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| **Service Specification No.** | E04 |
| **Service** | Community CAMHS |
| **Commissioner Lead** | Joanne Marsh, Senior Locality Commissioning Manager, CCG |
| **Provider Lead** | Fiona Platt, Jane Munton-Davies, Josey Povey & Rachael Birks |
| **Period** | 01/04/2022 - 31/03/2023 |
| **Date of Review** | **See 22/23 SDIP** |

## 1. Population Needs

### 1.1 Purpose, introduction and context

The purpose of this document is to specify the provision of Children and Young People's Mental Health Services (CAMHS) in the community. This document will specify the provision of a range of care pathways for children and young people experiencing moderate to severe mental health issues. For Stoke on Trent, this will include an offer for those children and young people from particular vulnerable groups, (including looked after children and young people and young offenders). For both North Staffs and Stoke, priority will also be given to those who have experienced (or who are at risk of) sexual exploitation).

Services for children, young people should place them and their families/carers at the heart of everything they do.

### 1.2 National/local context and evidence base

There has been universal acknowledgment in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing. For those children and young people with diagnosable mental health problems and their families/carers and the agencies that support them, the challenges are greater. A number of disorders are persistent and will continue into adult life unless properly treated. It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18.

Young people who are not in education, employment or training report particularly low levels of happiness and self-esteem. The Macquarie Youth Index 2014 reported that 40% of jobless young people have faced symptoms of mental health difficulties as a result of being out of work, and one-third of long-term unemployed young people have contemplated suicide. The Healthy

Children, Safer Communities Strategy[1] states that over a third of children and young people in the secure estate for children and young people have a diagnosed mental health disorder.

The mental health of children and young people in the Great Britain survey, last conducted in 2004[2], estimated that:

- 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder
- 7.7% or nearly 340,000 children aged 5-10 years have a mental disorder
- 11.5% or about 510,000 young people aged between 11-16 years have a mental disorder
- YoungMinds Impact report (2014)_ identified five key issues that impact on young people's mental health – lack of access to help, sexual pressure, bullying, school stress and unemployment *(http://www.youngminds.org.uk/assets/0001/8154/Impact_Report_2014.pdf )*

Effective evidence based treatments have been identified to improve the life chances of children and young people, and to minimise the impact on the long-term health of the population and economic cost to the public purse.[3]

As children and young people's emotional wellbeing and mental health affect all aspects of their lives, no one service alone will be able to meet their needs. There is a duty of cooperation placed on commissioners and services to work together to the benefit of children and young people.

The Provider shall follow guidance which may impact on CAMHS, for example, *Looked After Children (https://www.nice.org.uk/Guidance/PH28 )* NICE and other Guidance.

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1 http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/PublicationsPolicy/AndGuidance/DH_109771

2 Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005). Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave Macmillan http://content.digital.nhs.uk/pubs/mentalhealth04

3 Department of Health, HM Government, 'No Health without Mental Health. A cross governmental strategy for people of all ages', Crown Copyright (2011)
Green et al, Mental Health of children and young people in Great Britain, Office of National Statistics (2004)
Kim-Cohen, J. et al, 'MAOA, maltreatment, and gene–environment interaction predicting children's mental health: new evidence and a meta-analysis', Molecular Psychiatry (2006) v.11, 903–913
The Prince's Trust Macquarie, Youth Index 2014, Prince's Trust (2013)

The Provider shall link with children's partnership arrangements, the duty of cooperation and joint commissioning arrangements for wider children's services.

**Children and Young People's Improving Access to Psychological Therapies**

CYP IAPT involves transforming mental health services for children and young people and their families/carers. The programme is centred on the principles of offering effective and efficient evidence-based, outcome focussed treatments within a collaborative therapeutic relationship, and with full participation of children, young people and their families and carers in service delivery and design.

These aims are met through a focus on:

- Meaningful participation with children, young people and families/carers embedded within all services and within local, regional and national service planning and development
- A range of high quality treatments delivered by staff trained to expert level in evidence based therapeutic modalities
- Greater accessibility to evidence based interventions for children and young people
- A culture of clinically relevant session by session outcome monitoring embedded within routine practice and used to select, guide and evaluate treatment interventions and support collaborative shared decision-making.

Providers should be aware that carers have an entitlement to information and support in their own right. These are covered in the Care Act (2014) and Children and Families Act (2014). Carers can be caring for a child or young person eligible for CAMHS support or they can themselves be in need of or eligible to use CAMHS services (young adult carers – up to age 25).

**What children, young people and families/carers tell us they want from CAMHS and other stakeholders:**

**Nationally**

Consultation with parents and carers about experiences of the children's and young people's Improving Access to Psychological Therapies (IAPT) programme[4], showed these prominent themes:

[4] The involvement of parents and carers in Children and Young People's Mental Health Services, GIFT (2014)

- Access - long delays in getting to CAMHS, often due to a lack of recognition by health professionals including GPs of the seriousness of the child's problems; coupled with long waits for the service
- Family/carer journeys – parents/carers felt frustrated by the need to fight for access for their child and by the lack of consistency in practitioners
- Involvement and support –parent/carers need to be involved and valued in caring for their child but their own needs for support must to recognised too
- Language and information sharing – parents/carers felt frustrated by practitioners inability to use plain words and tendency to patronise. Some parents/carers also felt that judgemental and blaming language was used
- Cultural sensitivity – some practitioners failed to understand the cultural context in which a child was living and to recognise when parents/carers need support to adapt their parenting skills

**Locally**

The Emotional Wellbeing and Mental Health of children and young people from birth to 18 years Stoke-on-Trent Commissioning Strategy 2015-18 identified that:

Children, young people and adults supporting them want:

- A Single Point of Access (SPA) or hub which is easily accessible to anyone for information, real time professional advice, reassurance and guidance from a mental health practitioner, support in deciding whether a referral to a mental health service is needed and support when there is a crisis.
- More training so that those in contact with children and young people know what to look for and how to provide or find support when there are emerging mental health issues.
- Clearer signposting to available support whilst waiting for appointments.
- Information on the options available and guidance to navigate the range of service provision and pathways available.
- Evidence based interventions that are appropriate, with follow up support as needed. Right service first time.
- Face to face support to be delivered in young people friendly settings and not from clinics or office settings.
- Greater use of technology and access to support on line outside of the school/working day.
- More support from schools, via PHSE and direct interventions on the school premises, in the school day, such as counselling, peer mentors and quiet spaces.
- Short waiting times when access to services is needed.

- Clearer step up/step down as emotional and mental health needs change and fluctuate.
- More early support from non-mental health practitioners and their peers and/or older mentors.
- Increased public awareness of mental health issue generally.
- Not to be stigmatized when seeking and accessing help.

The Emotional Wellbeing and Mental Health of children and young people from birth to 18 years Staffordshire Integrated Commissioning Strategy 2014-18 identified that:

- Engagement has highlighted that it is important to Children, Young People and their Families to be listened to when Emotional Wellbeing and Mental Health difficulties are identified.
- Children and Young people were particularly keen for Emotional Distress not to be dismissed as "naughty" or "typical teenage" behaviour.

It was also highlighted that professionals should be equipped to recognise and respond to Children and Young People in emotional distress. Having quick access and choice about the services offered was also important

**Financial cost of children and young people's mental health problems**

The costs incurred to the public purse of not treating children and young people early in their lives are considerable and result in an increased cost to the public purse and to wider society.

For example:

- A study[5] estimated additional lifetime costs of around £260,000 per case – or around £5.3bn for a single cohort of children in the UK. These costs include those relating to crime (71%), mental health disorders in adulthood (13%) and differences in lifetime earnings (7%).
- There are clinically proven and cost-effective interventions. Taking conduct disorder as an example, potential life-long savings from each case prevented through early intervention have been estimated at £150,000 for severe conduct problems and £75,000 for moderate conduct problems.[6]
- The costs of providing safe and effective interventions associated with supporting children and young people in the community with crisis support or outreach can be considerably less than those associated with inpatient care.

[5] Friedli L, Parsonage M (2007). Mental Health Promotion: Building an Economic Case. Northern Ireland Association for Mental Health.
[6] Friedli, L. & Parsonage, M. 'Mental Health Promotion: Building an Economic Case Northern Ireland Association for Mental Health, NIAMH (2007)

- In 2012/13, it was estimated the total NHS expenditure on dedicated children's mental health services was £0.70bn.

The impact of mental health disorders extends beyond the use of public services and incorporates the impact of antisocial behaviour and crime on communities etc. Taking this wider societal viewpoint, it has been estimated that the overall lifetime costs associated with a moderate behavioural problem amount to £85,000 per child and with a severe behavioural problem £260,000 per child[7].

Caring for a child or young person with mental health issues has a negative impact on the physical and mental health of the carer. Carers save the public purse a significant amount of money. Whilst there is no information on carers of children and young people, Carers UK have shown that carers save the UK economy £132 billion per year and the damaging effect caring has on health:

http://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures

The national vision[8] is for everyone who works with children, young people and their families/carers to be:

- ambitious for every child and young person to achieve goals that are meaningful and achievable for them
- excellent in their practice and able to deliver the best evidenced care with integrity and openness
- committed to partnership and integrated working with children, young people, families and their fellow professionals
- are respected and valued as professionals
- promote equality, diversity and inclusion and reduce inequalities
- practicing with cultural sensitivity and awareness

**1.3 Sources of Information and Support**

The Staffordshire and Stoke on Trent CAMHS Transformation Plan can be found at:

[7] Parsonage M, Khan L, Saunders A (2014). Building a better future: the lifetime costs of childhood behavioural problems and the benefits of early intervention. London: Centre for Mental Health

[8] Future in Mind, Department of Health (2015)

http://www.northstaffsccg.nhs.uk/search/Text%20Content/staffordshire-and-stoke-on-trent-local-transformation-plan-for-child-and-adolescent-mental-health-services-published--3361

**Summary of local CAMHS Needs Assessment 2014 – Stoke on Trent**

It is important to review the existing sources of needs assessment and analyse data in order for us to look at how this may inform future priorities, outcomes and commissioning intentions. There is a comprehensive CAMHS Needs Assessment that accompanies this strategy and upon which the strategy is based.

As well as national prevalence data, it includes activity data for 2012/13 for all CAMH services (delivered by local health and Third Sector providers) including services not commissioned though joint commissioning arrangements. This means we have comprehensive overview of current service use as well as anticipated need. The following is a summary of key points. Please refer to the Needs Assessment for full information, evidence, assessment and rationale for conclusions.

The Needs Assessment identifies that approximately 10,994 young people aged 5-16 would have a mental health issue, when applying prevalence rates across the 4-Tier model of CAMHS. A further 1770 16-19 year olds would have a recognisable neurotic disorder giving a total of approximately 12,764 when allowing for some double counting of 16 year olds an inclusion of 19 year olds.

The CAMHS Needs Assessment can be found at:

http://webapps.stoke.gov.uk/JSNA/Default.aspx

**Summary of local CAMHS Needs Assessment – North Staffordshire**

Staffordshire has identified CAMHS "Hotspots" based on 2012 data which takes into account multiple factors to identify areas of greatest need. 5 LSOAs in Newcastle are identified in the top 10%. These are Chesterton (2), Holditch, Knutton and Silverdale and Silverdale and Parksite. In Staffordshire Moorlands there 3 areas in the top 10%: Biddulph East (2) and Cheadle NE.

Data relating to Local Authority Districts highlights that the level of need for Emotional Wellbeing and Mental Health interventions may vary at District and Ward level. This data is based on a formula using factors that are known to increase the incidence of mental health difficulties amongst children and young people, such as poverty, special educational needs, school attendance, youth offending and children involved with social services.

The JSNA Needs Assessment can be found at https://www.staffordshirepartnership.org.uk/Health-and-Wellbeing-Board/Staffordshire-E-JSNA-2013-FINAL.pdf

## 2 Outcomes

2.1 **NHS Outcomes Framework Domains & Indicators**

It is expected that commissioners will work with managers and clinicians to develop an outcomes framework model of delivery, in line with IAPT principles and to include routine outcomes monitoring and reporting to the National mental health services Data Set.

The provision of good CAMHS will support improved outcomes across all five domains.

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| **Domain 1** | **Preventing people from dying prematurely** | **ü** |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **ü** |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **ü** |
| **Domain 4** | **Ensuring people have a positive experience of care** | **ü** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **ü** |

**For domain 1:** Suicide prevention, response to CYP presenting in crisis, A&E liaison

**For domain 2:** Recovery models, support networks, parent/carer support and interventions

**For domain 3:** Preventions and access to early help and treatment/interventions at the earliest stage

**For domain 4:** Embed CYP IAPT principles of improving access (including self-referral) to evidence based, outcome and goals focused care in collaboration with children, young people and their families and carers.

**For domain 5:** Ensuring age appropriate safe places / places of safety

**2.2 Public Health Outcomes Framework**

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|---|---|---|
| **Domain 1** | **Improving the wider determinants of health** | **ü** |
| **Domain 2** | **Health Improvement** | **ü** |
| **Domain 4** | **Healthcare, public health and preventing premature mortality** | **ü** |

**For all three domains:**

a) understand health inequalities, deprivation and poverty and how it relates to CYP MH

b) consider how children and young people and parents/carers are empowered and skilled to support self-management and recovery

**2.3 Local defined outcomes**

These can be found in the Staffordshire and Stoke on Trent CAMHS Local Transformation Plan.

**For Stoke-on-Trent:**

- **Outcome 1:** Children and young people are emotionally resilient. The children and young people's workforce has the skills to recognise and support children and young people, referring as necessary to additional support when they become unwell and providing support when in recovery. Children and young people and their parents/carers have access to information, guidance and advice to maintain good emotional wellbeing

- **Outcome 2:** Children and young people and their families are able to access a range of community, school based, and online support in a timely manner, preventing escalation to specialist service provision.

- **Outcome 3:** Children and Young People who become emotionally and mentally unwell are supported to manage their conditions and recover quickly. Those requiring on going mental health service provision into adulthood are supported effectively

- **Outcome 4:** Children and Young People have access to community support that can reduce the length of stay in a Tier 4 placement and/or reduce the need for a Tier 4 placement. Those who cannot return home are supported via a multi- disciplinary approach to ensure their needs are met.

- **Outcome 5:** Vulnerable groups of children and young people are able to access support quickly and supported to manage their conditions enabling quick recovery. Those who need ongoing support after their 18th birthday get it.

- **Outcome 6:** Services offer high quality, evidence based pathways that can show they make a difference.

**For Staffordshire:**

- **Outcome 1:** More children and young people accessing emotional wellbeing advice, support and signposting from universal services, schools and colleges.

- **Outcome 2:** More children and young people are supported to maintain good emotional wellbeing, difficulties are noticed earlier and appropriate services are available.

- **Outcome 3:** Reduction in lifelong distress as a result of poor mental health.

- **Outcome 4:** Children and young people can access age appropriate Tier 4 placements close to their home Children and Young People are supported within the community wherever possible.

- **Outcome 5:** Efficient care pathways for vulnerable groups of children and young people to allow quicker access to support.

- **Outcome 6:** Efficient care pathways for young people who need emotional wellbeing and mental health support beyond the age of 18.

**2.4 Local Area Strategic Outcomes**

Locally defined outcomes can help drive up quality improvements and help achieve the desired outcomes for children, young people and their families/carers. The local outcomes have been developed with children, young people and parents/carers and are agreed by partners and receive support from partnership bodies.

Local Transformation Plans for Children and Young People's Mental Health and Wellbeing (LTP) published in late 2015 are to be refreshed annually and as a minimum demonstrate how funding announced and released from the Spring 2015 budget will be used to improve the quality of care, increase workforce and number of children and young people who can receive effective care when they need it and improve waiting times. They should cover the full spectrum of service provision and address the needs of all children and young people including the most vulnerable. They include existing improvement initiatives such as the Crisis Care Concordat (http://www.crisiscareconcordat.org.uk/ ) as well as plans to achieve key objectives:

- Build workforce capacity and capability
- Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT)
- Develop evidence based community Eating Disorder services for children and young people
- Improve perinatal care
- Bring other relevant agencies/services (education, social care, voluntary sector and NHS providers) and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme

They have been developed with local Health and Wellbeing Boards and are driven by the local Health and Wellbeing Board's Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy. They include specific deliverables for which additional funding has been allocated in particular Eating Disorder Services for children and young people.

**Stoke-on-Trent children, young people and families Plan 2016-20:**

- ***Priority – Improve emotional wellbeing and mental health***

Our aim is for all children and young people to be emotionally healthy and resilient and that they, and their parents/carers, have access to information, guidance and advice to maintain good emotional wellbeing – ensuring that where they need help with mental health issues they are supported to manage their conditions.

- ***Priority - Make a positive difference to children and young people through parenting***

Our aim is for all parents (by parent we mean prospective parents; fathers as well as mothers; non-resident parents; foster parents; those with parental responsibility and others with care of a child such as grandparents) to be confident and knowledgeable, possessing the skills they need to nurture and encourage their children. As a result, all children will be able to thrive, flourish and be able to successfully manage their behaviour, forming strong attachments and positive relationships within their immediate family circle as well as the wider community. Children will be curious about the world around them and ready to learn and achieve well.

**Staffordshire Children, young people and Families Strategic Partnership Strategy:**

The Staffordshire Strategy is currently being refreshed. The existing strategy has emotional wellbeing throughout the other priorities rather than identified separately:

- ***The Best Start in Life: Pregnancy and Early Years***

This includes support throughout pregnancy to age five through childcare, pre-school education, physical and emotional health,

- ***Thriving Families: Parenting, Good Lifestyle Choices, Health and Prosperity***

Families will help build resilience in young people and promote and support positive emotional wellbeing.

## 3. Scope

### 3.1. Aims and objectives of service

The provider shall:

3.1.1. Work with children, young people, young adults and families/carers in co-designing and reviewing care pathways.

3.1.2. Work with all relevant agencies to ensure that services for children and young people with mental health problems are coordinated and address their individual needs, providing a holistic approach.

3.1.3. Ensure that children, young people and their families/carers are treated with compassion, respect and dignity, without stigma or judgment.

3.1.4. Ensure that children and young people's physical health, social, educational and cultural needs are considered alongside their mental health needs.

3.1.5. Ensure that children and young people who access the service receive treatment in a timely manner.

3.1.6. Provide a range of evidence based (NICE approved) treatment interventions to ensure that children and young people's needs can be met.

3.1.7. Ensure that children and young people's needs are considered in the whole and access to supplementary therapies and support are available

3.1.8. Ensure that provision can provide care in response to an emergency or crisis; 24/7 provision. For the purpose of this service specification, 24/7 provision is defined as a service delivered by the CAMHS service during the core hours of Monday – Friday, 9am to 5pm. Outside of these hours, responses to an

emergency or crisis shall be provided by the Access Team or the Urgent and Emergency Liaison Mental Health Service for Patients aged 0-18.

3.1.9. Provide initial and follow-up assessments that are written and shared with the child, young person and/or parent/carer.

3.1.10. Seek and use feedback in a range of settings, including the use of regular outcome monitoring in therapy, feedback regarding service delivery, and complaints.

3.1.11. Ensure that children, young people and their families/carers are offered a choice of interventions that are evidence based and appropriate to their needs. Provide information at all stages of the pathway about interventions or treatment options to support children, young people and families/carers to make informed decisions about their care. This must be appropriate to their competence and capacity; information needs to be clear, easy to understand and jargon free.

3.1.12. Ensure the impact of adverse childhood experiences, including trauma, abuse or neglect in the lives of children and young people is properly considered when identifying appropriate interventions

3.1.13. Ensure that any additional vulnerability or inequality suffered by children and young people (e.g. learning disability, autistic spectrum conditions, victim of child sexual exploitation) is properly considered when identifying appropriate interventions

3.1.14. Agree the aim and goal of interventions with the child/young person or family/carer, monitor the changes to agreed and shared goals as well as symptoms, and amend therapeutic interactions as a result of these changes, to deliver the best possible outcome

3.1.15. Provide written information to the child/young person and family/carer about the care plan and how to access services (both routinely and in a crisis); this information needs to be clear, easy to understand and jargon free

3.1.16. Provide information about how the services commissioned will increase opportunities for social value and social capital in line with the Social Value Act 2012

3.1.17. Work collaboratively with other agencies in the health and social care and education systems to ensure regular case reviews to ensure effective progress through the care pathway.

3.1.18. Ensure that best use is made of technology to support, facilitate and improve delivery of evidenced based treatment.

3.1.19. Ensure that there is a formal route for referring children/young people to highly specialist mental health services (e.g. inpatient services, specialist outpatient services).

3.1.20. Ensure that good relationships are maintained with relevant agencies in health, social care and education (including statutory, voluntary and third sector organisations) to aid referral into the service and ongoing support and treatment. This includes using whatever locally agreed systems there are to support joint agency working (e.g., Early Help Assessment (EHA) Team Around the Family), meeting statutory safeguarding guidance and providing clear protocols on information sharing, with children and young people being asked for consent regarding information sharing with other agencies (rather than a blanket decision not to share health information with such agencies).

3.1.21. Ensure that clear communication pathways and information sharing mechanisms are in place so that children, young people and, where appropriate, their families/carers experience a smooth journey through the care pathway.

3.1.22. Ensure Routine Outcome Measures, Patient Reported Outcome Measures are used to inform individual care plans and wider service improvements (http://www.iapt.nhs.uk/silo/files/rom-dec11-03.pdf )

## 3.2. Service description/care pathway

### 3.2.1. Autistic Spectrum Disorder (ASD)

**Introduction**

Indications from recent studies show that figures cannot be precisely estimated, but according to the National Autistic Society it appears that a prevalence rate of around 1 in 100 is a best estimate for children and young people under the age of 16. If applied to the population of Stoke-on-Trent, there are approximately 48, 964 under 16's (2012 mid-year estimates); therefore the estimated number of children and young people with ASD in 2015 will be around 490. ASD affects males more than females and numbers appear to be rising.

The pathway covers the 0-18 age range and offers an assessment and diagnostic service to children and young people presenting with suspected ASD. A limited package of support is offered to families if a child receives a diagnosis of ASD.

A number of new assessments/screening assessments will be carried out each year and a case load of ongoing support to a small number of families may be carried forward from year to year. All families are offered the opportunity to attend support groups and themed sessions on aspects of living with a child with ASD, with the aim of supporting the behavioural and emotional development of the child, this includes families who have received a diagnosis elsewhere.

Outcomes are based on parents/carers accessing the follow up support that is offered (group support, 1-1 support). Not all families will choose to access this support. If the child is found to also have a learning disability, a referral to the CAMHS Learning Disability Team will be made if appropriate.

Assessment tools include the Autism Diagnostic Interview (ADI-R) and the Autism Diagnostic Observation Schedule (ADOS) and the Development, Dimensional and Diagnostic Interview (3di)

Awareness training materials are based on recognised ASD scholars e.g. Baron-Cohen, Attwood, Wing.

Interventions are based on systemic, CBT, behavioural and developmental approaches in psychological therapy.

The service is based on the National Autism Plan for Children and NICE guidance and adheres to national and professional guidance regarding clinical governance, data protection & safeguarding and to the Providers' own policies and procedures as appropriate.

**The service will:**

- Complete a full assessment

- Provide families with a detailed summary report; this report is circulated to professionals working with the child as appropriate and with the agreement of the family
- Make referrals on to other relevant services where appropriate.

**If a diagnosis of ASD is given, the service will:**

- Provide access to one to one and/or group support (ASD WISE groups) appropriate to the age of the child:
    - ASD Wise – 3 group sessions
    - ASD Wise Up! – 3 group sessions

- Provide a package of ongoing one to one intervention support to families who require further support in relation to their child's ASD diagnosis, behaviour/psychological needs, or communication needs. A range of interventions/therapies will be offered to address issues including behaviour, fussy eating, anxiety, and depression. The intervention plan will be agreed with parents with measurable outcomes to include: improvement in behaviour of the child and improved family relationships.

- Access to post diagnosis support will be given to those families who received a diagnosis from a recognized professional (see pathway diagram).

- Treatment duration will be based on clinical assessment and will be negotiated on a case-by-case basis with the child and parent/carer while also incorporating best practice models regarding the duration of intervention/treatment.

- Families are able to telephone the service for one-off advice and support.

- The service will provide ASD awareness training sessions to relevant staff groups involved with children and young people.

The pathway can be accessed by professionals identified in the care pathway who will have carried out an initial assessment investigating each area of the "Triad of Impairment" i.e. difficulties in communication, difficulties in social interaction and rigid, repetitive and obsessive behaviour. Clear referral criteria will be issued to referrers to aid accurate referrals.

Children who already have a written diagnosis and are referred to the hub will be offered initial assessments to identify current concerns and allocation to the relevant care pathway. Where appropriate the service will liaise with other professionals (including school, Educational

Psychology, Social Care) to gather relevant information. Following on from this assessment a plan will be agreed with the family. This may involve offering psychological interventions to the family such as ASD awareness groups, parenting advice, additional speech therapy sessions and therapeutic input for psychological problems associated with ASD. Where appropriate families may be referred to other services. ASD specialists will work in close liaison with other specialists within the overall Community CAMHS pathways to ensure children and young people do not fall between provision and particularly in circumstances whereby a child or young person is presenting with co-morbid complex mental health problems.

**Response time and prioritisation**

Children accepted for ASD diagnostic assessment will begin assessment within 18 weeks. Families wishing to join the Wise groups the next available session, subject to places being available.

Priority will be given to:

- Children in care
- Children undergoing the statutory EHC Plan process
- Children and young people known to Families Matter (Stoke) and Building Resilient Families (Staffordshire).

**Discharge criteria and exit planning**

At the completion of the diagnostic assessment the service will meet with parents/carers to inform them of the results of the assessment.

**If a child/young person receives a diagnosis of ASD the family will:**

- Receive copy of the assessment report
- Receive a pack of information
- Parents/carers will be invited to the next ASD Wise group.
- Receive one to one family/child intervention where need is identified. Clear outcomes/goal will be identified and the family discharged after the outcomes/goals are achieved
- Inform families how they can contact Community CAMHS should the need arise.
- Add the family to the e- newsletter distribution list (upon consent)

If a child/young person does not receive a diagnosis of ASD they will be discharged. A discharge letter and copy of the assessment report shall be sent to the parent/carer and a copy of the report will be sent to the referrer.

**Interdependencies**

The service also works closely with the Community Paediatricians, Speech and Language Therapy Services, the Educational Psychology Service, the Special Educational Needs and Disability Team and the Early Years Quality and Intervention Teams and school staff (education welfare officers and SENCO's).

Speech and Language therapy for the pre-school age children is provided by Staffordshire and Stoke-on-Trent NHS Trust under separate commissioning arrangements and will work as an integrated part of the team.

**ASD Pathway, North Staffs/Stoke:**

# Autism Spectrum Disorder Assessment Pathway

HUB decide if referral is appropriate – is there sufficient information? Could developmental delay account for difficulties? Are universal services involved? Is the child over 2 years? ASD team will provide support as required

Referrals forwarded to community teams. All young people and families are seen for a face to face appointment with CAMHS clinician

If ASD is considered clinician completes the ASD screening pack, update the care plan etc…. This is likely to take at least two appointments. Pack includes:

- **Parents**: CAST questionnaire, parental information questionnaire, AQ – 10 (Adolescent version), ROMS (T1) + Sheffield questionnaire
- **Child**: All about me! booklet
- **School**: school ASD questionnaire
- **Clinician**: HONOSCA

Please refer to the NICE guidance www.nice.org.uk/guidance/cg128 for more information on recognition, referral and diagnosis of ASD in childhood.

ASD screen pack indicates difficulties associated with ASD.

**CAMHS ASD team can provide support on whether or not to refer to the team. Meeting are every Wednesday 9-10.30 at Dragon Square**

ASD screen does not indicate further assessment necessary – feedback outcome to family and review care plan

Option 1: The information indicates ASD and clinician completes assessment within CAMHS team

Option 2: The information indicates ASD and clinician opts to refer into CAMHS ASD team. Complete the ASD pathway referral form which indicates reason's for requesting assessment from the team.

Option 2: Young people who are accepted as appropriate by the ASD team will be placed on the wait list letter sent to the family and referrer.

Both options 1 & 2: ASD assessment completed and outcome feedback to parents/carers. T2 ROMS sent (Sheffield and satisfaction with services) along with a summary report. If the child is diagnosed with an ASD parents are given a copy of the ASD information pack and offered a place on the ASD Wise/ASD Wise UP! Group. Please contact Alex Sutton to put a child on the group waiting list.

Child does not meet the criteria for a diagnosis of an ASD – feedback to family outcome to family and review care plan

Parents either attend ASD Wise/Wise Up! or opt to not attend.

Young person is discharged from CAMHS ASD

### 3.2.2. CAMHS Learning Disability

**Evidence base**

Emerson and Hatton (2007) reported that over one in three children and adolescents with a learning disability have a diagnosable psychiatric disorder and are six times more likely to have a diagnosable psychiatric disorder than their peers who do not have a learning disability. The increased risk of having a mental health problem cuts across all types of psychiatric disorders such that children with a learning disability are: 33 times more likely to have an ASD, 8 times more likely to have ADHD, 6 times more likely to have a conduct disorder, 4 times more likely to have an emotional disorder and 1.7 times more likely to have a depressive disorder.

**Stoke on Trent**

Due to the different definitions of disabilities which exist between services, there is considerable overlap between the children with disabilities population, the Special Educational Needs (SEN) population and the child population accessing acute services and palliative care. Data is collected by local authorities on children with special educational needs, but this does not reflect the spectrum of disability and is only a weak measure for severity.

Learning Disability is one of the most common forms of disability and is a lifelong condition with a wide spectrum of need. It can be acquired before, during or soon after birth and affects an individual's ability to learn.

There are no official statistics reporting the population with a learning disability. Various sources have been used to estimate the numbers of people with learning disabilities across Staffordshire and Stoke-on-Trent.

The school census collects data on young people with special educational needs and disability (SEND). Based on the latest data (January 2015):

- 14% of pupils in schools in Staffordshire and Stoke-on-Trent have identified special educational needs (equating to 23,200 pupils).
- 3% of pupils in schools in Staffordshire and Stoke-on-Trent have statements or education, health and care (EHC) plan (equating to 4,800 pupils).
- The numbers of pupils with their primary type of need being a learning disability were: 2,210 (specific), 6,420 (moderate), 670 (severe) and 200 (profound and multiple). The total makes up around 6% of all pupils across Staffordshire and Stoke-on-Trent which is higher than the national average of 5%. Around 1,170 pupils (1.1%) also have autistic spectrum disorder which is similar to the England average (also 1.1%).

In Staffordshire there are:

- 13,079 Children on SEN support
- 2,586 Children in a special school/pupil referral unit
- 316 Other local authority pupils in our special schools
- 3,469 Children with a statement of educational needs
- 350 Children with an education health and care plan and of those we have 135 children in an out of county independent and non-maintained placement which is an 11% increase.
- 199 Children in receipt of Direct Payments with a Learning disability or Autism;

Children in receipt of Direct Payments with a Learning disability or Autism;

| Age Today | Children/YP |
|---|---|
| 4 | 1 |
| 5 | 6 |
| 6 | 8 |
| 7 | 11 |
| 8 | 5 |
| 9 | 16 |
| 10 | 15 |
| 11 | 24 |
| 12 | 19 |
| 13 | 21 |
| 14 | 18 |
| 15 | 18 |
| 16 | 16 |
| 17 | 19 |

**Aims and objectives of the pathway**

The overall aim of the Complex Learning disability pathway is to provide a highly specialist Occupational Therapy, psychological, nursing and behavioural service at CAMHS Tiers 2 and 3 to

children and young people with a physical and/or learning disability and their parents/carers living in North Staffordshire and Stoke on Trent.

The multi-professional team aims to help individuals and families to better understand and manage the difficulties they are experiencing by providing highly specialist assessments, information, advice, evidence-based interventions and support. In addition, the service seeks to promote a preventative and early intervention approach to improve children and young peoples' wellbeing.

**Pathway Description**

The Complex LD pathway will provide specialist, community based assessments and a variety of treatments / therapeutic help to clients and their carers where children and young people with disabilities are experiencing mild to severe problems of behaviour, emotional and mental health. This will be aimed at pre-school aged children with a significant developmental delay and young people with a mild to severe learning disability up to the age of 18 years, working within the wider community CAMHS pathways to ensure needs are met.

Children and young people referred to the pathway present with complex and diverse needs with may necessitate the involvement of several professional from the service. Children and young people with a mild learning difficulty and low level mental health issues will be referred to an alternative Tier 2 service. It is expected that the service will support 300 live complex cases at any one time (i.e. receiving at least one intervention in a 3 month period).

The pathway comprises Clinical Psychologists, a Psychological Therapist, Children's Community Learning Disability Nurses, an Occupational Therapist and input from psychiatry.

The pathway will work with children and young people who present with a range of difficulties including:

- Challenging behaviour
- Low mood / depression
- Eating and diet
- Self-care skills
- Fears and phobias
- Obsessions and compulsions
- Independence skills
- Self-injurious behaviour
- Autistic Spectrum Disorder
- Toileting
- Socialisation
- Anxiety
- Anger management
- Sleep

- Bereavement, loss or adjustment issues

**Acceptance and exclusion criteria**

The pathway accepts referrals from any professional currently involved with a child/young person who meets one or more of the following criteria:

- For very young children - evidence of significant global developmental delay (i.e., functioning at 70% or more below the level expected for their chronological age)

- For older children – evidence/formal diagnosis of a learning disability (this may take the form of a cognitive assessment or collective evidence which indicates that the young person is functioning at a level significantly behind their peers in most areas)

- Child/young person attends a Special School.

Staff will work across the whole service offer to ensure children and young people do not fall between pathways.

Staff will contribute to Education, Health and Care plans for children with SEND.

The pathway will, where appropriate support children and young people who are stepping up and down from other CAMHS services

**Transitions and interfaces**

- There is to be a planned arrangement and programme for transition of care from child to adult services for young people with enduring mental health problems. Transition planning to commence on referral or at least 6 months prior to transition, however it is reasonable to assume it may commence earlier with more long term conditions.

- Service users have a named key worker/lead professional/care coordinator to facilitate transition

- Processes in place between the service and Adult Mental Health Service to ensure smooth transition between services. Pathway in place to include support provided by partner organisations such as voluntary sector.

- Protocols to take into account the maturity of the young person and allow for flexibility and scope for choice

- Protocols take account of policies and guidance from Local Children's Safeguarding Boards (LSCB) and vulnerable adults policy

*NB. Protocol to be agreed by commissioners*

### 3.2.3. Vulnerable Children and Young People (Stoke on Trent)

**The locally agreed care pathway(s) is/are:**

- Continuity of care for those young people already accessing the specific YOS and LAC provision and those children and young people who are being sexually exploited, or at risk of sexual exploitation.

- LAC/YOS/CSE are screened by Social Worker or YOS health service and assessed as requiring a CAMHS T3 service.

- Referral made via central referral hub.

- Treatment as per the appropriate Care pathway (see Schedule 2, section 3.4).

The term 'children in care/looked after' refers to any child or young person for whom the authority has, or shares, parental responsibility, or for whom the authority provides care and accommodation on behalf of their parent.

**This will be a CAMHS tier 3 service, providing:**

- Direct therapeutic intervention to children and young people who are in the care system or open to the youth offending team

- The provision of consultation, support and training to Foster Carers.

*NB. Young people who fall into both categories should only be reported once.*

**Referral criteria, source and route**

An initial screening/discussion will take place within the social care/YOS teams as to whether a referral to the service is required.

**i.** Where a child/ young person scores 17 or higher on the SDQ (Strength and Difficulties Questionnaire), this is an automatic trigger for a referral into the hub by Social Care/YOS. The Provider will ensure a consultation is made with the child's social workers and/or Foster Carers and a care plan with measurable outcomes and goals will be developed to meet the child's immediate and long term emotional and mental health needs. The provider will offer a range of suitable evidence based and where possible, NICE (National Institute of Clinical Excellence) approved, interventions to the child and/or Foster Carers/small group home staff to improve the mental health of the child. The outcomes/goals the service is working to improve will be clearly recorded in the child's case file/care plan. The service will facilitate any referrals required for ASD assessments etc. provided by the Service Provider and will retain responsibility for continuing to meet the mental health needs of the child where clinically appropriate during such assessments. In most cases, it is not expected that intervention ceases pending further assessment, unless this puts the child at risk. A parallel process can be adopted when it is safe to do so.

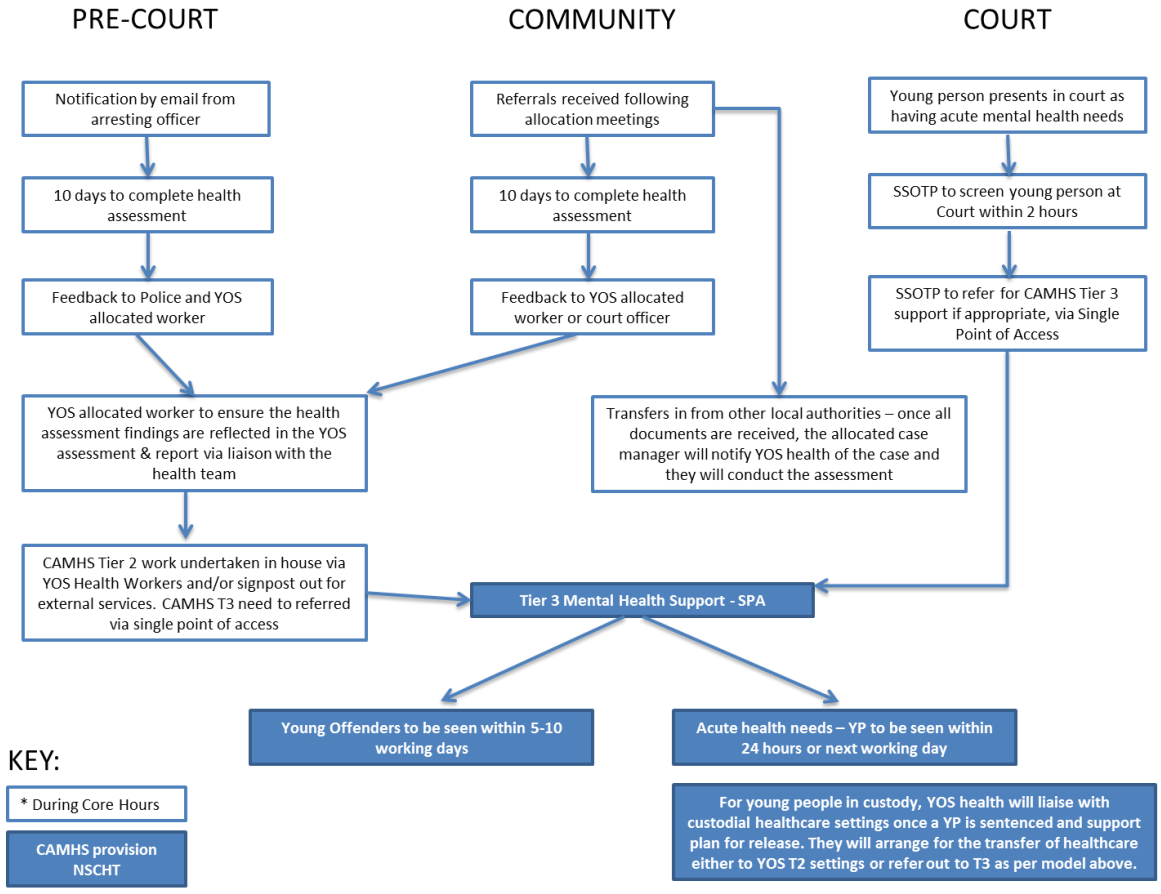
**ii.** for LAC, where a foster care, small group home or education (school) placement is at risk of breakdown, the service will assess the child/young person's mental health and where appropriate working with other services, ensure a care plan is developed to meet the child's immediate and long term emotional and mental health needs. The provider will identify the outcomes/goals it is working to improve and will be measured against these via the care plan.

**iii.** When an urgent request is made by social care or a young person previously known to the provider, the hub will assess the immediate needs and risk and where appropriate working with others, ensure a care plan is developed to meet the child's immediate needs. The provider will identify the outcomes/goals it is working to improve and will be measured against these via the care plan. The provider will notify the relevant Social Worker if a child/young person self refers, whether or not the service accepts the referral.

**iv.** When a child is to be placed outside of the city, the provider will conduct and/or support the development of a mental health assessment and where necessary, develop a care plan prior to them being placed outside of the city, regardless of whether the child is known to the service or not. Where there is a Statement of Education Needs, the SEN team and Education Psychology will lead the assessment process.

**v.** When a child is already accessing a care pathway and moves into the care system, the child's Social Worker will work with that service and a referral to the Hub will only be made if the needs and not the status of the child dictate

**Health process for YOS young people:**




**Care pathways for LAC**

The provider will provide assessment of children and young people who are referred via the child's Social Worker, the Foster Carer's Social Worker or a CAMHS Social Worker and where there is an SDQ score of 17 or more and offer psychological interventions where appropriate, to those children and young people who are accepted into the service to improve emotional well-being and mental health and reduce incidences of poor/challenging behaviour.

The provider will also work with Foster Carers and professionals linked to the child/young person as appropriate, including delivering consultations and training in order to improve the mental health and emotional well-being of children in care. This will include LINE training and the Foster Attachment Forum for those who have completed LINE training.

**The Provider will:**

- Accept referrals for children and young people aged up to 18 years old where there is a reasonable description that suggests that the child/young person may have an emotional wellbeing or mental health problem

- Stoke on Trent Local Authority area. An SDQ score of 17 or above for Looked after children will ensure priority access.

- Accept referrals from Youth Offending team, LAC social care teams, services working with children and young people who are being, or at risk of being sexually exploited.

- In cases where referrals are found to be inappropriate, with consent, refer or signpost the child/young person and their family/carers to other services.

- Provide information to support court reports on those young people accessing/having accessed the service (YOS)

- Provide intervention in non-clinical settings as appropriate to meet the needs of the young person

- Offer a range of flexible appointments, outside of the usual working day (9am – 5pm) and on Saturdays, to be agreed on a case by case basis.

- For Looked after children and young people, provide 60 hours of training per annum. Training for Foster Carers and Carers may cover the following topics or other topics by negotiation:
    - LINE training for foster carers
    - How to play therapeutically
    - Self-harm
    - Raising children's self esteem

- Shame and rage – handling extreme behaviour from children who have experienced early adversity
- Managing sexually harmful behaviours.

- Support the Foster Attachment Forum.

- Provide locally available, age- and developmentally appropriate, co-produced information for children/young people, parents/carers and referrers about the services provided and how they are accessed.

- Support the Early Help Assessment, Education, Health and Care Planning and other statutory and local protocols.

- Support and ensure inter-agency working.

- Support and ensure discharge or transition planning.

- Ensure that the referrer is clear as to whether the service has accepted the referral and, if not, in line with agreed information-sharing protocols, provide the rationale for this and written suggestions to what the services will do.

- Have contact within the CAMHS Hub so that those thinking about referring can have a discussion prior to the referral.

- Gather the agreed range of information at the point of referral and upon discharge

- Implement clear transition processed to support the transfer to an adult mental health service where appropriate of children and young people nearing their 18th birthday.

- Offer ad-hoc, professional one-off support/consultations to Social Workers, Foster Carers and Tier two CAMH providers working with children in care.

- Offer a range of interventions, including direct work with children and young people and support to Foster Carer's and specific training inputs to key professionals. Direct

work/contact with children and young people and their carers should take priority over training delivery on an expected 95% /5% split.

- If there is a clear need for a referral into the service this will be facilitated by a Social Worker who will act as a link between the service and Foster Carer/small group home. Education staff, including the Virtual School will also be able to access the service via the Social Care Teams.

**Exclusion criteria**

Children and young people may not be eligible for the service provided by NSCHCT on the basis of:

- Age over 18 years old

- Children in court proceedings where intervention is not advised under Home Office guidelines

- Can access care pathways without additional flexibilities and enhancements

**Response time and prioritisation**

Priority will be given to the following:

- Children and young people scoring 17 or higher in the SDQ

- Children and young people whose foster and/or education placement is at risk of breakdown due to the child/young person's behaviour.

- Children and young people who are in care of the LA who have been admitted to the paediatric ward due to self-harm/deliberate overdose/attempted suicide, following an assessment by the Intensive Outreach Team or the hospitals own mental health workers. It is the responsibility of the Intensive outreach team (or equivalent) or Social Worker to make this referral.

It is expected that the time from referral to Initial Appointment will be 2 weeks and from initial appointment to intervention beginning to be 2 weeks. The provider will ensure there are adequate initial appointments every week for social care to utilise and will work with social care/YO to review demand.

**Initial assessment**

The outcome of the assessment should be recorded in the service user's note and be passed on to any other service involved in the care of the service user with the informed consent of the young person and/or parent/carer.

Provider will:

- See crisis/emergency referrals within the same working day.
- See urgent referrals within 5 working days.
- For routine referrals carry out initial assessment within 10 working days after receipt of referral.
- Provide the agreed intervention within 4 weeks of the initial assessment.
- Assure that the member of staff undertaking the initial assessment is appropriately trained and experienced to undertake assessment, to identify strengths and difficulties including identification of mental health disorders, supported by formulation or diagnosis where appropriate.
- Work in collaboration with the child/young person and, where possible, the parents/carers on the decision to refer for further assessment and/or treatment or to discharge and/or signpost, based on the combined assessment of their needs and risk.
- Any planning for children and young people with severe educational needs should take account of and be part of the child or young person's statement/Education Health and Care plan.

To include:

- Following referral from a Social Worker, an initial consultation with the professional network around the child (to include the carer/s, Virtual School, Educational Psychology) which will contribute to the assessment of a child's needs. This may be an intervention in itself; or may lead to signposting elsewhere; or to further assessment and/ or to ongoing therapy
- a consultation when a child is being considered for an out of area placement

- a contact to contribute to a psychological assessment of a child's needs

- family work with child and carer: includes systemic family therapy and attachment therapy and other evidence based therapies as necessary to meet the needs of the child

- individual evidence based therapy: includes play therapy, art therapy, music therapy and cognitive approaches, solution based therapy (list not exhaustive)

- school intervention, may include observation, implementation of care plan within school programme, advice to teaching and support staff, liaison with Virtual School and Education Psychology

- Whole system intervention to meet the needs of the child, for example, support to Social Workers/small group home staff

- Referral for psychiatric evaluation if assessment suggests this is required

- Support when a child steps up/down the CAMHS 4-Tier model.

**Does Not Attend (DNA) /Re-engagement policy**

When a service user does not attend, a risk assessment should be made and acted upon. The provider should not close a case without informing the referrer that the service user has not attended. The provider should make explicit re-engagement policies available to referrers, children/young people and parents/carers.

The provider will not automatically discharge the young person as per its usual policy without a discussion with the referrer.

**Discharge**

A child will be discharged when all the outcomes/goals have been achieved or progress is sufficient to enable the child's needs to be met by a tier 1 or tier 2 service or if a child has been escalated to Tier 4 CAMHS.

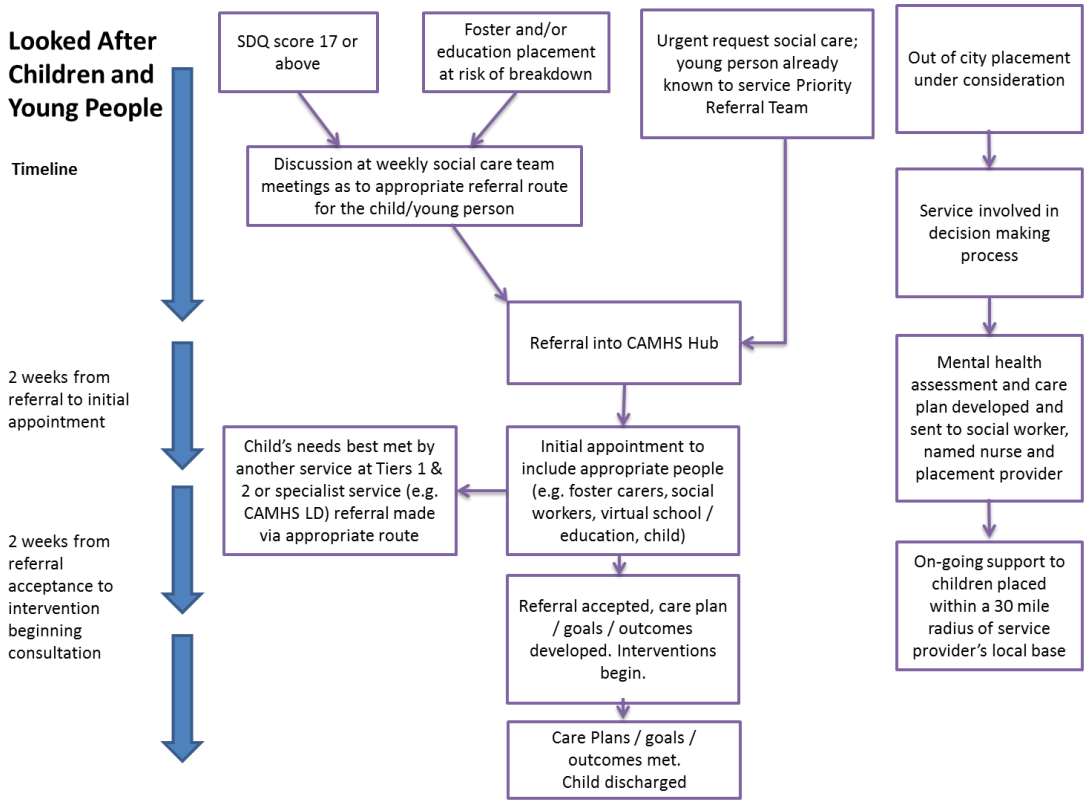
Clear transition planning to ensure there are no gaps in meeting the emotional needs of such children will take place between pathways to ensure children and young people do not fall out of provision if status changes.

If a child is to be placed for adoption, the service will negotiate with the adoption service which service is best placed to meet the child's needs.

**Reporting**

Where a child is both LAC and YO, they should only be counted once.

The Provider will keep a record of the numbers of all other LAC and YO's accessing provision for the first time who do not require enhanced access and make this available to the commissioner as per the reporting requirements in the contract.




### 3.3. Legal and Regulatory Framework

Providers shall consider the use of Independent Advocacy Services to support children and young people to gain access to information, to fully explore and understand their options, and to make their views and wishes known.

### 3.4. Mental Health and Wellbeing Care Pathway

Intervention must be goals focused, evidence informed and outcomes focused.

**Access to early help**

It is important that the provider considers the holistic needs of the child/young person and where appropriate delivers a wide range of support which may include access to therapies and therapeutic activities.

This support will include:

- Work to become 'therapy ready'
- Alternative and family support and building resilience
- Self-help support including the use of online and technology based support materials; especially whilst waiting for formal treatment to commence
- Parenting interventions
- Brief psychological interventions (including group work and counselling)

**Assessment of mental health need**

The Provider will:

- Triage CYP with mental health needs via the CAMHS hub and provide access to a mental health professional for advice and support or a referral if appropriate; including access to urgent help
- If, after triage, a full assessment is required the assessment is undertaken by someone experienced to do so quickly, in a person-centred, goal focused manner that is active and collaborative, and such that enables a formulation or diagnosis where appropriate and options for help to be decided upon.
- Ensure information from other mental health assessments is accessed e.g. CHAT (Comprehensive Health Assessment Tool) used by community Youth Justice services and

children's secure estate, or a summary health record when leaving the secure estate for children and young people

- Ensure that the rationale for formulation and any associated diagnosis, evidence considered and decisions made will be fully documented. This will be shared with the child/young person and parent/carer in writing as appropriate. Ensure that initial and continuous care planning involves all members of the team providing care, the child/young person and their parents/carers.

- Develop a risk management plan in collaboration with the child/young person and their parents/carers.

- Ensure that informed consent issues around both sharing of information within the family and with other agencies and around treatment are clearly explained and documented.

- Provide a choice of evidence based, NICE approved, care/interventions that will prevent unnecessary admission to an inpatient bed and promote safe discharge and recovery.

- Ensure that legal rights for individuals with regard to choice of mental health provider are implemented. See https://www.england.nhs.uk/mentalhealth/parity/choice/ for guidance

- Ensure any cross-charging arrangements for cross-boundary children/young people are included.

- Contribute to other parts of agreed multi-agency care pathways.

The Care Act (2014) and Children and Families Act (2014) state that any young carers and young adult carers should be offered a Carers Assessment – where relevant this assessment should be taken into account.

When working with a child or young person this needs to be done within the family context and support to other family members should be signposted where needed.

**Access to treatment**

The provider will deliver a range of evidence based therapeutic and preventative services to children and young people, which may include the following (this list is not exhaustive) and any future relevant CYP mental health wellbeing approved NICE Therapies:

- Cognitive behavioural therapy
- Systemic therapy/family therapy
- Psychodynamic psychotherapy
- Counselling
- Other evidence-based psychological therapies
- Antenatal e.g. social baby
- Evidence based parenting programmes
- Pharmacological
- Psychosocial
- Behavioural Therapy
- Interpersonal psychotherapy for adolescents (IPT-A)

As a guide, it is expected that interventions will be offered to younger children (to age 11) via parenting interventions at Tier 2 (and direct work with the child as appropriate) and Tier 3 interventions offered as direct interventions with the young people over the age of 11 depending on level of maturity.

Young people aged 5+ experiencing mild to moderate mental health/emotional issues (except those with neurological development problems) should be referred from the CAMHS Hub to an appropriate Tier 2 service.

Young people aged 17 should be given the choice at the point of referral of accessing the service or an adult mental health service.

The service will support transition of young people nearing their 18th birthday, as per NSCHCT Transition Process.

The overarching principle of all interventions is to deliver effective, evidence based interventions tailored to meet the individual needs of CYP and their families.

Some services delivered by the service are of fixed duration, for example, Group Triple P is a manualised intervention fixed at 8 sessions, plus pre and post-test assessment.

The service will support the step up, step down and step between services model in conjunction with other CAMHS providers/services in the area.

The care pathways will be accessible via the CAMHS Hub (except for Staffordshire YOS).

**The CAMHS hub will:**

- Provide a referral and advice line to offer information and support to colleagues working in universal and targeted services in the context of emotional, developmental, environmental and social factors to children/young people experiencing emotional wellbeing and mental health problems.

- Provide a referral and advice line so that those thinking about making a referral can have a discussion

- Provide a referral and advice line to offer information, advice and support to children and young people, their parents and carers

- Triage referrals, referring or signposting to other services when need can be met within universal services at the least restrictive route

- For those triaged as requiring an intervention by a mental health professional, refer to the appropriate care pathway including those offered for mild to moderate issues

- For those who are deemed in need of an emergency appointment, arrange for the child/ young person to be seen that Operational Day. Such appointments may be at the hub, at community clinic, or where the child/ young person is presenting.

**The pathways provided by the service are:**

- **Attachment, Trauma and psychosis** - This pathway will include assessment, diagnosis and evidence based interventions for children and young people experiencing childhood abuse, neglect and trauma and attachment disorders and include specific services for Looked after Children. This pathway will also include an element of differential diagnosis of psychosis and will work with the Early Intervention Service where required.

- **Behaviour and development** - This pathway will include assessment diagnosis and evidence based interventions for childhood development and behavioural difficulties including concerns regarding autism spectrum disorder (and atypical ASD), attention deficit hyperactivity disorder and conduct disorder. (See Schedule 2A, clause 3.2.1 for detail of ASD assessment process)

- **Complex learning disability** - This pathway provides a range of person-centred health services for children and young people aged 0-18 years that have a significant development delay or moderate/severe learning disability. These children and young people will present with significant intellectual impairment and significant difficulties in adaptive functioning (see Schedule 2A, clause 3.2.2 CAMHS Learning Disability).

- **Eating disorders** - See separate specification for this service.

- **Emotional difficulties** - This pathway will include assessment diagnosis and evidence based interventions for children and young people experiencing emotional difficulties including anxiety, depression and obsessive compulsive disorders at a complex level. It is anticipated that provision of highly targeted treatments of relative fixed duration will be a clear feature of this pathway in line with NICE guidance.

- **Crisis and urgent response** - The service will offer emergency and urgent responses to those in acute distress, presenting with self-harm and suicidal intentions and/or where there is a change in risk profile and where risk is likely to be reduced through an emergency and urgent response. This will include offering a mental health assessment to all admissions to the paediatric ward for self-harm, intentional or unintentional overdose/poisoning by the next or when the child/young person is deemed fit. For the purpose of this service specification, 24/7 provision is defined as a service delivered by the CAMHS service during the core hours of Monday – Friday, 9am to 5pm. Outside of these hours, responses to an emergency or crisis shall be provided by the Access Team or the Urgent and Emergency Liaison Mental Health Service for Patients aged 0-18.

- **Youth Offending (Staffordshire)** - The service will second a full time Band 7 CPN to the North Staffordshire Youth Offending Team in accordance with the memorandum of agreement. Direct interventions for children known to the Staffordshire Youth Offending Service are available through a separately commissioned service.

- **Youth Offending (Stoke-on-Trent; see Schedule 2A, clause 3.2.2 Vulnerable Children and Young People (Stoke on Trent)** - The service will offer priority access and enhanced interventions such as outreach appointments, appointments of longer duration, more flexibility around DNA's for those young people referred by Stoke-on-Trent Youth Offending service.

- **Looked after children (Stoke-on-Trent; see Schedule 2A, clause 3.2.2 Vulnerable Children and Young People)** - The service will offer priority access for Looked after Children and flexible interventions such as outreach. The service will deliver training (such as LINE) and provide structured support to foster carers in agreement with the Strategic Manager for Looked after Children at the Local Authority.

- **Access to treatment with extensive support** - The provider will deliver evidence based therapeutic services for those who have long-term mental health needs and/or additional vulnerabilities that require longer treatment.

### 3.5. Population covered

This service shall support children and young people living, or registered with a GP within the boundaries of North Staffordshire CCG or Stoke on Trent CCG.

### 3.6. Any acceptance and exclusion criteria and thresholds

**Acceptance Criteria**

The Provider shall accept all referrals meeting the following criteria:

- Family issues – where this is having an adverse effect and the child or young person is showing signs of developing a mental health problem or disorder
- Moderate to severe behavioural disorders
- Child behaviour problems (sleep, feeding, tantrums) once physical causes have been considered and the behaviour falls outside what might be considered to be within the range of normal behaviour when using assessment tools.
- Conduct disorders
- Anxiety, depression, stress and or other mood disorders, e.g. low self-esteem
- Adjustment reactions
- Simple phobias

Additionally, many young people will present with moderate and severe mental health problems that are causing significant impairments in their day-to-day lives. These may be acute presentations. *NB: Presentations that could be described as emerging personality disorder will probably be accepted under mood disorder, suicidal ideation and self-harm. For example:*

- Self-harm – where this is mild to moderate
- Bereavement
- Bullying
- Anger management issues
- Relationship problems
- Emotional and behavioural disorders (moderate to severe)
- Conduct disorder and oppositional defiant disorder
- Hyperkinetic disorders
- Psychosis
- Obsessive-compulsive disorder
- Eating disorders
- Self-harm
- Suicidal ideation
- Dual diagnosis – including comorbid substance misuse
- Neuropsychiatric conditions (e.g. attention deficit hyperactivity disorder - ADHD),
- Attachment disorders
- Post-traumatic stress disorders
- Development disorders
- Significant mental health problems where there is comorbidity with learning disabilities or comorbid physical and mental health problems
- Mood disorders
- Somatising disorders.

The Provider will:

- Facilitate and review self-referrals from young people and parents/carers

- Accept referrals for children and young people aged up to 18 (and to 25 for SEND) where there is a reasonable description that suggests that the child/young person may have an emotional wellbeing or mental health problem from Stoke on Trent and North

Staffordshire CCG area or returning to home area following a placement in a secure setting or inpatient unit.

- Accept referrals from Sexual Assault Referral Centre (SARC), YOS Liaison and Diversion service, secure settings for Children and Young People, including self-referral.

- In cases where referrals are found to be inappropriate, with consent, refer or signpost the child/young person and their family/carers to other services.

- Support the Early Help Assessment and local protocols.

- Support the Education, Health and Care assessment and care planning process for those children and young people with SEND.

- Support and ensure inter-agency working.

- Support and ensure discharge or transition planning.

- If the service concludes that the needs of child/young people or family/carer are better met by other agencies. It will signpost and refer accordingly.

- Ensure that the referrer is clear as to whether the service has accepted the referral and, if not, in line with agreed information-sharing protocols, provide the rationale for this and written suggestions to what the services will do: for example, whether the service will refer on or signpost or expect the referrer to do so.

- Gather the agreed range of information at the point of referral

**Exclusion Criteria**

Inappropriate/incomplete referrals/ non qualifying children will not been seen by the service and will be referred back to the person/service making the referral with a clear explanation as to further information required.

The service (at its own discretion) shall also have the right to exclude a young person/family from the service whose behaviour:

- Breaches accepted rules and standards
- Poses a serious risk to the staff, other children and young people and families and the general public

All attempts will be made to work with the child and their families however, if the above applies the service will:

- Work pro-actively to re-engage the Child/family who has been excluded
- Refer each excluded Child/family to other appropriate related services

The service has clear acceptance criteria that are available to referrers, children/young people, their parents/carers and other agencies/services.

The provider will ensure those with Dual diagnosis – including comorbid drug and alcohol use are managed jointly where appropriate with local drug and alcohol teams, they should not be refused a service until such issues are resolved.

Children and young people may not be eligible for the service provided by NSCHT on the basis of:

- Age (over 18 except for SEND)
- The referred problem may be best treated in an existing alternative service
- Where a more clinically appropriate service has been commissioned from an alternative provider (other specialised community service or in patient service, or children with severe disabilities)
- Court assessments, unless specifically contracted.

3.7. **<u>For services that are required to undertake a full mental health assessment</u>**

The outcome of the assessment should be recorded in the child or young person's notes and be passed on to any other service involved in the care of the child or young person with their informed consent of and/or their parent/carer.

**The provider will:**

- See crisis/emergency referrals (those where there is immediate risk to self or others) the same day or within 24 hours. For the purpose of this service specification, 24/7 provision is defined as a service delivered by the CAMHS service during the core hours of Monday –

Friday, 9am to 5pm. Outside of these hours, responses to an emergency or crisis shall be provided by the Access Team or the Urgent and Emergency Liaison Mental Health Service for Patients aged 0-18.

- See urgent referrals high level of risk within five Operational Days.

- Assure that the member of staff undertaking the full mental health assessment is appropriately trained and experienced to undertake assessment, to identify strengths and difficulties including identification of mental health disorders, supported by formulation or diagnosis where appropriate, and to identify any risks.

- Work in collaboration with the child/young person and, where possible, the parents/carers on the decision to refer for further assessment and/or treatment or to discharge and/or signpost, based on the combined assessment of their needs and risk.

**If a mental health need is identified:**

The Provider will:

- See crisis/emergency referrals (those where there is immediate risk to self or others) the same day or within 24 hours. For the purpose of this service specification, 24/7 provision is defined as a service delivered by the CAMHS service during the core hours of Monday – Friday, 9am to 5pm. Outside of these hours, responses to an emergency or crisis shall be provided by the Access Team or the Urgent and Emergency Liaison Mental Health Service for Patients aged 0-18.

- Work in collaboration with the child/young person and, where possible, the parents/carers throughout treatment through to discharge/ transition of care based on the combined assessment of their needs and risk.

### 3.8. Continuing Care and Assessment

**Providers will:**

- Ensure that care plans (following the Care Programme Approach [CPA], where applicable) are in place for all people receiving support for mental health problems. These plans should be coordinated across agencies, teams and or disciplines, be clearly written, identify the key coordinator and be developed in collaboration with children/young

people and families /carers where possible. A copy should be given to the service user, parent/carer (if appropriate) and other agencies such as the GP.

- Ensure that the care plan includes appropriate risk management and crisis planning.

- Review the care plan with the child or young person and their family/carer (if appropriate), including the goals of treatment, and revise the care plan at agreed intervals. The dates for review should be set out in writing and depend on the nature of the problem – many problems should be reviewed every three months but others may require a more or less frequent review. Where a significant change has taken place, or when there is a change in the care management plan, review should be carried out as soon as is practical.

- Select treatment options in consideration of:
    - Age-appropriate best practice/evidence-based psychological intervention
    - Pharmacological and psychosocial interventions
    - Environmental and occupational/educational interventions or provision
    - The availability of a psycho educational website online prevention packages with access to other face to face support available and mechanisms for any deterioration to be detected and acted upon whilst waiting
    - Engagement, flexibility and choice.

Any planning for children and young people with severe educational needs should take account of and be part of the child or young person's statement/Education Health and Care plan.

### 3.9. Does Not Attend (DNA) / Re-engagement Policy

The risks and causes of children or young people not attending for appointments are particularly acute for mental health services. Children, young people or their family/carers who do not attend appointments should not be discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage as needed.

The provider must have a robust plan in place to act when a child or young person does not attend. In each case, a risk assessment should be made and acted upon. The service should have explicit procedures in place to ensure that the child, young person and family/carer are contacted following a DNA and that all appropriate measures are taken to:

- Ensure attendance at any future appointments

- Ensure the safety of the child or young person, including notification of other people involved in their care if appropriate

The service should have clear re-engagement policies and make these available to referrers, children/young people and family/carers.

The provider will maintain good relationships with relevant agencies in health, social services education, youth Justice and, where appropriate and with consent, will share information about non-attendance, to mitigate against the risks inherent in the fact that children and young people are often dependent on others to access care.

### 3.10. Care Transition Protocols

Transitioning out of CAMHS is a period of high anxiety for the children, young people and their parents/carers and therefore it is vital that transitions are managed smoothly and in partnership with all parties, including the child or young person and parent/carer.

Groups needing particularly robust transition processes include:

- Looked after children and young people
- Young people who are LGBTQ, in particular those undergoing gender reassignment
- Care leavers moving to independent living
- Children or young people entering or leaving inpatient care
- Young people entering or leaving the secure estate
- Children and young people with learning disabilities or autistic spectrum condition
- Unaccompanied asylum-seeking children or young people
- Children and young people with caring responsibilities
- Those not in education, employment or training (NEET).

The service must have protocols in place to ensure that transitions between 'sending' services (CAMHS) and 'receiving' services (AMHS, other related services or relevant to the child or young person's mental health needs, or primary care) are robust. Services must work together with the child or young person and, where appropriate, parents/carers to plan in advance for transition.

The needs of the whole family should be taken into account. If a family member is identified that needs advice, support or help then they should be directed to another service or meet the need where appropriate.

As a minimum, a child or young person leaving CAMHS should have:

- A meeting to prepare for transition, at least six months before transitioning or, for those who are less than six months from transition age on joining CAMHS, at least one month before transition. The meeting should include:
    - The child or young person;
    - The appropriate key worker from the sending service;
    - Where applicable, a dedicated point of contact for transition from the receiving service; and
    - Where appropriate and the young person agrees, the young person's parent(s)/carer(s).

Where a face to face meeting is not practicable, for example when a young person is moving out of area, this can be done remotely, for example via a video conference.

- A complete transition plan at least 6 months prior to transitioning, signed off by:
    - The sending service;
    - Where applicable, the receiving service;
    - The child or young person;
    - Where appropriate, and where consent is given, the young person's parent(s)/carer(s).

The transition plan must include personal transition goals, jointly agreed with the child or young person. For those entering CAMHS less than 6 months before their date of transition, these requirements must be fulfilled on entry into CAMHS and no later than one month before transition.

- A named and contactable transition key worker, at least 6 months prior to transition, in the sending service or, where transitioning into AMHS or other relevant services, at the receiving service. This key worker must be known to the child or young person and their contact details shared with them. For those entering CAMHS less than 6 months before their date of transition, these requirements must be fulfilled on entry into CAMHS and no later than one month before transition.

- Those leaving CYP MH services who will not transition to a another service, but back to primary care, should have a discharge plan that has been developed and shared with the child or young person and shared with primary care. This plan should ensure that the child or young person and, where appropriate, parents/carers can support self-management where possible to maintain their wellbeing, and will know what to do if they become unwell.

- Follow up after the transition, ordinarily conducted by the receiving service and within six months, to ensure appropriate interventions are in place and transition goals have been met.

Service Transition Protocols should ensure that:

- Children and young people are involved in the process throughout and properly prepared for transition out of CAMHS;

- Children and young people have continuity of care wherever possible;

- Any risks or safeguarding concerns are clearly considered and documented;

- Joint-agency transition planning takes place, as detailed above.

### 3.11. Accessibility

Providers will:

- Provide written assessments, care plans, etc. that are easy to understand and jargon free; any technical terms in these assessments/care plans should be defined. Consideration will have to be given to ensuring that those with particular communication needs, e.g. hearing/sight impairment, speakers of other languages, have access to information in a suitable format.

- Ensure that the service is accessible and provided in an appropriate setting that creates a safe physical environment. This will take into account issues such as stigma and, where appropriate, gang violence.

- Use venues to deliver treatments that are fully accessible in terms of mobility and other impairments and that have good access to public transport and parking.

- Ensure that services have age-appropriate physical settings. If located alongside services for adults then there should be a separate entrance and waiting area for children, young people and their families/carers.

- Ensure services are available to all children and young people without regard to gender, sexuality, religion, ethnicity, social, or cultural determinants. However, where it is deemed clinically appropriate, alternative services may be established that meet the specific needs of one or more groups within a community. Such services will enhance rather than detract from the existing provision.

- Offer children, young people and parents/carers age and developmentally appropriate, co-produced information for children/young people, parents/carers and referrers about the services provided and how they are accessed and about their care.

### 3.12. Interdependence with other services/providers

The Provider should ensure they have excellent links with services regularly used by young people, families and carers:

- Schools and academies FE colleges and other education providers
- General Practice
- Children centres and early years settings (nurseries)
- Early Help provider
- Health visitors
- Other mental health services (adult, specialist, forensic)
- Voluntary sector providers
- Independent providers
- Inpatient or paediatric services
- Youth services

- Safe guarding – children and adults (Local Safeguarding Children Board)
- Local authorities
- Emergency departments
- Community child health
- Youth justice system – including youth offending teams, Liaison and Diversion services, Children and Young People's Secure Estate
- Substance Misuse services
- Sexual Assault Referral Centres (SARCs)
- Job centres and careers advice
- Local independent providers.
- Local Mental Health Trust's.

## 4. Applicable Service Standards

### 4.1 Applicable national standards and guidance (eg NICE)

This specification links to the following NICE Quality Standards. *Please note that the list is not exhaustive.*

**NICE quality standards relating to mental health and emotional wellbeing of children and young people:**

| NICE Quality Standard/ Guideline number | Title and link | Published | Review | Age range |
|---|---|---|---|---|
| QS31 | Health and wellbeing of looked-after children and young people | April 2013 | Apr 2018 | 0–18 |
| QS34 | Self-harm | June 2013 | June 2018 | Children and young people from 8 and adult |
| QS39 | Attention deficit hyperactivity disorder | July 2013 | July 2018 | Children and young people from 3 and adult |
| CG28 | Depression in children and young people | Sept 2005 | Dec 2015 | <18 |

| | | | | |
|---|---|---|---|---|
| QS48 | Depression in children and young people | Sept 2013 | Sept 2018 | 5–18 |
| QS51 | Autism | Jan 2014 | Jan 2019 | Lifespan |
| CG 128 | Autism diagnosis in children and young people | Sept 2011 | Nov 2014 | <18 |
| QS53 | Anxiety disorders | Feb 2014 | Feb 2019 | Lifespan |
| PH 4 | Interventions to reduce substance misuse among vulnerable young people | March 2007 | | < 25 |
| QS59 | Antisocial behaviour and conduct disorders in children and young people: pathway | April 2014 | April 2019 | < 18 |
| CG 158 | Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management | March 2013 | | <18 |
| CG9 | Eating disorders | January 2004 | Tbc 2017 | Children and young people from 8 and adults |
| CG78 | Borderline personality disorder | January 2009 | January 2015 | Adults and young people (<18) |
| CG 155 | Psychosis and schizophrenia in children and young people | January 2013 | | < 18 |

**Evidence based treatment pathways**

Over the next five years, NHS England will be working with Arm's Length Body (ALB) partners to develop **evidence-based treatment pathways** and the supporting infrastructure required to enable their implementation. Each of the pathways will be designed to span the journey from 'referral to treatment and recovery' including start of NICE concordant treatment. Below are the published and pending publications relating to meeting the mental health needs of children and young people that the Provider will need to be aware of and implement in practice.

**Already published:**

- Early intervention in psychosis – the standard is targeted at people aged 14-65. https://www.england.nhs.uk/mentalhealth/adults/cmhs/#eip
- Community services for eating disorders in children and young people (this will be extended during 2016/17 to include in-patient and day patient services within the pathway) https://www.england.nhs.uk/mentalhealth/cyp/eating-disorders/

**Planned for 2016/17:**

- Generic children and young people's mental health – to be published 2017
- Perinatal mental health
- Urgent and emergency mental health care for children and young people (including 'blue light' mental health response - all ages)
- Acute mental health care

**Planned for 2017/18 and 2018/19:**

- Self-harm

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

The Provider shall adhere to the following standards/guidance as a minimum (this list is not exhaustive):

- Quality Network for Community CAMHS Standards (QNCC) - found at: http://www.rcpsych.ac.uk/quality/qualityandaccreditation/childandadolescent/communitycamhsqncc/ourstandards.aspx
- Quality Network for Inpatient CAMHS Standards (QNIC) - found at: http://www.rcpsych.ac.uk/PDF/QNIC%20Standards%202013.pdf
- Youth Wellbeing Directory and ACE-V Quality Standards - found at: http://www.youthwellbeing.co.uk/
- Child Outcome Research Consortium (CORC) - found at: http://www.corc.uk.net/
- Choice and Partnership Approach (CAPA) - found at: http://www.capa.co.uk/
- THRIVE Framework - found at: http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/
- Implementing the Five Year Forward View for Mental Health - https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

- Delivering the Forward View: NHS Shared Planning Guidance 2016/17 - 2020/21: https://www.england.nhs.uk/publications/plan-guid-1617/

- The Five Year Forward View for Mental Health - https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

- Future in Mind (2015) - https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people

- Achieving Better Access to Mental health Services by 2020 - https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020

- No Health without Mental Health. Department of Health (2011) - https://www.gov.uk/government/publications/no-health-without-mental-health-a-cross-government-mental-health-outcomes-strategy-for-people-of-all-ages-a-call-to-action

- Talking Therapies, a 4-year plan. Department of Health (2011) - https://www.gov.uk/government/publications/talking-therapies-a-4-year-plan-of-action

- Closing the Gap. Department of Health (2014) - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

- NHS and Social Care Act (2011) - https://www.gov.uk/government/publications/health-and-social-care-bill-2011-combined-impact-assessments

- Children and Families Act (2014) - http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

- Mandate to Health Education England - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310170/DH_HEE_Mandate.pdf

- Chief Medical Officer's Annual Report on State of Public Health (2014) - https://www.gov.uk/government/news/chief-medical-officer-publishes-annual-report-on-state-of-the-publics-health

- Behaviour and Discipline in Schools, Department of Education (2014) - https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools

- Public Services (Social Value) Act 2012: https://www.gov.uk/government/publications/public-services-social-value-act-2012-1-year-on

- Five Year Forward View : http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

- Forward View into action: Planning for 2015/16 guidance: http://www.england.nhs.uk/ourwork/forward-view/

- Personal Health Budgets : https://www.england.nhs.uk/healthbudgets/understanding/mental-health/

- Choice of Provider Initiative : http://www.england.nhs.uk/wp-content/uploads/2014/05/guid-choice-prov-health.pdf

- Health and Social Care Advisory Service (2008) 'Turning what young people say into what services do Quality Standards for children and young people's participation in CAMHS': http://www.chimat.org.uk/resource/item.aspx?RID=67265

- "Delivering With and Delivering Well"[9] was developed by young people, commissioners and providers to integrate the principles of the CYP IAPT programme into existing quality assurance and accreditation frameworks: http://www.england.nhs.uk/wp-content/uploads/2014/12/delvr-with-delvrng-well.pdf

- Guide to Using Outcomes and Feedback Tools with Children, Young People and Families Formerly known as COOP (Children and Young Peoples' Improving Access to Psychological Therapies Outcomes Oriented Practice) and gives guidance on how to use outcome and feedback measures for children and young people with mental health

[9] CYP IAPT Values and Standards Subgroup - CYP IAPT National Service Development Group, CAMHS Press (2014)

issues and their families:
http://www.ucl.ac.uk/ebpu/docs/publication_files/Guide_COOP_Book010414.pdf

- Mental Health Act 1983 (amended 2007):
http://www.legislation.gov.uk/ukpga/2007/12/contents

- Mental Capacity Act 2005: http://www.legislation.gov.uk/ukpga/2005/9/contents

- Children Act 2004: http://www.legislation.gov.uk/ukpga/2004/31/contents

- Equality Act 2010: http://www.legislation.gov.uk/uksi/2012/2992/contents/made

- Care Act 2014: http://www.legislation.gov.uk/ukpga/2014/23/contents

- The Human Medicines Regulations 2012:
http://www.legislation.gov.uk/uksi/2012/1916/contents/made

- Public Services (Social Value) Act 2012:
http://www.legislation.gov.uk/ukpga/2012/3/contents

- 'Working together to safeguard children 2015':
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

- Promoting the health of looked after children :
https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

- NHS Choice of Provider initiative: http://www.england.nhs.uk/wp-content/uploads/2014/05/guid-choice-prov-health.pdf

**4.3 Applicable local standards**

4.3.1 The provider will meet the local outcomes detailed in Schedule 2A, clause 2.3.

4.3.2 Standards for children and young people and parents'/carers' participation:

It is important that children and young people and their family/carers are involved at every level of service provision. This includes on an individual treatment level where we know it improves outcomes when children, young people and their family/carers are involved in shared decision making on their own treatment, setting goals that have a meaning for them, and using their feedback to guide their treatment.

It is also essential to involve children and young people, family/carers and others that come into contact with children and young people regularly such as schools, in the development and improvement of services.

Children, young people's and family/carers feedback, when combined with other outcome metrics, is an important part of service monitoring and effective ways to capture feedback from children and young people and their families/carers should also be considered.

Providers will ensure that all service developments and/or redesigns are undertaken using co-production with children and young people and their families/carers as well as all other relevant agencies.

All services must include children, young people, families and carers when designing and monitoring services. The Provider shall adhere to the principles set out in the Department of Health (2011) Quality Criteria for young people friendly health services ('You're Welcome') sets out principles to improve the suitability of health services for young people. https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services

## 5. Applicable quality requirements and CQUIN goals

**Applicable Quality Requirements**

See Schedule 4

**Applicable CQUIN goals**

See Schedule 3

**Feedback and Outcome Tools**

Providers should use the tools that best facilitate continuous quality improvement in their clinical practice to ensure quality requirements are meaningful both in tracking progress and for day-to-day clinical work and collaborative practice.

## 6. Location of Provider Premises

**The Provider's Premises are located at:**

The Provider will offer a range of locations that meet the needs of children/young people and their parents/carers and provide a choice of venue, for example, children's centres, clinics, drop-in sessions in other services and CAMHS providers.