth Justice System aged 10 – 17 (PSA 14)
- **NI 114** Rate of permanent exclusions from school
- **NI 115** Substance misuse by young people (PSA 14)

## **Policy and guidance for the health and mental health of those in contact with the youth justice system (or in care):**

- Healthy Children, Safer Communities, DH, 2009
- Improving the emotional and behavioural health of looked after children and young people, C4EO, 2009
- Statutory Guidance for promoting the health and well being of looked after children, DCSF/DH, 2009
- Lord Bradley Report on Mental Health in the Criminal Justice System, DH, 2009
- National Standards for Youth Justice Services, YJB, 2009
- National Minimum Standards for Children's Homes, 2009
- Expectations - Criteria for assessing the treatment and conditions for children and young people held in prison custody, Sec 4 Health Services, HMIP 2009
- Delivering Every Child Matters in Secure Settings. A practical toolkit for improving the health and well-being of young people. Lewis E and Heer B, 2008 NCB.
- Actions speak louder, a second review of healthcare in the community for young people who offend, HCC and HMI, 2008
- When to Share information: Best practice guidance for everyone working in the youth justice system DH 2008
- Mental Health, Key Elements of Effective Practice YJB 2008
- Promoting Mental Health for Children Held in Secure Settings: A Framework for Commissioning Services DH 2007
- Youth Resettlement: A Framework for Action, YJB, 2007
- The Mental Health Needs of Young People Who Offend, The Derwent Initiative, 2007
- Tell them not to forget about us, a guide to practice with looked after children in custody, National Children's Bureau, Every Child Matters, 2006
- Female Health Needs in Young Offender Institutions, YJB, 2006
- Mental Health needs and effectiveness of provision for young offenders in custody and in the community, Harrington and Bailey, YJB 2005
- The application of the Children Act (1989) to children in Young Offender Institutions, YJB 2003
- The Mental Health needs of young offenders, Mental Health Foundation Update, 2002
- PSO 4950 – Regimes for Juveniles, HM Prison Service 2004
- PSO 2750 – Violence Reduction
- PSO 2700 – Suicide and Self Harm Reduction
- PSO 4950 – Care and Management of Young

## **General policy and guidance for children's health and mental health**

- Promoting the emotional health of children and young people, Guidance for Children's Trust Partnerships, Including how to deliver NI 50, DCSF 2010
- Essential Standards of Quality and Safety, Care Quality Commission, 2009
- Summary of regulations, outcomes and judgement framework, Care Quality Commission, 2009
- New Horizons A Shared Vision, HM Government, 2009
- Achieving better outcomes, Commissioning Support Programme, 2009
- 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

- In it together, achieving quality outcomes for young people with complex needs, Local Government Association, 2009
- The Commissioning Friend for Mental Health Services, A guide for health and social care commissioners, National MH Development Unit, 2009
- Improving the psychological wellbeing and mental health of children and young people: Commissioning early intervention support services, Guidance for commissioners, DH/DCSF, 2009
- Healthy Lives, Brighter Futures, The Strategy for Children and Young People's Health, DH, DCSF, 2009
- Transforming Community Services, Quality Framework, DH 2009
- The legal aspects of the care and treatment of young people with a mental disorder, DH/National Institute for Mental Health in England, 2009
- Children and Young People in Mind, The Final Report of the National CAMHS Review DCSF, 2008
- Better Communication, Action Plan to improve services to young people with speech language and communication needs, DCSF, 2008
- Care Matters, Time to deliver for children in care, DCSF, 2008
- Service Standards, 2<sup>nd</sup> Edition, Quality Improvement Network for Multi Agency CAMHS (QINMAC) Royal College of Psychiatrists, 2008
- High Quality Care for all – NHS Next Stage Review Final Report, 2008
- Youth Crime Action Plan, HM Government, 2008
- Commissioning Framework for Health and Wellbeing, DH, 2007
- Guidance for Schools on Developing Emotional Health and Wellbeing, DCSF, 2007
- The Mental Health Act 2007
- Who Pays? Establishing the Responsible Commissioner, Department of Health 2007
- The Children and Young People's Plan – Building Brighter and Better Futures DCSF 2007
- This is what we want (CAMHS) The Foundation for People with Learning Disabilities, 2006
- Joint planning and commissioning framework for children, young people and maternity services DCSF/DH 2006
- Truth Hurts, Report of the National Inquiry into Self Harm among Young People, Mental Health Foundation, 2006
- National Service Framework for Children, Young People and Maternity Services – standards 1-5 and 9 DH 2004
- Children Act 2004, sections 11, 13 and 14
- Not Working and Not Together, Yorkshire and Humber CAMHS 2003
- Promoting the health of looked after children, DH, 2002
- Standards for Better Health DH 2002
- The NHS Plan DH 2000
- United Nations Convention on the Rights of the Child (in particular Article 19)
- Human Rights Act 1998

### **General policy and statutory guidance regarding safeguarding**

- The Vetting and Barring Scheme, Guidance, HM Government, October 2009
- The protection of children in England Action Plan, Government response to Lord Laming, DCSF, 2009
- Safeguarding Disabled Children, Practice Guidance, DCSF, 2009
- Safeguarding Children and Young People from Sexual Exploitation, DCSF, 2009

- Improving safety reducing harm, Children young people and domestic violence, A practical toolkit for front line practitioners, DH, 2009
- Handling cases of forced marriage, Multi Agency Practice Guidelines, HM Government, 2009
- Safeguarding Children, A review of arrangements in the NHS, Care Quality Commission, 2009
- Safeguarding Children: the third joint chief inspectors report on arrangements to safeguard children, 2008 [www.safeguardingchildren.org.uk](http://www.safeguardingchildren.org.uk)
- Child Protection Factsheet, Introduction to Legislation, NSPCC, 2007
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, HM Government 2006
- The Safeguarding Vulnerable Groups Act 2006
- What to do if you are worried a child is being abused, DfES, 2006
- Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under section 11 of the Children Act 2004 HM Government, 2005
- Female Genital Mutilation Act, 2003
- Complex Child Abuse Investigations: Interagency issues, Home Office 2002
- Safeguarding Children Involved in Prostitution Department of Health, Home Office, Department for Education and Skills, Welsh Assembly Government, 2002
- Safeguarding Children in whom Illness is Fabricated or Induced, Home Office, Department of Health, 2002
- Female Circumcision Act 1985

Setting/team:		Date:	Signature:			Notes
	Indicator					
1	Safeguarding and protection					
2	Equality and human rights					
3	Staff who work with children and young people					
4	Consent					
5	Incidents and accidents					
6	Assessment and referral					
7	Comprehensive range of emotional/psychological wellbeing and mental health services					
8	Primary care mental health services					
9	Access to services by children and young people in secure units					
10	Lead professional and continuity of care management					
11	Transitions and transfers					
12	Follow on and discharge planning					
13	Needs assessment, emotional/psychological, mental health and social care					
14	Setting in which the child or young person and their family/carer is seen					
15	Access to advocacy and involvement of children/young people and their families/carers					
16	Availability of high quality information about local services and advice					
17	Multi-agency partnership forum (corporate governance)					
18	Care/clinical governance					
19	Information governance					
20	Staff development					
21	Workforce development					
22	Health promotion groups					
23	Access to physical exercise					

Suggested recording template for self assessment