

Towards Children and Young People's Emotional Health and Well-Being Quality Standards

Draft

Version 2 D14 for Consultation

August 2020

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Review by: **Month** 2023 at the latest

Version No.	Date	Change from previous version
V1.1	09.02.2016	Paragraph added about organisation's clinical governance arrangements UKAS accreditation logo added
V1.2	09.01.2017	Text added to the front page - "These Quality Standards are beyond their review date so should be used with caution as they may not be up to date"
V2 D1 & 2	21.01.19	Literature Review added
V2 D3	29.04.19	Amends following initial discussions.
V2 D4	24.07.19	Discussed at Steering Group meeting
V2 D5 -6	14.08.19	SG amendments
V2 D7 -11	12.12.19	Structure amended.
V2 D12	17.02.20	Cross referencing
V2 D13	18.02.20	For consultation – delayed due to the Covid -19 pandemic
V2 D14	12.08.20	Distributed for regional consultation 13.08.20

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Introduction

These Quality Standards were initially developed in 2014 in response to the increasing number and complexity of children with mental health problems being referred to Child and Adolescent Mental Health Services (CAMHS) in several parts of the West Midlands. They build on the features of effective services that were identified by children, young people and their parents and carers (Young Minds: Your Voices Amplified, 2018 and Thrive Elaborated Wolpert et al, 2016) (Figure 1). This revised version incorporates learning from using Version 1 in peer review visits, feedback from a group of service users, a review of relevant literature published since 2014 (Appendix 1) and discussion with the West Midlands Clinical Network.

Figure 1: Respect Agenda (Thrive Elaborated, Second Edition, Wolpert et al, 2016, p.9).

As someone seeking help from a professional, I have a right to RESPECT	
Review	<ul style="list-style-type: none"> • Know what options are available • Know the pros and cons of the different options
Effective Help	<ul style="list-style-type: none"> • Know the evidence for the help and support being suggested • Know if there are different types of help that might be effective • Know what is expected from me or others for the treat
Select	<ul style="list-style-type: none"> • Make choices about what help I get when different evidence-based approaches exist
Progress	<ul style="list-style-type: none"> • Be involved with setting and reviewing goals • Know how soon and to what extent things are likely to improve
Expression	<ul style="list-style-type: none"> • Be listened to and have my views taken into account
Clarity	<ul style="list-style-type: none"> • Know how those supporting me understand the difficulties • Know what is happening to information about me
Transition Support	<ul style="list-style-type: none"> • Be supported to find further help if needed

EBPU Evidence Based Practice Unit  

The structure of the Quality Standards has also been changed and is now based on the ‘THRIVE Framework for system change’ (Wolpert *et al*, 2019) which conceptualises the mental health and well-being needs of children, young people and families into five needs-based groupings (Figure 2).

THRIVE is a needs-led framework which “means that mental health needs are defined by children, young people and families alongside professionals through shared decision-making. Needs are not based on severity, diagnosis or health care pathways.” (Wolpert *et al*, 2019). The THRIVE framework is suitable for young people aged 0 to 25 within a specified locality.

The Quality Standards are equally applicable to localities which are using the model of Universal, Targeted (Tier 2) and Specialist (Tier 3) services. Whatever service model is used locally, the quality of prevention, support and care should be the same. Appendix 3 gives more detail of the terms used in both service models.

Figure 2 THRIVE Framework for system change (Wolpert *et al*, 2019, p.4)



The THRIVE Framework is based on eight principles:

1. **“Common Language:** Common conceptual framework (five needs-based groupings: *Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support*) shared across all target groups.
2. **Needs-Led:** Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone’s role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system.
3. **Shared Decision Making:** Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person.
4. **Proactive Prevention and Promotion:** Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build their own strengths including safety planning where relevant.
5. **Partnership Working:** Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs-based groupings.
6. **Outcome-Informed:** Clarity and transparency from outset about children and young people’s goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved:
 - Discuss the limits and ending of interventions
 - Differentiate treatment and risk management
 - Consider full range of options including self or community approaches.
7. **Reducing Stigma:** Ensuring mental health and wellbeing is everyone’s business including all target groups.
8. **Accessibility:** Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.” (Wolpert *et al*, 2019, p. 12-13)

These Quality Standards aim to improve the quality of prevention, support and care for children, young people and their families. They help to answer the question: “For each service, how will I know that national guidance and what has been shown to be best practice have been implemented?” They are suitable for providers to use in self-assessment, for public health, education, health and social care commissioners to use in service specifications and provider monitoring, and for use in peer review visits. They should be achievable by all services within the next two to five years. The Quality Standards are consistent with the NHS England’s *Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3) 2015* and describe the relationships expected by Service Specification [170022/S] *Tier 4 Child and Adolescent Mental Health Services (CAMHS): General Adolescent Services including specialist eating disorder services, 2018*.

Through the use of these Quality Standards locally and for peer review visits:

- a. Children, young people and families will know more about the services they can expect.
- b. Commissioners will be supported in assessing and meeting the needs of their population, improving health and reducing health inequalities, and will have better service specifications.
- c. Service providers and commissioners will work together to improve service quality.
- d. Service providers and commissioners will have external assurance of the quality of local services.
- e. Reviewers will learn from taking part in review visits.
- f. Good practice will be shared.
- g. Service providers and commissioners will have better information to give to the Care Quality Commission, NHS England and NHS Improvement.

Quality Standards are cross-referenced to their key reference sources (Appendix 1). They are also cross-referenced to the British Standards Institution Publicly Available Specification (PAS) 16:16, the Care Quality Commission ‘Key Lines of Enquiry’ and the ‘You’re Welcome’ Quality Criteria for Young People Friendly Health Services (Appendix 2). Appendix 3 gives a glossary of terms and abbreviations and Appendix 4 summarises how evidence could be presented for peer review visits.

The Royal College of Psychiatrists runs a Quality Network for Child and Adolescent Mental Health Services, and Service Standards are available for members of the Network. These QRS Quality Standards and any future peer review programme will help organisations preparing for Royal College of Psychiatrists accreditation. Sharing findings from review programmes may be helpful in building an overall picture of the quality of services that are supporting emotional health and well-being for children and young people.

Scope of the Quality Standards

Each locality will have a range of services which should be working in an integrated way to meet local needs. The specific needs and the services available locally will vary, and will definitely have different names. What is important is that available services cover the whole spectrum of need as well as any local groups of children and young people who are at particularly high risk of mental health problems. Children and young people may be particularly vulnerable due to a “range of social factors such as poverty, poor education, abuse or neglect; environmental factors including injustice, discrimination, and social and gender inequalities; and individual factors such as experience of abuse, a learning disability, or physical health problems.” (Wolpert *et al*, 2019, p.6)

The Quality Standards do not cover the most highly specialised ‘Tier 4’ services which are commissioned by NHS England Specialised Commissioning. Intensive home support (Tier 3.5) and links with Tier 4 CAMH services are, however, included, as are Quality Standards for commissioners.

Achievement of these Standards requires effective cross-sector working between all agencies involved in the mental health and well-being of children, young people and their families. The Quality Standards recognise the importance of continuity and of avoiding ‘multiple hand-offs’, and recognise that children and young people may need different kinds of support at different times.

Links with Other Quality Standards

These Quality Standards should sit within organisations’ overall clinical governance arrangements. The QRS Clinical Governance Quality Standards V2 2020 describe the clinical governance arrangements which should be in place. Compliance in NHS provider organisations will usually be assured through mechanisms including internal and external audit, Royal College reviews and inspections from regulatory bodies. Non-NHS organisations may wish to use the QRS Clinical Governance Quality Standards to assure themselves of the robustness of their overall clinical governance arrangements.

These Quality Standards link with many other many other pathways and QRS Quality Standards in particular those for:

- a. Mental health services (adults): These Standards also cover services specialising in Early Intervention in Psychosis
- b. Urgent Care (covering Urgent Care Centres, Ambulance Services, Emergency Department, Acute Medical and Surgical Admissions Unit)
- c. Community Child Health Services
- d. Care of the Critically Ill and Injured Child

Structure of the Quality Standards

These Quality Standards are structured in the following sections:

Quality Standards section	NHS England Model Specification for Child and Adolescent Mental Health Services 2015: Targeted and Specialist levels (Tiers 2/3)	THRIVE Framework (Wolpert et al, 2019)
Universal: Thriving	Universal Services	Thriving
Universal: Getting Advice	No specific equivalent. Functions are within Universal and, sometimes, Tier 2 Services	Getting Advice
Local services providing Help, More Help and/or Risk Support Only	Tier 2 and Tier 3 Child and Adolescent Mental Health Services	Help More Help Risk Support only
Commissioning	-	-

Reference Number (Ref)	<p>This column contains the reference number for each Standard, which is unique to these standards and is used for all cross-referencing. Each reference number is composed of two letters and three digits (see below for more detail).</p> <p>The reference column also includes a guide to how the Standard will be reviewed:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>BI</td> <td>Background information</td> </tr> <tr> <td>Visit</td> <td>Visiting facilities</td> </tr> <tr> <td>MP&S</td> <td>Meeting children, young people, their families and staff</td> </tr> <tr> <td>CNR</td> <td>Case note review or clinical observation</td> </tr> <tr> <td style="background-color: #e6f2ff;">Doc</td> <td>Documentation which may be in the form of a website or other social media.</td> </tr> </tbody> </table> <p>The shaded area indicates the approach that will be used to reviewing the Quality Standard. Appendix 4 summarises the evidence needed for review visits.</p>	BI	Background information	Visit	Visiting facilities	MP&S	Meeting children, young people, their families and staff	CNR	Case note review or clinical observation	Doc	Documentation which may be in the form of a website or other social media.
BI	Background information										
Visit	Visiting facilities										
MP&S	Meeting children, young people, their families and staff										
CNR	Case note review or clinical observation										
Doc	Documentation which may be in the form of a website or other social media.										
Quality Standard (QS) <i>Notes</i>	<p>This describes the quality that services are expected to provide.</p> <p><i>The notes give more detail about either the interpretation or the applicability of the Standard.</i></p>										

Pathway and Service Letters:

These Quality Standards use the mental health pathway letter 'G'. The Standards are in the following sections:

GA-	Mental Health Pathway	Universal Services	Thriving
GA-	Mental Health Pathway	Universal Services	Getting Advice
GR-	Mental Health Pathway	Targeted and Specialist Child and Adolescent Mental Health Service (Tiers 2, 3 and 3.5)	Getting Help Getting More Help Getting Risk Support Only
GZ-	Mental Health Pathway	Commissioning	-

Topic Sections: Each section covers the following topics:

-100	Information and Support for Children, Young People and Families
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

PDF and Excel Versions

The full text of the Quality Standards and all Appendices are available in a PDF version. A self-assessment form is available in Excel and it is recommended that this is used by commissioners and service providers when considering their compliance with the Standards. The Excel version has the following advantages:

- The spreadsheet includes a 'CQC' tab. This updates automatically when a self-assessment is completed and allows services to see, and demonstrate, the extent to which they are achieving the CQC Key Lines of Enquiry.
- Additional columns can be used for subsequent self-assessments, enabling progress to be seen without losing earlier information

When using the Excel spread-sheet it is useful to know the following:

- If the tabs at the bottom of the spreadsheet do not appear, please minimise the spreadsheet and then maximise it again and the tabs should be there.
- 'Alt' and 'Enter' (together) allows you to put a new line within an Excel cell.

The PDF version includes appendices 1 to 4 which are not included in the Excel version.

Comments on the Quality Standards

The Standards are circulated to the West Midlands Clinical Network: Children and Young People, all West Midlands Trusts and Clinical Commissioning Groups (CCGs) for distribution to interested organisations, groups and individuals. Comments on any aspect of the Standards are welcome and should be sent to grs@nhs.net by **23rd September 2020**

More information about QRS and its Quality Standards and reviews is available at www.qualityreview servicewm.nhs.uk or 0121 612 2146.

Quality Standards

Universal Services: Thriving

“All agencies share a responsibility to provide support proactively for the most vulnerable and high-risk children and young people. There is a strong (though not absolute) link between psychosocial adversity and mental health need. Vulnerable groups of children living in conditions of multiple adversity, often with experience of a number of adverse life events, may need proactive support to ensure they get the most beneficial help available to them. A wide range of agencies, often usefully led by schools and social care, has a key role in outreach and motivational work that helps some young people’s readiness to seek support. There is a shared responsibility of those in contact with children and families to promote awareness and understanding of the importance of good child and family mental health and wellbeing, and to promote family and child mental health and wellbeing actively, including specific interventions, as discussed above. To address these factors requires an inter-governmental commitment and cross-agency strategy”. (Wolpert, M. et al 2016)

These Quality Standards are applicable to all agencies and services in contact with children, young people and their families.

Ref	Standard
GA-101 BI Visit MP&S CNR Doc	<p>Information for Children, Young People and Families</p> <p>Information for children, young people and families should be available, covering at least:</p> <ol style="list-style-type: none"> Health promotion, including smoking cessation, healthy eating, weight management, exercise, drug and alcohol use, sexual and reproductive health, and gender identity and sexual orientations Emotional health, well-being and resilience Common emotional well-being and mental health problems in children and young people How to access advice and help locally <p><i>Note: This information may be in the form of a website or other social media. The information should be appropriate for the social, cultural and religious needs of children and young people in the local area.</i></p>
GA-102 BI Visit MP&S CNR Doc	<p>Community Initiatives for Children, Young People and Families</p> <p>A range of community programmes covering emotional health, well-being and resilience should be available for children, young people and families in the local area. Some initiatives should specifically address the needs of those who are most vulnerable to mental health problems.</p> <p>Notes:</p> <ol style="list-style-type: none"> Community programmes may combine informal education, formal face-to-face, digital interventions or other approaches. Programmes may cover different aspects of emotional health, well-being and resilience. Many factors increase the likelihood of the development of mental health difficulties in children and young people. These include social circumstances such as loneliness, bereavement and neglect; environmental factors such as injustice, discrimination and exposure to trauma and individual factors such as cognitive/emotional immaturity and medical illness. (Thrive Elaborated 2016).

Universal: Getting Advice

“Those children and young people who need advice and sign-posting include those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals- based specialist input. Within this grouping are children, young people and families adjusting to line circumstances, with mild or temporary difficulties where the best intervention is within the community with the possible addition of self-support. This group may also include, however, those with chronic, fluctuating or ongoing severe difficulties for which they are choosing to manage their own health and/or are on the road to recovery” (Wolpert, M.et al 2019).

These Quality Standards apply to those individuals and services which provide ‘Advice’ for children, young people and their families. These services should, wherever possible, be within education and community settings in the local area.

A range of services, including GPs, health visitors, school nurses, social services, safeguarding and pastoral care teams (or equivalent) in schools and children’s centres, youth workers, substance misuse teams, mental health support teams and other local services, may provide ‘Advice’ and thereby contribute to prevention, early intervention, and if necessary, onward referral of children and young people with emotional well-being or mental health problems.

Ref	Standard
GA-201	<p>Training</p> <p>Staff providing ‘Advice’ should have undertaken training in :-</p> <ol style="list-style-type: none"> Promotion of emotional health, well-being and resilience Problem recognition Evidence-based approaches to drug and alcohol education Evidence-based strategies to use with children with emotional well-being or mental health problems When and how to access further advice, guidance and supervision
GA-202	<p>Access to Advice, Guidance and Supervision</p> <p>Staff providing ‘Advice’ should themselves have access to advice, guidance and supervision about the care and, if appropriate, referral of children and young people with emotional well-being or mental health concerns.</p> <p><i>Note: Advice, guidance and, if required, supervision should cover all aspects of QS GA-501 and should normally be provided by local ‘Help’ or ‘More Help’ services</i></p>

Ref	Standard					
<p>GA-501</p> <table border="1" data-bbox="209 309 292 483"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Guidelines</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> a. Promotion of emotional health, well-being and resilience b. Drug and alcohol education c. Advice and therapies for children and young people with less severe emotional well-being or mental health problems d. Services for children and young people with mental health problems in the local area: <ol style="list-style-type: none"> i. The service's role and interventions offered ii. Ages of children seen iii. Indications and arrangements for urgent and routine referral iv. Information to be sent with each referral v. Arrangements for access to telephone advice and guidance <p><i>Notes:</i></p> <p>1 Guidelines should be consistent with guidelines in use in other local services.</p> <p>2 Guidelines should be clear about the arrangements for new referrals and referral of children and young people already known to the services.</p>
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<p>GA-701</p> <table border="1" data-bbox="209 947 292 1122"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Data Collection</p> <p>Data should be collected on:</p> <ol style="list-style-type: none"> a. The number of children, young people and families seen by the individual or service b. Outcomes for each young person or family seen
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Services providing ‘Help’, ‘More Help’ and/or ‘Risk Support Only’

‘Help’

“Some children and young people would benefit from focussed, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with specified individual or group. The professional may not necessarily be a trained mental health provider, but may be a range of people who can provide targeted, outcomes-focused help to address the specific mental health issue. Interventions are characterised by an explicit shared understanding from the outset of:

- *What a successful outcome would look like*
- *How likely this is to occur by a specific date*
- *What would happen if this was not achieved*

Emphasis is placed on ending an intervention if it is felt not to be working or if the gains no longer outweigh the costs or potential harm”.

‘More Help’

There are no hard and fast rules as to who needs ‘More Help’ but the following are frequent indicators:

- *The child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers)*
- *They may even be unable to function in all domains (e.g. staying at home or in bed all day without taking part in social activities)*
- *They need constant supervision (due to their level of difficulties, they are no longer managing to self-care) and experience distress on a daily basis.*

This grouping also comprises those children, young people and families, who would benefit from focussed, evidence-based intervention, with clear aims, and criteria for assessing whether these aims have been achieved. It encompasses those young people and families who would benefit from extensive intervention. This grouping might include children with a range of overlapping needs that mean they may require greater input, such as the coexistence of autistic spectrum disorder (ASD), major trauma or broken attachments.

These are not conceptually different services. [They are] separate needs based groupings only because need for extensive resource allocation for a small number of individuals [who] may require particular attention and coordination from those providing services across the locality.

‘Risk Support Only’

[May be provided for] those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services.

(Wolpert, M.et al).

These Quality Standards apply to services providing ‘Help’ ‘More Help and/ or ‘Risk Support Only’. For those using a tiered approach they apply to Tier 2 and Tier 3 services.

As part of the range of services available, children, young people and families in each local area should have access to:

- a. Specialist CAMHS service (QS GR-202)
- b. 24/7 initial crisis telephone advice (QS GR-205)
- c. 24/7 hour crisis response team (QS GR-206)
- d. 24/7 Intensive home support (QS GR-207)

Ref	Standard					
Information and Support for Children, Young People and Families						
GR-101 <table border="1" data-bbox="209 405 288 577"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>General Service Information</p> <p>Information for children, young people and families should be easily available covering:</p> <ol style="list-style-type: none"> a. Role of the service within the local care pathway and age of children and young people seen b. Organisation of the service, such as opening hours c. Options for home visits or therapeutic interventions in informal locations d. Staff and facilities available e. How to contact the service for help and advice, including out of hours <p><i>Notes:</i></p> <p>1 This information may be in the form of a website or other digital technologies. It may be combined with the information required in QS GA-101 or other information aimed at raising awareness and reducing the stigma of mental health problems.</p> <p>2 Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of service users, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'Quality Criteria for Young People Friendly Health Services' (DH, 2011).</p> <p>3 This may be general Trust-wide (or equivalent) information. If so, services that are specific to one presenting problem or group of children and young people should be clearly identified.</p>
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GR-102 <table border="1" data-bbox="209 1081 288 1254"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Information for Children and Families Referred to the Service</p> <p>The service should offer children, young people and families referred to the service written information covering:</p> <ol style="list-style-type: none"> a. Who they will see and what will happen at their first visit b. Consent and confidentiality, including: <ol style="list-style-type: none"> i. The implications of children and young people's competence and capacity to consent ii. The child or young person's right to access information about themselves c. Safeguarding and the service's responsibility to report concerns d. The role of the case manager and how to request a different case manager <p><i>Notes:</i></p> <p>1 Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of service users, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'Quality Criteria for Young People Friendly Health Services' (DH, 2011).</p> <p>2 Information about staff should include how members of staff and their roles are identifiable.</p> <p>3 The case manager may also be called a care coordinator, key worker, case holder or lead professional.</p>
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<p>GR-103</p> <table border="1" data-bbox="209 293 288 465"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Goal- and Problem-Specific Information</p> <p>Information for children, young people and families should be available, covering at least:</p> <ol style="list-style-type: none"> Support available to help them achieve their goals Brief description of their problem and its impact Therapeutic interventions offered by the service, including support for families Possible side-effects of therapeutic interventions Possible further problems, and what to do if these occur DVLA regulations and driving advice (if applicable) Health promotion, including normal child development, smoking cessation, healthy eating, weight management, exercise, drug and alcohol use, sexual and reproductive health, gender identity and sexual orientations The promotion of mental and emotional health and well-being and resilience Sources of further advice and information <p><i>Notes:</i></p> <p>1 As QS GR-101 note 2. A range of information should be available and may be combined with service information (QS GR-101).</p> <p>2 Goal- and problem-specific information may be given at different stages along the care pathway. Some aspects may not be applicable to some children and young people.</p> <p>3. Children and Young people may also wish to develop their own record by use of the Children & Young Person's Mental Health Service Information Passport accessed via www.england.nhs.uk/mental-health/cyp/iapt/</p>
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<p>GR-104</p> <table border="1" data-bbox="209 293 288 465"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Agreed Plan</p> <p>Each young person and, where appropriate, their carer should co-produce and agree a goal-orientated Plan, and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> Agreed goals, including life-style goals Self-management and family actions Planned therapeutic interventions and who will be delivering these Possible side effects of planned therapeutic interventions (if applicable) Early warning signs of problems and what to do if these occur Planned review date and how to access a review more quickly, if necessary Risk assessment Name of case manager and how to contact them with queries or for advice <p>If required:</p> <ol style="list-style-type: none"> Crisis management plan Risk management plan Any cultural or religious implications for therapeutic interventions or settings <p><i>Notes:</i></p> <p>1 The Plan may take many forms, including diagrams, clinic letters or CPA documents and should be available in formats that are appropriate to the needs of service users, including for young people with learning disabilities. Some children and young people may also have a 'Looked After Children' Common Assessment Framework or a Social Services Care Plan. Children and young people should ideally have one Plan. Where more than one plan is essential, these should be linked and consistent.</p> <p>2 A risk management plan may also be called an risk action plan or safety plan</p> <p>3 For compliance with this QS evidence that the young person has agreed their Plan will be required. If electronic client records systems are in use, then agreement of the Plan by the young person should be recorded.</p> <p>4 Children and young people receiving 'Risk Support Only' may not have any therapeutic interventions identified within their Plan. [Consultation Query: are there any nationally recognised tools available that we could add a link here to be helpful?]</p>
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<p>GR-105</p> <table border="1" data-bbox="209 1379 288 1552"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Review of Agreed Plan</p> <p>A formal review of the young person's Plan should take place as planned and at least six monthly. This review should involve the young person, their carer (where appropriate), and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the young person and, if appropriate, to the referring service and the young person's GP.</p> <p><i>Note: As QS GR-104.</i></p>
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<p>GR-106</p> <table border="1" data-bbox="209 1641 288 1814"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Contact for Queries and Advice</p> <p>Each young person and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available, then the timescales for a response should be clear. Response times should be not more than the end of the next working day. All contacts for advice, response times, and advice given should be documented.</p> <p><i>Note: A response by the end of the next working day means a response by, or following discussion with, a health or social care professional. It does not mean that a particular health or social care professional involved in the individual's care will respond by the end of the next working day.</i></p>
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GR-107	Case Manager					
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GR-xx	'Risk Support Only'					
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GR-194	'Letting Go' Plan					
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GR-195	Transition to Adult Services and Preparation for Adult Life (This QS applies only to services providing 'More Help')					
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<p>GR-197</p> <table border="1" data-bbox="209 869 288 1055"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>General Support for Families and Carers</p> <p>Families and carers should have easy access to the following services, and information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice <i>HealthWatch</i> or equivalent organisation Relevant voluntary organisations providing support and advice <p><i>Notes:</i></p> <p>1 As QS GR-101 note 1.</p> <p>2 This QS is about signposting to relevant services. The actual services available may be different in different areas.</p> <p>3 Availability of support services should be appropriate to the case mix and needs of local children, young people and families.</p>
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<p>GR-198</p> <table border="1" data-bbox="209 1507 288 1680"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Families' and Carers' Needs</p> <p>Families and carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Services available to provide support, including for other children in the family Group and individual parent/carer training programmes <p><i>Note: Support for families and carers may include carers' groups, carers' breaks, emergency response, support for other children in the family, and cognitive behavioural therapy, usually accessed through primary care-based psychological therapy services.</i></p>
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<h2 style="color: #00A651;">Staffing</h2>						
GR-201 <table border="1" data-bbox="204 857 288 1030"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Professional and Managerial Leads</p> <p>A lead professional and a lead manager should be responsible for the effective delivery of the service, including staffing, training, supervision, guidelines and protocols, service organisation, governance and liaison with other services. The lead professional should be a registered health or social care professional who undertakes regular clinical or social work within the service.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Integrated health and social care services may be led by a registered health or social care professional.</i> <i>The lead professional and lead manager may be the same person or may be different people.</i>
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GR-202 BI Visit MP&S CNR Doc	<p>Staffing Levels and Skill Mix</p> <p>All services should have sufficient staff with appropriate competences for the:</p> <ol style="list-style-type: none"> a. Number of children and young people usually cared for by the service and the usual case mix b. Service’s role in the care pathway including: <ol style="list-style-type: none"> i. Assessments and therapeutic interventions offered by the service, including support for parenting ii. Achievement of expected timescales for assessments, therapeutic interventions and urgent review iii. Case management iv. 24 hour Crisis initial telephone advice (if applicable: QS GR-205) v. 24 hour Crisis response (if applicable: QS GR-206) vi. Intensive home support 24/7 (if applicable: QS GR-207) c. Staff support and supervision d. Service’s role in supporting ‘Getting Advice’ services e. Providing ongoing support, assessments and discharge planning of children and young people under the care of Tier 4 services or in in-patient or residential placements outside the local area (if applicable) <p>Specialist CAMHS services should have the following staff:</p> <ol style="list-style-type: none"> f. Psychological therapists and counsellors g. Nursing staff h. Clinical psychologists i. CAMH consultants j. Social care professionals k. Allied health professionals appropriate to the usual case mix and interventions offered by the service l. Support workers and other staff required to deliver the range of assessments and therapeutic interventions offered by the service <p>Cover for absences should be available so that the care pathway is not unreasonably delayed, and outcomes and experience are not adversely affected, when individual members of staff are away.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1 A clear methodology should, ideally, be used to determine the appropriate staffing levels and skill mix. Staff should have time allocated for their role in the service, but roles may be part-time, and staff may be shared with other services. Staff should have an appropriate proportion of their time allocated to direct clinical contact, which may vary for different grades of staff. 2 ‘Getting Help’ staff can be the same staff as those providing ‘More Help’ 3 Any specialist nurses should have completed an appropriate post-registration education programme. 4 Allied health professionals, including example dieticians, occupational therapists and speech and language therapists should be part of the core team for the usual case mix and therapeutic interventions offered. QS GR-301 covers general access to these services. 5 Social and health care support workers should normally have, or be working towards the relevant care certificate standards. Further information can be found at www.skillsforhealth.org.uk and www.skillsforcare.org.uk/ 6 Reviewers should be concerned about the availability of staff with appropriate competences rather than management arrangements. 7 Further guidance on staffing CAMH services is given in Royal College of Psychiatrists: CR182. Building and sustaining Specialist CAMHS to improve outcomes for children and young people: Update of guidance on workforce, capacity and functions of CAMHS in the UK, 2013.

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GR-203 BI Visit MP&S CNR Doc	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place. The competence framework and training plan should ensure appropriate staff are available to meet the needs of the usual case mix of children and young people cared for by the service, the role of the service in the care pathways, and the therapeutic interventions that the service is expected to provide, including:</p> <p>All services:</p> <ul style="list-style-type: none"> a. Cognitive behavioural therapy b. Parent counselling and parenting support c. Systemic family practice d. Interpersonal counselling / psychotherapy e. Formulation or solution-focused therapies f. Care of children with neuro-developmental disorders <p>Services providing ‘More Help’</p> <ul style="list-style-type: none"> g. Pharmacological interventions h. Family therapy i. Dialectical behaviour therapy j. Cognitive behavioural therapy (eating disorders services) <p>‘Risk Support Only’:</p> <p>[Consultation query: Are there any additional competences that are required for those providing ‘Risk Support Only’ that are not covered in ‘All services’ above or in QS GR-204]</p> <p><i>Notes:</i></p> <p>1 Other therapies, for example, Eye Movement Desensitisation and Reprocessing (EMDR), Cognitive Analytic Therapy (CAT), Video Interactive Guidance (VIG) and Maudsley Model of Anorexia Treatment in Adults (MANTRA) may also be offered by ‘More Help’ services. If so, staff should have appropriate competences in these therapeutic approaches.</p> <p>2 This QS is about the needs of the service and cannot be met solely by individual staff appraisals and personal development reviews (PDRs). Details of individual appraisals and PDRs are not required. Reviewers may, however, request information about specific aspects of relevance to the service, particularly where a therapeutic intervention or activity is undertaken rarely and/or where competence may not be maintained by the individual’s usual clinical practice.</p> <p>3 For compliance with this QS the service should provide:</p> <ul style="list-style-type: none"> a. A matrix of the roles within the service, competences expected, training and supervision b. A training and development plan showing how competences are being achieved and maintained. <p>4 Training may be delivered through a variety of mechanisms, including e-learning, Trust-wide training and departmental training.</p> <p>5 Use of the ‘Self-Assessed Skills Audit Tool’ (CHiMat 2011) may support achievement of this QS.</p>

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GR-204 <table border="1" data-bbox="209 293 288 465"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Competences – All Health and Social Care Professionals</p> <p>All health and social care professionals working in the service should have competences appropriate to their role in:</p> <ol style="list-style-type: none"> Safeguarding children Recognising and meeting the needs of vulnerable children Dealing with challenging behaviour, violence and aggression Children’s Act, Mental Capacity Act and Mental Health Act Consent, including the implications of competence and capacity Information sharing and confidentiality Risk assessment and risk management Transition to adult care Use of equipment (if applicable) and digital skills Paediatric life support Deprivation of Liberty Safeguards (services caring for people aged 18 and over) Safeguarding adults Record keeping and care planning Trauma informed practice <p><i>Notes:</i></p> <p><i>1 Competences in safeguarding vulnerable adults are relevant for all services, as carers and family members may be vulnerable.</i></p> <p><i>2 The key goal of trauma-informed practice is to raise awareness among all staff about the wide impact of trauma and to prevent the re-traumatisation of clients in service settings that are meant to support and assist healing.</i></p>
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GR-205 <table border="1" data-bbox="209 1189 288 1361"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>24/7 Crisis Initial Telephone Advice</p> <p>(This QS applies only to services commissioned to provide 24/7 Crisis Telephone Advice)</p> <p>The following should be available 24/7:</p> <ol style="list-style-type: none"> A member of staff with competences to provide a telephone advice crisis service An on call clinical manager <p><i>Notes:</i></p> <p><i>1 This QS may be met through collaboration with other specialist mental health services so long as staff have competences for giving advice.</i></p> <p><i>2 One person may fulfil both of the roles specified.</i></p> <p><i>3 Crisis response times are covered in QS GR-703.</i></p>
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GR-206	<p>24 Hour Crisis Response</p> <p>(This QS applies only to services commissioned to provide a 24/7 Crisis Response Service).</p> <p>The following should be available 24/7:</p> <ol style="list-style-type: none"> Member of the staff with competences in face to face assessment Consultant child and adolescent psychiatrist who can provide advice Staff to provide an Emergency Mental Health Act assessment Doctor of grade ST4 or above (or equivalent non-training grade doctor) who is available to do home visits On call clinical manager <p>A minimum of two people and an on-call manager should be available.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> This QS may be met through collaboration with other Specialist CAMH services. One person may fulfil more than one of the roles specified. Crisis response times are covered in QS GR-703.
GR-207	<p>Intensive Home Support 24/7 (This QS applies only to services commissioned to provide Intensive Home Support)</p> <p>The following staff should be available:</p> <ol style="list-style-type: none"> Sufficient staff with competences in intensive home support On-call clinical manager <p><i>Notes:</i></p> <ol style="list-style-type: none"> 24/7 cover may include a combination of fully staffed and on call arrangements. The level of intensity of support required may vary for some children and young people but should be based on an evidence based assessment of their individual needs. The on-call clinical manager may also cover the 24 hour helpline response/ Telephone Advice Service
GR-208	<p>Clinical, Safeguarding and Managerial Supervision</p> <p>All practitioners should receive regular clinical, safeguarding and managerial supervision appropriate to their role.</p>
GR-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p> <p><i>Note: The amount of administrative, clerical and data collection support is not defined. Clinical staff should not, however, be spending unreasonable amounts of time that could be used for clinical work on administrative tasks.</i></p>

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<p>GR-301</p> <table border="1" data-bbox="209 405 288 580"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Support Services</p> <p>Unless part of the core team (QS GR-202), timely access to the following support services should be available:</p> <ol style="list-style-type: none"> a. Speech and language therapy service b. Dietetics c. Occupational therapy d. Pharmacy e. Substance misuse service f. Youth Offending Team <p><i>Notes:</i></p> <p>1 <i>Timely is not defined strictly but the service should ensure that care pathways are not unreasonably delayed and that the service's timescales for assessments and therapeutic interventions are not unreasonably delayed. Specific indications for referral to, and timescales for response by, support services may be agreed.</i></p> <p>2 <i>Other support services, for example art or music therapy, may also be available or part of the core team (QS GR-202).</i></p> <p>3 <i>'Help' services should have access to advice from these support services if required, but referrals are likely to be via GPs.</i></p>
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<p>GR-304</p> <table border="1" data-bbox="209 1122 288 1296"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Tier 4 CAMHS ('More Help' Services only)</p> <p>The service should have timely access to a Tier 4 CAMH service for advice, assessments, out-patient care and in-patient admission. If in-patient admission is required, this should be within a reasonable travelling distance of the child's home.</p> <p><i>Notes:</i></p> <p>1 <i>QS GR-508 covers arrangements for care of children waiting for admission to an in-patient bed.</i></p> <p>2 <i>Timescales for response by Tier 4 services are given in the 2013 NHS Standard Contracts for Tier 4 Child and Adolescent Mental Health Services (CAMHS): General Adolescent Services and Tier 4 Child and Adolescent Mental Health Services (CAMHS): Children's Services. 'Reasonable travelling distance' is not defined strictly but should not normally involve more than two hours' travelling time for the young person and his/her family.</i></p>
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<h2 style="color: #00A651;">Facilities and Equipment</h2>						
<p>GR-499</p> <table border="1" data-bbox="209 1682 288 1856"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>IT System</p> <p>IT systems for storage, retrieval and transmission of information should be in use for client administration, clinical records and other data to support service improvement, audit, outcome monitoring and revalidation. All clinical staff should be able electronically and securely to communicate person-identifiable data to other services involved in the client's care. Business continuity plans should be in place covering potential IT systems failure, including arrangements for access to clients records</p> <p><i>Notes:</i></p> <p>1 <i>IT and records systems should be integrated to avoid duplicate entry of client data.</i></p> <p>2 <i>nhs.net is a secure electronic communication system for person-identifiable data.</i></p> <p>3 <i>IT systems should ideally support flexible working and access from a range of locations.</i></p>
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Guidelines and Protocols						
GR-501 <table border="1" data-bbox="209 405 288 577"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Screening and Referral Management Guidelines</p> <p>Guidelines on the management of referrals should be in use covering:</p> <ol style="list-style-type: none"> a. Provision of same-day telephone advice to 'Advice' services b. Screening of referrals within one working day of receipt c. Risk assessment and contact with those considered at high risk within one working day d. Responding to the family and referrer e. Confirming demographic information and whether other agencies are involved f. Offering an appointment and requesting any additional information g. Ensuring children, young people and families receive relevant information about the service (QS GR-102) and have the opportunity to discuss with information h. Children in Care: Confirming with the responsible social work team that they are aware of and support the referral <p><i>Notes:</i></p> <p>1 Timescales for screening and referral management are given in QS-703</p> <p>2 Guidelines should be based on national guidance, including NICE guidance, and the commissioned local pathway, and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS.</p> <p>3 Wherever possible, the young person and their family or carer should be offered appointment times and locations that are convenient for them.</p> <p>4 Decisions on appropriateness of referrals should be based on commissioned criteria for acceptance by the service (QS GZ-603).</p>
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GR-502 <table border="1" data-bbox="209 1261 288 1433"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Crisis Assessment Guidelines (This QS applies only to services commissioned to provide a 24/7 Crisis response service)</p> <p>Guidelines on crisis assessments should be in use, covering at least:</p> <ol style="list-style-type: none"> a. Response to 'crisis' referrals: <ol style="list-style-type: none"> i. From Emergency Departments within four hours ii. Within 12 hours for all other requests b. Risk assessment c. Liaison with all relevant local services, including acute paediatrics d. Seeking advice from intensive home support or Tier 4 services when indicated e. Intensive clinical support until this is no longer needed or care is handed over to another service f. Transfer of professional responsibility when required <p><i>Notes:</i></p> <p>1 Telephone contact and advice should be made within the timescales indicated.</p> <p>2 Face-to-face assessment should be within a maximum of four hours unless this is not clinically indicated.</p> <p>3 Response times are based on the available evidence at the time of publishing. An NHS England clinically-led review of standards for urgent and emergency mental health care is due to report in 2021, the QS will then be reviewed to include any changes to national guidance.</p>
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GR-503 BI Visit MP&S CNR Doc	<p>Initial Appointment Guidelines</p> <p>Initial appointment guidelines should be in use for the usual case mix of young people referred to the service, covering:</p> <ol style="list-style-type: none"> Family and carer involvement in the assessment Urgent and routine appointments Identification of other agencies involved with the care of the young person Indications for multi-disciplinary and/or multi-agency discussion of the young person's Plan (Qs GR-505 and GR- 606) Use of diagnostic tools and validated assessment methods Prevention and early intervention Risk assessment and management Recording the agreed goals, including life-style goals Range of therapeutic interventions available and indications for offering these to the young person alone, their parents and/or their family Agreement of a Plan with the young person and, where appropriate, their family Allocation of a case manager Communicating the outcome of the assessment to the young person, their family, the referrer, their GP and other agencies involved with their care <p><i>Notes:</i></p> <p>1 Guidelines should be based on national guidance, including NICE guidance, and the commissioned local pathway, and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS.</p> <p>2 Initial appointment guidelines should be based on CAPA principles (http://www.capa.co.uk).</p> <p>3 Children and young people who have been successfully treated and discharged but then re-referred should be seen as soon as possible rather than placed on a routine waiting list.</p> <p>4 Multi-agency and/or multi-disciplinary discussion will usually be appropriate for initial appointments with Children in Care and children with moderate or severe learning disabilities.</p> <p>5 The expected range of therapeutic interventions is given in QS GR-203.</p>

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GR-505 <table border="1" data-bbox="209 293 288 465"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Pathways</p> <p>Documented pathways should be in use covering the therapeutic management of children and young people with:</p> <ol style="list-style-type: none"> a. Non-specific or multiple problems b. Learning disabilities c. Neuro-developmental disorders including Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder d. Eating disorders e. Self-harm f. Substance misuse problems g. Anxiety and depression h. Early onset psychosis i. General anxiety disorder and panic disorder j. Bi-polar disorder k. Attachment difficulties l. Emotional, behaviour and conduct disorders m. Emerging border-line personality disorders n. Trauma, including acquired brain injury <p>Guidelines should cover at least:</p> <ol style="list-style-type: none"> o. Type and expected duration of therapeutic interventions offered p. Arrangements for multi-disciplinary input to therapeutic interventions q. Shared care arrangements with other services r. Prescribing, including initial prescribing and monitoring arrangements s. Monitoring and follow up, including review of agreed Plan t. Outcome measurements <p><i>Notes:</i></p> <p>1 'a – n' are applicable only if the service has been commissioned to provide that pathway.</p> <p>2 Pathways should be based on national guidance, including NICE guidance, and the commissioned local pathway, and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS. NICE guidelines relevant to particular needs are given in 'Thrive elaborated (Wolpert, M. et al 2019).</p> <p>3 Pathways may be structured by problem formulation, diagnosis or therapeutic intervention so long as all aspects of the QS are covered. The expected range of therapeutic interventions is given in QS GR-203.</p> <p>4 Pathways may include 'break points' at which the Plan is reviewed.</p> <p>5 Shared care with other services will be particularly relevant for substance misuse, eating disorders, self-harm, care of young people with learning disabilities and liaison with intensive home support and Tier 4 services. Shared care guidelines should be agreed with the service to which they relate.</p> <p>6 Trauma may include children and young people who have been traumatised through, for example, sexual assault, domestic violence or bereavement. Therapeutic support may be needed immediately and/or sometime later.</p> <p>7 Multi agency working is covered QS GR-606.</p>
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<p>GR-507</p> <table border="1" data-bbox="209 869 288 1041"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Referral for Tier 4 Care (This QS applies to Specialist CAMHS Services only)</p> <p>Guidelines on referral for care by Tier 4 services should be in use covering:</p> <ol style="list-style-type: none"> Indications and 24/7 arrangements for seeking advice from Tier 4 CAMHS Referral criteria Handover of care to Tier 4 CAMHS Communication with and involvement of local services during the young person’s Tier 4 care Involvement of local services in assessments prior to discharge from Tier 4 care Handover of care from Tier 4 CAMHS After-care following in-patient admission Arrangements for re-accessing Tier 4 services if required <p><i>Notes:</i></p> <p>1 Tier 4 referral and liaison guidelines should be agreed with the Tier 4 service to which young people are normally referred. These guidelines will normally be developed by Tier 4 services in discussion with referring Specialist CAMHS teams, and made easily available, for example, through web-based guidelines, to ensure easy access to the most up to date version.</p> <p>2 Guidelines may also apply to other specialist placements outside the local area.</p>
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<p>GR-508</p> <table border="1" data-bbox="204 293 288 465"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Children Awaiting Tier 4 Admission (This QS applies to Specialist CAMHS Services only)</p> <p>Local guidelines on the maintenance of children and young people awaiting admission to a Tier 4 bed should be in use, covering:</p> <ol style="list-style-type: none"> Location/s where care may be provided Circumstances under which a child will be admitted to these location/s Development and agreement of a plan for their care while awaiting a Tier 4 bed Support for staff while the child is in their care Review by an appropriate member of the local Specialist CAMH service at least every 12 hours Discussion with a Tier 4 consultant about the arrangements before admission and regularly during the child's stay Involvement of commissioners of Tier 4 care Recording as a serious incident any delays in admission to a Tier 4 bed which place at risk the safety or quality of care for the young person or others <p><i>Notes:</i></p> <p>1 Admission to an adult ward or prolonged stays on general paediatric wards should be recorded as a clinical incident.</p>
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<p>GR-509</p> <table border="1" data-bbox="204 931 288 1104"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Children and Young People at Particular Risk</p> <p>Protocols should be in use covering the care of children and young people at particular risk, including:</p> <ol style="list-style-type: none"> Children and young people at risk of criminal activity Children and young people where there are safeguarding concerns Children in Care Young people on the Care Programme Approach Young people on Community Treatment Orders Children and young people with Section 117 after-care requirements <p><i>Notes:</i></p> <p>1 'Children and young people at particular 'risk' include children of prisoners, children who are carers, homeless young people, children with physical illness, child migrants and asylum seekers, lesbian, gay, bisexual and transgender young people, and special arrangements for these groups may also be documented.</p> <p>2 These guidelines may be part of other clinical guidelines (QS GR-505) or may be separate.</p> <p>3 Some aspects of this QS may not be applicable to some services.</p>
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<p>GR-510</p> <table border="1" data-bbox="204 1529 288 1702"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Children and Young People Getting Risk Support Only (This QS applies only to services commissioned to provide Risk Support Only)</p> <p>Guidelines should be in use covering children and young people getting 'Risk Support Only' covering:</p> <ol style="list-style-type: none"> Encouraging self-management Arrangements for maintaining contact with the young person and their family Arrangements for multi-agency support Risk assessment Risk management Safety plans and ensuring each young person as a safety plan Accessing therapeutic interventions if and when this is considered appropriate <p><i>Note:</i></p> <p>1 The safety plan should include actions to be taken by all concerned agencies and individuals.</p>
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GR-596 <table border="1" data-bbox="204 293 288 465"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Information Sharing Locally agreed information sharing guidelines should be in use, covering: <ol style="list-style-type: none"> a. Sharing information with children, young people and families b. Sharing information with other agencies involved in the care of the young person c. Accessing information held by other agencies about the young person
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GR-597 <table border="1" data-bbox="204 521 288 694"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	'Letting Go' Guidelines Guidelines on leaving the service should be in use, covering: <ol style="list-style-type: none"> a. Involvement of the young person and family in planning discharge from the service b. Evaluation of achievement of agreed goals c. Ensuring the young person and family have an agreed 'Letting Go' plan covering all aspects of QS GR-194 including, where appropriate, easy re-access to the service d. Communicating the 'Letting Go' Plan to the young person's GP and any other agencies involved in their care e. Recording of outcome measurements <p><i>Notes:</i></p> <p>1 As QS GR-501.</p> <p>2 Guidelines should be based on criteria for discharge from the service agreed with commissioners (QS GZ-603).</p> <p>3 Guidelines should cover children discharged from the service:</p> <ol style="list-style-type: none"> a. Who have completed the planned therapeutic interventions and achieved the expected outcomes. b. For whom offering further therapeutic interventions is not considered appropriate and who do not require 'risk support'. c. Because they are not participating in the therapeutic interventions but do require 'risk support'. d. Who have moved out of the area. <p>4 Guidelines for children and young people getting 'Risk Support Only' are covered at QS GR-510.</p>
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<p>GR-599</p> <table border="1" data-bbox="204 1294 288 1473"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>General Policies and Guidelines</p> <p>Policies and guidelines should be in use covering:</p> <ol style="list-style-type: none"> a. Consent b. Lone working c. Medicines management d. Health and safety e. Restraint and sedation f. Mental Capacity Act g. Deprivation of Liberty Safeguards (services caring for people aged 18 and over) h. Safeguarding <p><i>Notes:</i></p> <p>1 This is a linking QS and will not be reviewed in detail. Guidelines may be Trust-wide but should specifically cover the needs of children and young people with mental health problems. Any lack of compliance seen during review visits will, however, be noted.</p> <p>2 Trust-wide (or equivalent) policies covering implementation of the Children's Act and Mental Health Act are reviewed through other mechanisms and so are not included on this list. Any lack of compliance seen during review visits will, however, be noted.</p>
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Service Organisation and Liaison with Other Services						
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GR-602 <table border="1" data-bbox="209 1270 288 1444"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Participation in Local Planning and Coordination Group</p> <p>A representative of the service should attend all meetings of the Group coordinating the development and implementation of the local Child and Young People’s Emotional Health and Well-Being Strategy (QS GZ-604).</p> <p>At least one representative of the local Planning and Coordination Group should attend the Regional Children and Young Person’s Mental Health Clinical Network and provide feedback to members of the local Group.</p> <p><i>Note: The planning group may be part the local Sustainability and Transformation Partnership (STP) group as long as all services within the health economy are represented.</i></p>
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GR-606 BI Visit MP&S CNR Doc	<p>Multi-Agency Teams</p> <p>The service should work as part of an appropriate range of multi-agency teams, including appropriate joint working with:</p> <ol style="list-style-type: none"> Other services providing Advice, 'Help' and 'More Help' in the local area Acute and community paediatrics Child development services Social services including foster care and adoption services Education and education support services Youth justice services Adult mental health services with expertise in early intervention in psychosis Employment support agencies <p>Guidelines should be in use covering the indications and arrangements for multi-agency input to:</p> <ol style="list-style-type: none"> Initial appointment Assessment process and formulation of the Plan. Review of the Plan Consideration of referral to Tier 4 services or other agencies (Specialist CAMHS services only) <p>Guidelines should cover:</p> <ol style="list-style-type: none"> Criteria and arrangements for referral and handover between services Expected skill mix and frequency of multi-agency discussion Responsibility for recording decisions and taking actions on these decisions. <p><i>Notes:</i></p> <p><i>1 These guidelines may be part of crisis assessment, initial appointment, and pathway guidelines or may be separate.</i></p>

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<p>GR-701</p> <table border="1" data-bbox="209 405 288 580"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, covering:</p> <ol style="list-style-type: none"> a. Referrals to the service, including source and appropriateness of referrals b. Number of children and young people cared for by the service and therapeutic interventions undertaken c. Length of each episode of care provided by the service d. Number of crisis responses, in and out of normal working hours, and response times e. Outcome of assessments and therapeutic interventions, including self-reported outcomes f. 'Did Not Attend' rates or other measures of non-engagement with the service g. Number of referrals to Tier 4 CAMHS, and young people with inappropriate delays for a Tier 4 bed (Specialist CAMH services only) h. Number of discharges from the service and type of care after discharge i. Other commissioned activity undertaken by the service j. Relevant NICE Quality Standards k. Key performance indicators (QS GR-703) <p><i>Notes:</i></p> <p>1 Mental Health Services Data Set (MHSDS) (DCB0011), version 4.0 (Amd 30/2018), includes more detail</p> <p>2 The CAMHS Outcome Research Consortium provides a range of outcome measurement tools and other resources for monitoring outcomes: www.corc.uk.net.</p> <p>3 'Other commissioned activity' may include early intervention activity, general support for parenting, input to safeguarding processes, more detail of assessments including multi-disciplinary assessments, liaison, joint working and partnership with other agencies.</p>
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<p>GR-702</p> <table border="1" data-bbox="209 1267 288 1442"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ol style="list-style-type: none"> a. Appropriateness of referrals b. Evidence-based clinical guidelines (QS GR-500s) c. Standards of record keeping including recording for each young person: <ol style="list-style-type: none"> i. Plans agreed with the client or family (QS GR-104) ii. Plans reviewed with the client or family as planned and at least six monthly (QS GR-105) iii. Agreed goals and whether these are achieved iv. Problem formulation or diagnosis d. Timescales for key milestones on the care pathway
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GR-703 BI Visit MP&S CNR Doc	Key Performance Indicators Key performance indicators should be reviewed regularly with Trust (or equivalent) management and with commissioners: a. Access to 24/7 crisis initial telephone advice b. Response to 'crisis' referrals: i. From Emergency Departments within four hours (QS GR-502) ii. Within 12 hours for all other requests c. Screening of referrals and, if considered at high risk, contact within one working day d. Preliminary decisions of appropriateness and response to all referrals within five working days e. Initial appointment within a maximum of: i. Five working days of referral and sooner if indicated (urgent referrals) ii. Four weeks of referral (routine referrals) f. Detailed assessment and/or therapeutic interventions: i. Started within four weeks of initial appointment ii. Not started within one year of initial appointment g. Number of children and young people referred to a Specialist CAMH service: i. With a first episode of psychosis and the proportion of these who started assessment within two weeks of referral ii. For assessment of an eating disorder and the proportion of these who started treatment within one week (urgent referrals) and within four weeks (routine referrals). iii. To be seen by a psychiatrist and the proportion of these whose initial assessment took place within six weeks
GR-704 BI Visit MP&S CNR Doc	Research The service should actively participate in research relevant to the care of their clients. <i>Note: Participation can include comparative analysis, benchmarking or similar outcome reviews</i>
GR-798 BI Visit MP&S CNR Doc	Multi-disciplinary Review and Learning The service should have multi-disciplinary arrangements for: a. Review of and implementation of learning from positive feedback, complaints, outcomes, incidents, 'near misses' and children, young people and families who 'do not attend' b. Review of and implementation of learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency <i>Notes:</i> 1 This QS is about staff within the service learning together. Uni-disciplinary meetings or management meetings are not sufficient for compliance with this QS. 2 Arrangements for MDT review and learning should be formalised and clearly communicated to staff.
GR-799 BI Visit MP&S CNR Doc	Document Control All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.

Commissioning

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<p>GZ-602</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Prevention and Early Intervention Programme</p> <p>A comprehensive prevention and early intervention programme from conception to five years should be commissioned which should include:</p> <ol style="list-style-type: none"> a. Appropriate psychological and other interventions for antenatal and perinatal mental health problems b. Specialist parent-infant psychological therapy for those experiencing attachment difficulties c. Targeted preventive interventions where significant risk is identified <p><i>Note: The prevention and early intervention programme may be commissioned from providers of other emotional well-being services (QS GZ-603).</i></p>
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GZ-603 BI Visit MP&S CNR Doc	<p>Commissioning of Services</p> <p>Services to meet the needs of local children and young people at risk of or with emotional well-being or mental health problems should be commissioned, including:</p> <ol style="list-style-type: none"> a. A range of community programmes covering emotional health, well-being and resilience should be available for children, young people and families in the local area. Some initiatives should specifically address the needs of those who are most vulnerable to mental health problems (QS GA-102) b. ‘Advice’ services including training, advice, guidance and supervision for these services (Qs GA-201 and QS GA-202) c. ‘Help’ services d. ‘More Help’ services including: <ol style="list-style-type: none"> i. Specialist CAMH service (QS GR-202) ii. 24/7 crisis initial telephone advice (QS GR-206) iii. 24/7 crisis response (QS GR-206) iv. 24/7 intensive home support (QS GR-207) v. Services providing care for children and young people with eating disorders e. ‘Risk Support Only’ services <p>Commissioning of each service should specify:</p> <ol style="list-style-type: none"> f. The service’s role in the care of children and young people at risk of, or with, emotional well-being or mental health problems (QS GR-505) g. Criteria for referral to and discharge from the service h. Age range of children and young people cared for by the service i. The range of therapeutic interventions to be offered by the service (QS GR-203) j. Timescales for key milestones on the care pathway and other key performance indicators (Qs GR-701, GR-703) k. Routine outcome measures l. Service’s role in the provision of: <ol style="list-style-type: none"> i. Advice, guidance, supervision and training of ‘Advice’ to services (Qs GA-201 and GA-202) ii. Care for children and young people from outside the local area who are placed locally <p>The range of services commissioned should ensure comprehensive care for children and young people at risk of, or with, emotional well-being or mental health problems, including those with learning disabilities, Children in Care, young offenders and other high-risk groups</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1 One service may provide more than one type of service; for example, a single team could provide targeted, specialist and intensive home support services. In agreeing the range of local services, commissioners should consider the importance of continuity and avoiding ‘multiple hand-offs’. 2 This QS is best achieved by joint arrangements involving local authority and health commissioners. 3 24/7 crisis support should be available in all localities by 2023/24 and may be commissioned from local services, or through collaborative arrangements with other providers and commissioners. 4 Intensive home support should be available in all localities by 2023. The service may be provided in collaboration with services for adults, as long as staff with appropriate competences are available. 5 Support for local children and young people in in-patient or specialist residential placements outside the local area is covered by QS GR-507 and should be an expected role for specialist CAMH services. 6 ‘Other high-risk groups’ include children of prisoners, children who are carers, homeless young people, have physical illness, migrants and asylum seekers, lesbian, gay, bisexual and transgender young people.

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<p>GZ-604</p> <table border="1" data-bbox="204 293 288 465"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Local Planning and Coordination Group</p> <p>Local commissioners should ensure that a multi-agency Local Planning and Coordination Group meets regularly to review implementation of the Local Children and Young People’s Emotional Health and Well-Being Strategy and address any problems with coordination of local services. The Group should involve representatives of at least:</p> <ol style="list-style-type: none"> All providers of ‘Help’, ‘More Help’ and ‘ Risk Support Only’ services, including providers of specialist CAMH services, 24/7 Crisis initial telephone advice, 24/7 crisis referral, 24/7 intensive home support and specialist services for children and young people with eating disorders Education providers Social services Acute and community paediatric services Primary health care Substance misuse services Youth Offending Team <p>At least one representative of the local Planning and Coordination Group should attend the Regional Children and Young Person’s Mental Health Clinical Network and provide feedback to members of the local Group</p> <p><i>Notes:</i></p> <p><i>1 The planning group may be part the local Sustainability and Transformation Partnership (STP) group as long as all services within the health economy are represented.</i></p> <p><i>2 Other services may also be part of the group.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>GZ-701</p> <table border="1" data-bbox="204 1155 288 1328"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Quality Monitoring</p> <p>For each ‘Help’, ‘More Help’, and ‘Risk Support Only’ service the commissioner should monitor at least annually key performance indicators and aggregate data on activity and outcomes.</p> <p><i>Note: Clinical Quality Review Meetings are sufficient for compliance with this QS only if there is evidence of discussion of the specific service.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Appendix 1 Reference Sources

Year	Publisher/Author	Title	
2020	House of Commons Library Elizabeth Parkin, Rob Long, Manjit Gheera	Children and young people's mental health. Briefing Paper Number 07196, 29	1
2020	NHS Scotland	Child and Adolescent Mental Health Services (CAMHS), NHS Scotland National Service Specification	2
Accessed 15.01.20	Young Minds	Website information https://youngminds.org.uk/find-help/	3
Accessed 15.01.20	CORC	Clinical Outcomes Research Consortium; Outcome and Experience Measure www.corc.uk.net/outcome-experience-measures/	4
2019	Local Government Association and Social Care Institute for Excellence	Achieving Integrated Care: 15 best practice actions	5
2019	Evidence Based Practice Unit (University College London and the Anna Freud National Centre for Children and Families).	Key Findings 2019.	6
2019	Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., Munk, S.	THRIVE Framework for system change. London: CAMHS Press.	7
2019	NHS England	Clinically-led Review of NHS Access Standards Interim Report from the NHS National Medical Director. Gateway reference: 000305	8
2019	Public Health England	Policy paper: Prevention concordat for better mental health	9
2019	NHS England	The NHS Long Term Plan	10
2018	Department for Education	Mental health and behaviour in schools	11
2018	Young Minds	Your Voices Amplified	12
2018	National Assembly for Wales	Mind over matter: A report on the step change needed in emotional and mental health support for children and young people in Wales	13
2018	Royal College of Paediatrics and Child Health	State of Child Health 4 - School age and adolescence	14
2018	Children's Commissioner for England	Children's Mental Health briefing: A briefing by the Office of the Children's Commissioner for England	15

Year	Publisher/Author	Title	
2018	Department of Health and Social care. Department for Education	Government Response to the First Joint Report of the Education and Health and Social Care Committees of Session 2017-19 on Transforming Children and Young People's Mental Health Provision: A Green Paper	16
2018	National Institute for Health and Care Excellence	Attention Deficit Hyperactivity Disorder: Diagnosis and Management. NG87`	17
2018	Care Quality Commission	Brief Guide: Transitions out of Children and Young People's Mental Health Services CQUIN (all transition QS)	18
2018	NHS England	NHS Standard Contract for Tier 4 Child and Adolescent Medium Secure Inpatient Service	19
2018	NHS England	NHS Standard Contract for Tier 4 Child and Adolescent Low Secure Inpatient Service	20
2018	NHS England	NHS Standard Contract for Tier 4 CAMHS Psychiatric Intensive Care Unit (PICU)	21
2017	National Institute for Health and Care Excellence	Eating disorders: recognition and treatment NG69	22
2017	Care Quality Commission	Review of Children and Young People's Mental Health Services	23
2019	National Institute for Health and Care Excellence	Depression in Children and Young People: Identification and Management: NG134	24
2017	NHS England	WC3 CAMHS Screening for Paediatric Patients with Long Term Conditions	25
2016	National Institute for Health and Clinical Excellence	Psychosis and Schizophrenia in Children and Young People: Recognition and Management: CG155	26
2016	Joint Strategic Needs Assessment	Child and Adolescent Mental Health (CAMHS) Joint Strategic Needs Assessment	27
2016	HM Government	Crisis care Concordat Mental Health; National signatory actions.	28
2016	NHS England	Implementing the Five Year Forward View for Mental Health	29
2016	Department of Education and Department of Health	0 to 25 SEND code of practice: a guide for health professionals Advice for clinical commissioning groups, health professionals and local authorities	30
2016	Welsh Government	Collaborative working between CAMHS and the Counselling Service	31
2016	National Institute for Health and Care Excellence	Transition from children's to adults' services for young people using health or social care services: NG43	32
2016	Public Health England	The mental health of children and young people in England	33
2016	Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M., Fonagy, P.	THRIVE Elaborated. 2 nd Edition CAMHS Press	34

Year	Publisher/Author	Title	
2015	House of Commons Health Committee	Children's and adolescents' mental health and CAMHS Third Report of Session 2014–15 Report, together with formal minutes relating to the report	35
2015	National Association of Psychiatric Intensive Care and Low Secure Units	National Minimum Standards for Psychiatric Intensive Care Units for Young People	36
2015	National Institute for Health and Care Excellence	Bipolar disorder, psychosis and schizophrenia in children and young people: QS102	37
2015	NHS England	Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. Gateway Ref. No 02939	38
2015	NHS England	Children and Young People's Improving Access to Psychological Therapies Programme: Service User Passport	39
2015	NHS England	Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3)	41
2015	NHS England	Local Transformation Plans for Children and Young People's Mental Health and Wellbeing Guidance and support for local areas	42
2015	National Institute for Health and Care Excellence	Looked-after children and young people Public health guideline:PH28	43
2014	Anna Freud Centre and The Tavistock and Portman NHS Foundation Trust.	THRIVE: The AFC–Tavistock Model for CAMHS, CAMHS Press	44
2014	CAMHS Press	CYP IAPT Principles in Child & Adolescent Mental Health Services Values and Standards; "Delivering with and Delivering Well"	45
2014	Department of Health Public Health England	Maximising the school nursing team contribution to the public health of school-aged children Guidance to support the commissioning of public health provision for school aged children 5-19	46
2014	UK Government	Children and Families Act 2014: Chapter 6	47
2013	Department of Health	Improving Children and Young People's Health Outcomes: A System Wide Response	48
2013	Mental Health Foundation	Crossing Boundaries: Improving Integrated Care for People with Mental Health Problems. Final Inquiry Report	49
2013 updated 2017	National Institute for Health and Care Excellence	Antisocial Behaviour and Conduct Disorders in Children and Young People: Recognition and Management; CG158	50
2013 updated 2018	National Institute for Health and Care Excellence	Attention Deficit Hyperactivity Disorder Pathway	51

Year	Publisher/Author	Title	
2013	National Institute for Health and Care Excellence	QS48: Depression in Children and Young People	52
2013	Royal College of Psychiatrists	CR182. Building and Sustaining Specialist CAMHS to Improve Outcomes for Children and Young People: Update of Guidance on Workforce, Capacity and Functions of CAMHS in the UK	53
2012	Department of Health	No Health Without Mental Health: Implementation Framework	54
2012	NHS Isle of Wight	A Quality Framework for Tier 2 Counselling Services	55
2012	Royal College of Psychiatrists	Practice Standards for Young People with Substance Misuse Problems	56
2012	Royal College of Psychiatrists	Quality Network for Inpatient CAMHS Service Standards: Standards for Inpatient Eating Disorder Units, Pilot Edition	57
2011	Primary Mental Health Team (CAMHS), Leicester	Services Designed to Support Families with Anti-Social Behaviour Problems	58
2011	Department of Health	No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages	59
2011	Department of Health	Quality Criteria for Young People Friendly Health Services	60
2011	Healthcare Improvement Scotland	Background Reading for Integrated Care Pathways for Child and Adolescent Mental Health Services	61
2011	Healthcare Improvement Scotland	Equality Impact Assessment of Standards for Integrated Care Pathways for Child and Adolescent Mental Health (CAMH)	62
2011	Healthcare Improvement Scotland	Integrated Care Pathways for Child and Adolescent Mental Health Services: Final Standards	63
2011	Child and Maternal Health Intelligence Network	Better Mental Health Outcomes for Children and Young People: A Resource Directory for Commissioners; National CAMHS Support Service	64
2011reviewed 2016	National Institute for Health and Care Excellence	Psychosis with Coexisting Substance Misuse: Assessment and Management in Adults and Young People CG120	65
2011	National Institute for Health and Care Excellence	Self-harm in over 8s: long-term management CG133	66
2011	NHS IAPT Programme	Working with Under 18 Year Olds: Guidance for Commissioners, IAPT Service Providers and those Working in IAPT Services	67
2011	NHS Commissioning Board	NHS Standard Contract for Community Services: Schedule 2 Part 1: Service Specification – Specialist Child and Adolescent Mental Health Services	68
2011	National CAMHS Support Service (NCSS)	The Essential Capabilities: For Effective Emotional and Mental Health Support. Personal Workbook	69
2010	Department of Health	Keeping Children and Young People in Mind: The Government's Full Response to the Independent Review of CAMHS	70

Year	Publisher/Author	Title	
2009	Mental Health Foundation	Evaluation of the Choice and Partnership Approach in Child and Adolescent Mental Health Services in England	71
2009	National Mental Health Development Unit	Working Together to Provide Age-Appropriate Environments and Services for Mental Health Patients Aged Under 18 Years: A Briefing for Commissioners of Adult Mental Health Services and Child and Adolescent Mental Health Services	72
2008	Department of Children, Schools and Families	Children and Young People in Mind: The Final Report of the National CAMHS Review; archived	73
2008	NHS Connecting for Health	Do Once and Share: Child and Adolescent Mental Health	74
2008	National Institute for Health and Clinical Excellence	Attention Deficit Hyperactivity Disorder: Diagnosis and Management of ADHD in Children, Young People and Adults (last modified 2013)	75
2005	Scottish Executive	The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care	76
2004	Department of Health	Every Child Matters: Change for Children	77
2004	Department of Health	National Service Framework for Children, Young People and Maternity Services: Disabled Children and Young People and those with Complex Health Needs	78
2004	Department of Health	National Service Framework for Children, Young People and Maternity Services: Core Standards	79
2004	Department of Health	National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-Being of Children and Young People	80
2003	Department of Health	Getting the Right Start: National Service Framework for Children – Standard for Hospital Services	81

The table below shows the links between the Quality Standards and key guidance documents. Quality Standards without a reference source are based on the consensus view of the Groups that developed the Standards, taking into account comments received.

QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents
GA-101	1,3,6,11,13,14 23,24,26, 33,46,60,77	GR-195	7,12,17,18,2 3,32,33,34 46,52,60,77 78,79,80,	GR-207	16,29,76,77, 78,79	GR-599	46,60,76,77, 78,79
GA-102	1,3,6,7,11,13, 1415,16,23,34 , 44,46,66	GR-196	53,60,71,72 74,77, 78,79,80,81	GR-304	29	GR-601	1,2,5,7,10,16, 23,28,29,32, 34, 35,44,45,60, 63,76,77,78, 79
GA-201	1,6,7,11,34,38 ,44,46,64,72, 78,80	GR-197	6,7,10,11,14 29,31,38,60, 78,79,80,	GR-499	5,29	GR-602	3,29,33,45, 63,
GA-202	7,33,34,35,44, 76,77,78,79, 80	GR-198	6,7,10,29,51 77,78,79,80, 81	GR-501	2,10,27,32,4 5,52,60,72, 77, 78,79,80,	GR-606	2,5,7,17,24, 26,28,29,32, 33,34,42,44 45,52,65,76, 77
GA-501	1,6,7,11,16,23 24,33,34,44, 46,52,55,60,6 3, 76,77,79	GR-199	1,12,24,35, 45,60,77,78 79,80,81	GR-502	2,10,26,28, 42, 45,52,77,80	GR-701	4,7,16,23,28, 33,34,44,45, 52,63,76,77
GA- 701	4,7,16,29	GR-201	1,2,7,16,29, 34,44,45,60, 72,78,79,80	GR-503	2,7,10,33,34 43,44,45,51, 52,60,63,74, 76,77,78,79 ,80,	GR-702	15,26,33,47, 63,65,76,77
GR-101	2,5,7,10,11,12 23,50,52,60, 74,76,77,78, 79	GR-202	1,2,57,34, 44,45,63,76 77,79	GR-505	2,7,17,22,26 34,37,44,45, 50,51,52,56, 60,65,66,74, 76,77,78,79, 80	GR- 703	4,8,15,28,29
GR-102	2,7,17,22,23,2 4,34,35,44,45, 52,60,78,79	GR-203	1,2,7,12,17, 23,24,29,34 44,45,60, 63,74,76,77 78,79,80,81	GR-506	25,29,45,46, 77	GR-704	4
GR-103	2,6,7,12,14,23 ,24,31,33,34, 44,45,52,60, 76, 78,79,80	GR-204	1,2,5,60,65, 76,77,78,79, 80,81	GR-507	7,19,20,21, 34,36,44,45, 52,63,76, 78,79,80,	GR-798	2,5,7,23,33,34 44,76,77, 78,79,80,

QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents
GR-104	2,5,6,7,12,17,22,23,25,34,35,37,39,44,45,50,51,52,60,63,65,66,76,77,78,79,80,81	GR-205	2,5,8,10,28,29,41,45,77	GR-508	10,19,20,21,36,45,76,78,79,80,	GR-799	60
GR-105	2,6,7,12,17,23,25,34,40,41,44,45,52,60,63,65,76,77,78,79,80,81	GR-206	2,5,8,10,16,28,29,45,77	GR-509	7,33,34,43,44,45,76,77	GZ-601	27,29,33,39,76,77,78,79,80,
GR-106	12,22,26,35,37,39,60,66,76,77,78,79,80,	GR-207	2,5,8,10,16,28,29,45,77	GR-510	7,16,29,34,44,	GZ-602	6,9,10,29,33,63,77,81
GR-107	17,33,39,78,79,80,	GR-208	26,29,45,50,52,74,77	GR-596	7,34,44,45,77	GZ-603	1,5,6,9,10,12,14,16,23,24,28,29,31,33,34,35,39,42,43,44,55,56,67,68,72,76,78,79,
GR-XX	To be added if required	GR-299	2,5,8,16,29,45,60,76,78,79,80	GR-597	7,34,44,45,52,63,76,77	GZ-604	1,10,15,23,26,29,30,33,41,43,51,52,56,76,77,78,79,
GR-194	7,37,44,52,60,77,78,79,80	GR-301	5,29,45,56,65,76	GR-598	2,7,17,18,23,26,32,33,34,38,39,44,45,52,76,77,78,79,80,	GZ-701	4,15

Appendix 2 British Standards Institution PAS16:16 Care Quality Commission Key Lines of Enquiry (KLOEs) Department of Health: You're Welcome Quality Criteria

The tables below show with an 'x' where a QRS Quality Standard addresses the following:

British Standards Institution PAS1616:2016 Healthcare – Provision of Clinical Services Specification
Care Quality Commission: Key Lines of Enquiry, Prompts and Ratings Characteristics for Healthcare Services (2017).

Department of Health: Quality Criteria for Young People Friendly Health Services (2011)

Ref	Requirements for the provision of clinical services
3	Leadership, strategy and management
4	Operational delivery of the clinical service
5	Systems to support clinical service delivery
6	Person-centred treatment and/or care
7	Risk and safety
8	Clinical effectiveness
9	Clinical service users with complex needs
10	Staffing a clinical service
11	Improvement, innovation and transformation
12	Educating the future workforce

Care Quality Commission's Key Lines of Enquiry (June 2017)

Ref	CQC Five Key Line of Enquiry
S	Are they safe?
E	Are they effective?
C	Are they caring?
R	Are they responsive?
W	Are they well-led?

Ref	British Standards Institute PAS 1616: 2016 3-12	CQC Five Key of Enquiry Questions																										Quality Criteria for Young People Friendly Health Services (DH-2011)	
		Safe						Effective						Caring			Responsive				Well-Led								
		S 1	S 2	S 3	S 4	S 5	S 6	E 1	E 2	E 3	E 4	E 5	E 6	C 1	C 2	C 3	R 1	R 2	R 3	R 4	W 1	W 2	W 3	W 4	W 5	W 6	W 7		W 8
GA-101	6	x			x			x				x	x	x	x					x									2.1,2.2,2.3,2.4,2.5
GA-102	4,6,9	x	x																									3.2,5.1,5.2,5.3,10.4	
GA-201	4, 10, 12		x					x		x											x	x	x		x	x		3.2,3.4,5.1,5.2.5.3,	
GA-202	4,6,8,9																											10.1,10.4	
GA-501	6	x	x		x			x				x	x	x	x													8.2	
GA-701	3, 4, 7, 8, 11					x	x		x													x		x	x	x	x	-	
GR-101	6	x	x		x			x				x	x	x	x													1.4, 1.8, 2.1, 2.2, 2.3, 2.4, 4.3, 10.1, 10.2, 10.3	
GR-102	6	x			x			x				x	x	x	x					x								1.4, 2.4, 3.3, 10.1, 10.2, 10.3	
GR-103	6	x			x			x				x	x	x	x					x								3.4, 8.1, 8.2, 10.2, 10.3, 10.4, 10.5	
GR-104	6		x	x				x			x	x	x	x	x		x	x										3.4, 8.1, 8.2, 10.2, 10.3, 10.4, 10.5	
GR-105	6		x	x				x			x	x	x	x	x		x	x										3.4, 8.1, 8.2, 10.2, 10.3, 10.4, 10.5	
GR-106	6														x						x							10.1,10.4	
GR-107	6																											8.4	
GR-xx	TBA																												
GR-194	6			x	x			x			x				x													8.4	

Ref	British Standards Institute PAS 1616: 2016 3-12	CQC Five Key of Enquiry Questions																										Quality Criteria for Young People Friendly Health Services (DH-2011)		
		Safe						Effective						Caring			Responsive				Well-Led									
		S 1	S 2	S 3	S 4	S 5	S 6	E 1	E 2	E 3	E 4	E 5	E 6	C 1	C 2	C 3	R 1	R 2	R 3	R 4	W 1	W 2	W 3	W 4	W 5	W 6	W 7		W 8	
GR-195	6,9		x	x				x			x	x	x	x	x		x	x											8.4, 8.5	
GR-196	5,7	x		x				x									x												4.1, 4.2	
GR-197	6	x						x							x		x			x									10.3	
GR-198	6							x				x			x		x												10.3	
GR-199	3, 7, 6	x					x								x				x								x		7.2, 7.3	
GR-201	3, 4, 10,12		x					x		x												x				x	x		3.1, 3.2, 3.4, 5.1, 5.2, 10.4	
GR-202	4, 10, 12	x	x					x		x												x	x	x		x	x		-	
GR-203	6		x	x				x			x	x	x	x	x		x	x											3.1, 3.2, 3.4, 5.1, 5.2, 10.4	
GR-204	4, 10, 12		x					x		x			x									x	x		x	x			3.1, 3.2, 5.1, 5.2, 10.4	
GR-205	4, 6,9,10,12	x	x	x				x		x	x		x								x	x	x		x	x			8.2	
GR-206	4,6,9,10	x	x	x		x	x	x	x	x	x		x	x	x				x		x	x		x	x	x	x		6.2,8.2,10.4,10.5	
GR-207	4,6,9,10	x	x	x		x	x	x	x	x	x		x	x	x				x		x	x		x	x	x	x		x	
GR-208	4,6,9,10	x	x					x							x										x	x	x	x		5.3
GR-299	4, 10,12		x							x													x	x					-	
GR-301	4, 5, 6, 8		x					x		x	x								x	x									6.2	
GR-304	4,6,9,10		x	x							x		x																6.2,8.2,10.4,10.5	
GR-499	5, 7			x				x									x				x								2.5	

Appendix 3 Glossary of Terms and Abbreviations

Advocacy	Advocacy means to speak up for someone. It is about making things change because people’s voices are heard and listened to. It’s about making sure that people can make their own choices in life and have the chance to be as independent as they want to be.
ADHD	Attention deficit hyperactivity disorder.
ASD	Autistic spectrum disorder.
BI	Background information to review team.
CAPA	Choice and Partnership Approach.
Carer	Throughout the Quality Standards the term ‘carer’ applies to both family carers and paid carers or support workers and includes the responsible social worker for Children in Care of the Local Authority.
Children in Care	NSPCC Dec 2019: Looked after children. A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care, a term which many children and young people prefer.
Commissioner	A commissioner decides how NHS and/or social care resources are spent, with the aim of improving health, reducing inequalities, and enhancing client experience.
CNR	Case note review or clinical observation.
CQC	The Care Quality Commission is the independent regulator of health and social care in England.
CORC	CAMHS Outcomes Research Consortium
DH	Department of Health.
Early Intervention	“Early intervention refers to the delivery of a prompt response to the early manifestation of mental health problems, through support which is delivered in a community setting” (DH, 2009) (Note: This should not be confused with early intervention in psychosis, which refers specifically to the detection and treatment of psychosis during the critical early phase of the illness which is sometime referred to as ‘early intervention’.)
Doc	Documentation should be available. Documentation may be in the form of a website or other social media.
GAD	Generalised anxiety disorder
GP	A GP is a medical doctor, sometimes called a family doctor. They are usually the first person clients see for their health care, and they help patients to access other services.
HealthWatch	The ‘consumer champion’ for both health and adult social care and should be the independent, influential and effective local voice of the public on health issues.
MP&S	Meeting children, young people, their families and staff.
NICE	National Institute for Health and Clinical Excellence.

Plan	A number of different terms may be used for example, 'care plan' or 'plan of care'. Any plan should be goal orientated and co-produced with the young person, and where appropriate, their carer
Provider	A health or social care organisation that provides services to children, young people and families.
QS	Quality Standard.
School	Nursery, school or college.
Service provider	See 'Provider'.
Service commissioner	See 'Commissioner'.
Specialist Services:	<p>Specialist services work with children and young people with complex, severe and/or persistent needs, reflecting the needs rather than necessarily the 'specialist' skills required to meet those needs. This includes:</p> <p style="padding-left: 40px;">Tier 3: Services usually provided locally by a multi-disciplinary team for those with more severe, complex and persistent disorders.</p> <p style="padding-left: 40px;">Tier 3.5: An intensive home support team for children and young people at risk of admission to in-patient care.</p> <p style="padding-left: 40px;">Tier 4: Services for children and young people with the most serious problems. These include day units, highly specialised out-patient teams and in-patient units, which usually serve more than one area.</p>
Targeted Services:	Targeted services are engaged to work with children and young people who have specific needs – for example, learning difficulties or disabilities, school attendance problems, family difficulties, physical illness or behaviour difficulties. Some Targeted services will also provide a mixture of on-line and face to face services. Within this group of services, we also include CAMHS delivered to targeted groups of children, such as those in care.
Thrive Framework	<p>Thriving: Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies.</p> <p>Getting Advice: This group includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input. Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing.</p> <p>Getting Help: This group comprises those who need specific interventions focused on agreed mental health outcomes. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group. The professional may not necessarily be a trained mental health provider, but may be a range of people who can provide targeted, outcomes-focused help to address the specific mental health issue. Interventions are characterised by an explicit shared understanding from the outset of: - what a successful outcome would look like; how likely this is to occur by a specific date; what would happen if this was not achieved. Emphasis is placed on ending an intervention if it is felt not to be working or if the gains no longer outweigh the costs or potential harm.</p>

Getting More Help: This is not conceptually different from Getting Help. It is a separate needs-based grouping only because need for extensive resource allocation for a small number of individuals may require particular attention and coordination from those providing services across the locality. It is for each community to determine the resource allocation threshold that defines Getting More Help from Getting Help. There are no hard and fast rules as to who needs More Help but the following are frequent indicators: - the child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers); they may even be unable to function in all domains (e.g. staying at home or in bed all day without taking part in social activities); they need constant supervision (due to their level of difficulties they are no longer managing self-care) and experience distress on a daily basis.

Getting Risk Support: The aim of specifying a category of Getting Risk Support is for all partners to be clear that what is being provided is managing risk ONLY. It is important to note that there are likely to be risk management aspects in all groupings. However, in the context of high concerns but lack of therapeutic progress for those in this group, risk management is the sole focus. Children or young people in this grouping may have some or many of the difficulties outlined in Getting Help or Getting More Help above BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others. Children, young people and families in this grouping are likely to have contact with multiple-agency input such as from social services and youth justice.

Trust	An NHS Trust, NHS Foundation Trust or other organisation with management responsibility for the service.
Universal Services	<p>Universal services work with all children and young people. They promote resilience and support mental health and psychological well-being through the environment they create and relationships they have with children and young people. They include early years providers and settings such as child-minders and nurseries, schools, colleges, youth services, early support services and primary health care services such as GPs, midwives, health visitors and school nursing services.</p> <p>During 2019 some areas in England are introducing Mental Health Support Teams (MHSTs) who will provide additional support through schools and colleges providing early intervention on mild to moderate mental health issues. The teams link with local children and young people's mental health services and are supervised by NHS staff.</p>
Universal Plus	Provision of coordinated tailored packages of support including emotional health and well-being
Universal Partnership Plus	Working in partnership with partner agencies in the provision of intensive and multi-agency targeted packing of support where additional health needs are identified
QRS	Quality Review Service

Appendix 4 Presentation of Evidence for Peer Review Visits

Each Quality Standard reference column includes a box that illustrates how compliance will be reviewed.

Background information	This means that the information should be included in the background report or self-assessment.
Visiting facilities	Reviewers will look for the information while they are visiting the service.
Meeting children, young people, their families and staff	These Standards will be discussed with children, young people, carers and/or staff as appropriate.
Case note review or clinical observation	A few Quality Standards require reviewers to look at case notes or other clinical information.
Documentation	These are policies, guidelines and other documentation that reviewers will need to see. Documentation may be in the form of a website or other social media.

The following table summarises the evidence needed for each Quality Standard.

QS Ref. No	QS Short Title	Background	Visiting facilities	Meeting children, young people, their families & staff	Case note review or clinical observation	Documentation	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	Doc	
GA-101	Information for Children, Young People and Families						
GA-102	Education for Children, Young People and Families						
GA-201	Training Programme						
GA-202	Access to Advice, Guidance and Supervision						
GA-501	Guidelines						Guidelines: Universal services
GA-701	Data Collection						Examples of data showing compliance with the QS
GR-101	General Service Information						
GR-102	Information for Children and Families Referred to the Service						
GR-103	Goal- and Problem-Specific Information						
GR-104	Agreed Plan of Care						
GR-105	Review of Agreed Plan of Care						
GR-106	Contact for Queries and Advice						
GR-107	Case Manager						
GR-194	'Letting Go' Plan						
GR-195	Transition to Adult Services and Preparation for Adult Life						

QS Ref. No	QS Short Title	Background	Visiting facilities	Meeting children, young people, their families & staff	Case note review or clinical observation	Documentation	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	Doc	
GR-196	Environment and Facilities						
GR-197	General Support for Families and Carers						
GR-198	Families' and Carers' Needs						
GR-199	Involving Children, Young People and Families						Examples of changes made as a result of feedback
GR-201	Professional and Managerial Leads						
GR-202	Staffing Levels and Skill Mix						
GR-203	Service Competences and Training Plan						Competence Framework and Training Plan: <ul style="list-style-type: none"> • Competence framework describing the competences expected for roles within the service. • Training and development plan to show how staff will achieve and maintain competences
GR-204	Competences – All Health and Social Care Professionals						
GR-205	24 Hour Crisis Response (Specialist Services only)						
GR-206							
GR-208	Clinical and Managerial Supervision						
GR-299	Administrative, Clerical and Data Collection Support						
GR-301	Support Services						
GR-207	Intensive Home Support (24/7) (Specialist Services only)						
GR-304	Tier 4 CAMHS (Specialist Services only)						
GR-499	IT System						
GR-501	Screening and Referral Management Guidelines						Guidelines: Screening and Referral Management
GR-502	Crisis Assessment Guidelines (Specialist Services only)						Guidelines: Crisis Assessment
GR-503	Initial Appointment Guidelines						Guidelines: Initial Appointment
GR-505	Clinical Guidelines						Guidelines: Clinical

QS Ref. No	QS Short Title	Background	Visiting facilities	Meeting children, young people, their families & staff	Case note review or clinical observation	Documentation	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	Doc	
GR-506	Physical Health Care						Guidelines Physical Health Care
GR-507	Referral for Tier 4 Care (Specialist Services only)						Guidelines: Tier 4
GR-508	Children Awaiting Tier 4 Admission (Specialist Services only)						Guidelines: Children Awaiting Tier 4 Admission
GR-509	Children and Young People at Particular Risk						Guidelines: Children and Young People at Particular Risk
GR-510	Children and Young People Getting Risk Support Only						Protocols: Covering all aspects of the QS
GR-596	Information Sharing						Guidelines: Information Sharing
GR-597	'Letting Go' Guidelines						Guidelines: 'Letting Go'
GR-598	Transition to Adult Services and Preparation for Adult Life						Guidelines: Transition
GR-599	General Policies and Guidelines						Guidelines: General
GR-601	Operational Policy						Policy: Operational
GR-602	Participation in Local Planning and Coordination Group						Meeting notes with attendance
GR-603	Joint Working between Local CAMH Services						Documented arrangements
GR-604	Universal Services – Training Programme						Details of programme
GR-605	Regional Children and Young Person's Clinical Network						Meeting notes with attendance
GR-606	Multi-Agency Teams						
GR-701	Data Collection						Examples of data showing compliance with the QS
GR-702	Audit						Audit programme or plan. Examples of completed audits, action plans and monitoring.
GR-703	Key Performance Indicators						Evidence of review
GR-704	Research						
GR-798	Multi-disciplinary Review and Learning						Documentation depends on local arrangements, for example, minutes of review and learning meetings held within the service.

QS Ref. No	QS Short Title	Background	Visiting facilities	Meeting children, young people, their families & staff	Case note review or clinical observation	Documentation	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	Doc	
GR-799	Document Control						Compliance determined from other documentation presented.
GZ-601	Needs Assessment and Strategy						Needs Assessment and Strategy
GZ-602	Prevention and Early Intervention Programme						Details of programme
GZ-603	Commissioning of Services						Service specification
GZ-604	Local Planning and Coordination Group						Meeting notes with attendance
GZ-605	Regional Children and Young Person's Clinical Network						Meeting notes with attendance
GZ-701	Quality Monitoring						Quality monitoring report