Department of Health

Promoting mental health for children held in secure settings

A framework for commissioning services

Youth Justice Board
Bwrdd Cyfiawnder Ieue

NHS

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A framework for commissioning services

March 2007

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Foreword

The Government is committed to ensuring that children with mental health problems get the right help at the right time. Children held in secure settings are especially vulnerable. They are entitled to the same services as children in the wider community and there is focus given to this in the Every Child Matters: Change for Children programme, including the Children's National Service Framework. We must enable these children to receive the services that are appropriate to their needs.

Over eight thousand children under 18 go through our custodial establishments each year, and at any one time three thousand children are there on remand or serving a sentence. In addition, four hundred children go through a secure setting for welfare reasons each year, with one hundred resident at any one time. Levels of mental health problems are much higher in both these groups than in children in the general population. So, too, are the rates of self-harm and attempted suicide.

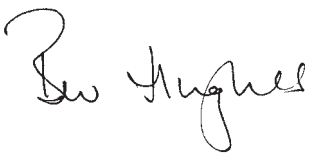
We need to grasp the particular opportunity to improve children's health and well-being that presents itself when children are held within a secure setting. And we must ensure that these gains are not lost. That is why appropriate follow-on services must be available to the child back in the community. We must strive to reduce the risk of escalating mental health problems and disorders, repeat offending and future imprisonment, and continuing social exclusion as these children grow into young adults.

This document is part of a major programme of work to improve the mental health of children and young people in secure settings. It provides a strategic framework for commissioners and service providers to facilitate access for children to the full range of child and adolescent mental health services in both the youth justice and children's services systems. It builds on the lessons already learnt from some remarkable innovations in provision of care in secure establishments and the community, on the widespread commitment of staff, and on the specialist skills and experience of some commissioners.

We are proud to lead this new drive to commission and deliver appropriate services. The mark of success will be that children who have ended up in such dire circumstances are given chances that enable them to grow up healthily and to reach their full potential in society. We would like to thank all those who are working to help achieve this goal.

Rt Hon Baroness Scotland of Asthal QC,
Minister of State for Criminal Justice and Offender Management,
Home Office

Ivan Lewis MP,
Parliamentary Under Secretary of State for Care Services,
Department of Health



Rt Hon Beverley Hughes MP,
Minister of State (Children, Young People and Families),
Department for Education and Skills

Home Office

department for education and skills

DH Department of Health

Executive summary

1 This commissioning framework is intended to help health commissioners and their commissioning partners ensure that the 3,000[1] children held in custodial and other secure settings[2] have fair access to the comprehensive child and adolescent mental health services (CAMHS) to which all children are entitled.

2 The framework is a joint approach by the Department of Health, the Home Office (for and on behalf of the Prison Service), the Department for Education and Skills and the Youth Justice Board, working together under the newly-formed Programme Board for Health and Social Care for Children in the Criminal Justice System.

3 The mental health needs of children in secure settings are known to be considerable, severe and complex, with rates of psychosis, self-harm and suicide well above those of other children. There are complicating factors of substance misuse and learning difficulties, and of the children's distress and anxiety at being locked up and away from home.

4 Improving mental health services for this group of children is a key aspect of working towards the government's overall strategy of achieving better outcomes for vulnerable children and families. It is anticipated that the work of commissioning for these particular needs will build on the progress being made locally in responding to other national initiatives. In particular, these relate to:

All children – the Every Child Matters programme focuses on an early response to difficulties and identifies the five target outcomes to be achieved for all children, through partnership work between agencies and with families.

Children's mental health – the Children's National Service Framework specifies the essential ingredients of the comprehensive CAMHS that Primary Care Trusts and Local Authorities must achieve and maintain for all children in their area. It also highlights the additional needs of children in secure settings.

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1 The term 'children' is used throughout the document, in recognition of the legal status of those aged under 18 years. Children in secure settings are aged 10 to 18 years, with most aged 15 to 17.

2 The terms 'custody' or 'custodial setting' refer to the prison estate (Young Offender Institutions), and the term 'other secure settings' refers to Secure Training Centres and Secure Children's Homes, the latter including children placed on either welfare or offending grounds.

Commissioning – key documents are the *Joint planning and commissioning framework for children, young people and maternity services*, which sets out the overarching framework for local partners to use in the commissioning of children's services, and the *Commissioning framework for health and well-being*, which offers practical steps for commissioning services that will enhance personal independence and help reduce social exclusion.

5 The target audience for this framework for the mental health of children in custodial and other secure settings are the lead commissioners in Primary Care Trusts, and their commissioning partners in Local Authorities and the Youth Justice Board, with responsibility for service improvement for children at risk of entering a secure setting, or being held there, or needing continuing care on discharge.

6 Strategic planning and commissioning of CAMHS are particularly important for children held in secure settings, given their vulnerability and the opportunity that now presents itself for addressing their unmet health and welfare needs. The transfer of prison health funding to PCTs, the government's contribution to the development of mental health in-reach teams in prisons, and new funding for the development of specialist CAMHS for children in prison have provided an impetus for building on what is already in place.

7 Commissioning needs to encompass services at all four tiers of the comprehensive CAMHS outlined in the Children's NSF – covering mental health promotion; prevention and treatment for the full range of mental health needs; and care after discharge from a secure placement, including transfer to in-patient or adult services. In secure settings, responding to children's mental health needs is crucial in meeting their overall needs. An important guiding principle is about commitment to the children's welfare as well as to their containment.

8 Responding to the needs of children involved in the secure estate presents particular challenges for the agencies involved, including commissioners, because of the high number of factors at play – the different numbers of children coming from each area, the size and nature of individual establishments, their geographical spread, movement of children between sites, variation in local CAMHS arrangements and resources, and the different responsibilities of health and social care commissioners and providers.

9 For all these reasons, particular commissioning arrangements are set out for PCTs and their commissioning partners to consider so they ensure an integrated service model for the child's pathway before, during and after being held in a secure setting. Continuity is essential as children move between community and secure settings, and as they are moved between different establishments. PCTs need to ensure that their specific local arrangements are fit for purpose and enable the delivery of high-quality services.

10 The general principle is that commissioning is best undertaken locally, as part of providing the local CAMHS for all children in the area, with commissioning responsibility lying with individual PCTs and their partner LAs. This will generally be the best approach for commissioning the local, community-based services needed for children at risk of, and following, the restriction of their liberty. It is also likely to be the best arrangement for providing much of the first level (Tier 1) CAMHS for children whilst they are held in a secure setting.

11 Other commissioning is likely to be better regarded as for the provision of "specialised services" and so integrated with the new arrangements for other specialised health services for children and adults (DH May 2006). This is likely to be a helpful approach when commissioning CAMHS at the more complex levels of need (Tiers 2-4). Under these new arrangements, commissioning is managed by a Specialised Commissioning Group (SCG) in each Strategic Health Authority.

12 This framework for the mental health of children in secure settings sets out the particular considerations for commissioning and service provision at each of the CAMHS tiers. It is work in progress. It has drawn on the expertise of commissioners, clinicians and other staff across the country. An external working group will enable the sharing of learning to continue as the proposed commissioning arrangements are developed over the next two years. Feedback is welcome, via email to camhssecuresettings@dh.gsi.gov.uk.

1 Introduction

The aim of the document

1.1 This commissioning framework sets out the essential elements for developing the strategic approach to commissioning needed to promote the mental health of children in England[3] who are held in a secure setting. The overall aim is to ensure that these children have fair access to the comprehensive child and adolescent mental health services (CAMHS) to which all children are entitled, under the Children's National Service Framework.

1.2 The main focus is on the commissioning arrangements for children whilst they are held in prison in Young Offender Institutions (YOIs), but with attention to Secure Training Centres (STCs) and Secure Children's Homes (SCHs), which are the other establishments in the children's secure estate. Because of the importance of taking a pathway approach to responding to children's needs, the framework also covers – though in less detail – the commissioning arrangements for children who are likely to be placed in, or are being discharged from, a secure setting.

The target audience

1.3 The framework is intended primarily for those with responsibility for commissioning the provision of services to children and their families in the criminal justice and secure care systems. The different commissioning arrangements that operate at present for each type of secure establishment mean that different commissioner groups play a key role, as follows:

Secure establishment	Key commissioner
YOI	PCT lead commissioner for children's mental health
STC	YJB
SCH – custody placement – under sentence	YJB
SCH – custody placement – on remand	YJB + LA commissioner for looked after children
SCH – welfare placement	LA commissioner for looked after children

3 In Wales, the National Assembly is taking forward a similar programme, based on its own CAMHS strategy. The two secure establishments in Wales are included in the figures in this commissioning framework as they form part of the children's secure estate.

The pathway approach means that these key commissioners will benefit from working jointly with commissioners for all relevant local services for children and families.

1.4 Other people will have a particular interest in the commissioning arrangements for children held in secure settings. These include:

- those with overall responsibility in a locality – Directors of Children's Services and Local Authority Lead Members for Children
- those running establishments – Governors/Directors and Heads of Healthcare
- managers and lead clinicians in local CAMHS and Youth Offending Teams (YOTs), and
- those with wider responsibilities for the delivery of health and well-being outcomes – including Directors of Public Health, Regional leads for Children, and Regional leads for Health and Social Care in Criminal Justice.

The children's secure estate

1.5 There are 45 establishments in the children's secure estate – 19 Young Offender Institutions, part of HM Prison Service; 4 Secure Training Centres, run by private operators; and 22 Secure Children's Homes, almost all run by local authorities[4]. The vast majority of children are held in YOIs. There are approximately 3,000 children in the secure estate at any time, and nearly three times as many enter the estate each year.

	Children resident (Jan 07)	Children admitted (year ending Oct 06)	Children discharged (year ending Oct 06)
YOI	2722	6558	5787
STC	265	1047	1053
SCH – custody	225	961	1006
SCH – welfare	100	400	409
TOTAL	**3312**	**8966**	**8255**

4 STCs and SCHs are used for children who are younger, and deemed more vulnerable, than those held in YOIs. The SCHs all hold children placed on welfare grounds, for the protection of themselves or others (section 25, Children Act 1989). Seven sites are used for welfare placements only. The 15 that hold children who have offended do so under a contract with the YJB.

1.6 The establishments vary considerably in the number of children they can hold. They can all receive children from any part of England and Wales, with the result that many children end up far from home. They are located in one fifth of the 150 PCT and LA areas, with between two and seven establishments in each Strategic Health Authority (SHA), as indicated in the chart below. Details of the children resident and of the establishments and their geographical distribution are at Appendices A and B.

SHAs	YOIs	STCs	SCHs	Total per SHA (England)
East of England	1*	–	2	3
East Midlands	1	1	2	4
London	1	–	1	2
North East	1	1	2	4
North West	3	–	4	7
South Central	2	1	1	4
South East Coast	2	1	2	5
South West	2	–	2	4
West Midlands	5	–	1	6
Yorkshire and The Humber	–	–	4	4
Total	**18**	**4**	**21**	**43**
(+ Wales)	(+1)	–	(+1)	

*The names of sites are listed in the last chart at Appendix A.

The children held in secure settings

1.7 Most of the children in any form of custody are boys, and over one in ten is from a minority ethnic group. The main reasons for children being locked up in prison are offences of robbery and burglary. Most are held under a Detention and Training Order (DTO). This involves a sentence of between four and 24 months, with half spent in custody and the other half in the community after release, under the supervision of the local Youth Offending Team (YOT). The average length of stay in custody is 84 days, including time spent on remand. The turnover rate is high, especially for those on remand. The reconviction rate is also high, with approximately 70 per cent re-offending within 12 months.

1.8 Of the smallest group of children – those in Secure Children's Homes – the majority overall are boys, too, though more girls than boys are placed on welfare grounds. Approximately 80 per cent of children stay for less than six months, with similar concerns as in custodial settings about movement between establishments and placements that are distant from a child's home (Hart 2006, Held 2006).

The children's general needs

1.9 The general needs of children in custodial and other secure settings are similar to those of the children identified by the NSF as being "in special circumstances", needing extra attention if they are to enjoy similar life chances as other children. What they have in common are difficulties in family and peer relationships, high levels of poverty, entrenched parental needs, and a history of school under performance and exclusion, homelessness, and life in or on the edge of care.

1.10 Restriction of liberty in a secure setting can intensify children's difficulties by dislocating children from their family and community and from mainstream children's services. As a result, children in secure settings can become particularly vulnerable. Additionally, the period between age 16 and 25 is a significant one developmentally, as young people test their independence and make the transition to adulthood. Living in a secure setting can be detrimental to this transition because it deprives children (wholly or partially) of the everyday activities that help them develop and mature socially and emotionally.

The children's mental health needs

1.11 The mental health needs of those in secure settings are known to be considerable, severe and complex (Lader et al 2000, Harrington and Bailey 2005). These children manifest the full range of mental health problems and disorders, with rates of psychosis, self-harm and suicide well above other children. Among 15 to17 year-olds placed in SCHs, two-thirds were assessed as having a mental health disorder, a considerably higher rate than that found among children in care as a whole (ONS 2002).

1.12 In the Lader study, of children and young people aged 16 to 20, the prevalence rates for any functional psychosis in the past year was 10 per cent for male sentenced young offenders and eight per cent for males on remand. The proportion of the female sentenced sample identified as probably having a psychotic disorder was nine per cent. In line with other studies in this field, co-morbidity rates were also found to be higher, with 95 per cent of the children having at least one mental health problem and 80 per cent having two or more. In general, girls were probably more disturbed than boys. There are complicating factors of substance misuse and learning difficulties, and further needs develop as a result of the distress and anxiety at being locked up and away from home.

1.13 Prison and other secure settings may offer a unique opportunity for responding to children's mental health needs. There can be time for both comprehensive assessment and direct work with children, including the many who have missed out on earlier

attention and intervention. Custody staff [5] are keen to ensure that colleagues from all disciplines have the skills to respond effectively to the needs of these children, and to ensure that the right help is in place as they move on from their care (Tunnard et al 2005). The consequences of missing these opportunities are likely to be serious, increasing the risk of repeat offences and imprisonment (as children or adults), more serious mental health problems and disorders, and continuing social exclusion (SEU 2002).

The services indicated

1.14 There is no single way in which an effective service for the mental health of children in secure settings is to be provided, but there are some important messages that can inform future developments.

1.15 Some messages are about **service principles**:

- The children are entitled to service provision that is equivalent to that available for children living in the wider community.
- The children are vulnerable because of their age, previous life experiences and current situation.
- The Prison Service has clear duties to the children in its care: to safeguard and promote their welfare, to promote their good health and emotional well-being, and to take account of their specific needs as children.
- Local Authorities have specific duties towards looked after children, including those placed in secure accommodation: to safeguard and promote their welfare; to make use of relevant services for these children in the same way that a parent would; to take into account the wishes and feelings of children and their parents; and to have regard to children's religion, racial origin and cultural and linguistic background before making any decision about them.
- What is offered in prison and other secure settings is but one part of a child's mental health care pathway – services before and after the restriction of liberty are also important.
- The response to children's mental health needs is the crucial aspect in meeting their overall health needs in secure settings.
- Services should reflect the lessons from effective and promising practice.

5 The term 'custody staff' refers to prison officers in YOIs, where the vast majority of children are held, and the residential care staff in STCs and SCHs.

1.16 Other messages are about **service effectiveness**:

Research is beginning to show the direction of travel for responding to the mental health needs of children who are locked up. The way an institution is run can affect outcomes for children, clear objectives are important, and there is benefit in developing strong links across the secure and community components of a custodial sentence or placement in a secure setting. There is growing consensus on the approaches most likely to alter the trajectories of young offenders. Rutter (1998) found that while the deterrent and incapacitation effects of incarceration are negligible, beneficial effects on behaviour are most likely when:

- education and training open up new opportunities after the restriction of liberty,
- help is offered with drug misuse, and drugs are not available during the stay in a secure setting,
- a pro-social ethos with good relationships and models for behaviour are maintained,
- there are chances for making a change in mind-set, leading to a greater sense of self-efficacy and control over life, and
- strong and regular links with families are encouraged.

1.17 The need for a comprehensive commitment to welfare as well as to containment, urged some years ago by a government review into standards for all children living away from home (Utting1997), remains relevant.

2 The policy context

Improving children's outcomes

2.1 Work with children in secure settings is part of the government's overall strategy for improving outcomes for vulnerable children and families, set out in the Every Child Matters: Change for Children programme. Essential ingredients in this strategy are an early response to difficulties, and partnership work (including pooled budgets) with service agencies and with families themselves. Impetus has been provided by the Children Act 2004, with its new duty on agencies to co-operate to promote children's well-being. Well-being is defined as achievement of the five outcomes specified in section 10 of the Act and future service inspections will be focusing on progress that agencies are making in relation to these outcomes.

2.2 The duty of cooperation extends to all agencies, including Youth Offending Teams and Strategic Health Authorities, and there is a specific duty placed on prisons and other secure establishments to safeguard and promote the welfare of children in their care. The following table shows how the five outcomes for all children have been interpreted for the particular needs of children held in secure settings. There is also an *Outcomes Framework* (DfES 2005), linking the five outcomes to priority national targets and other key indicators and to the criteria applied by Ofsted when judging progress. Some of these targets and criteria are specific to the secure estate.

The ECM 5 outcomes	The ECM outcomes for children in the secure estate
Be healthy*	Safeguard and promote their health, both physical and mental**
Stay safe	Ensure they are safe from harm that they might inflict on themselves or each other
Enjoy and achieve	Enable them to enjoy, develop and achieve their individual potential so that they become fulfilled adults
Make a positive contribution	Help them to make a positive contribution to the community at large, by not engaging in anti-social or criminal behaviour and by contributing to activities which further the public interest
Achieve economic well-being	Promote their social and economic well-being, by helping them to acquire the basic educational and vocational skills that will enable them to become responsible, independent adults

* Source: *Every Child Matters* (DH 2004)

**Source: *Youth Justice: The Next Steps* (YJB 2005)

2.3 A care pathway approach is needed for children in secure settings. This is about providing continuity for the children, as they move between community and secure settings and as they are moved between different types of establishment and different parts of the country. The pathway approach is consistent with the government's aspiration for **all** children – of responding early to their needs, avoiding repeat assessments, providing joint agency responses, and having a lead professional to help children and families access and benefit from services. The approach is particularly important for this group of children, given their vulnerability and the severity of their unmet health and welfare needs.

Responding to children's mental health needs

2.4 The Children's National Service Framework (NSF) has a Standard covering children's mental health needs. It stresses the need for an improvement in the mental health of all children; for partnership and multi-agency work to provide early intervention as well as a response to more complex problems; and for services delivered by skilled staff and based on the best available evidence. An appendix sets out the principles and service elements of a comprehensive CAMHS, the workforce and skills required, training and development issues, and organisational arrangements.

The National Service Framework for Children, Young People and Maternity Services (DH 2004)

Standard 9: The mental health and psychological well-being of children and young people

The standard states: "All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families."

Appendix 2: A comprehensive CAMHS

Under the heading Range of Services the appendix covers the 4 Tiers in the CAMHS strategic framework. It states:

For Tier 1

"Within primary level services, those in contact with children need to be able to have sufficient knowledge of children's mental health to be able to: identify those who need help, offer advice and support to those with mild or minor problems, and have sufficient knowledge of specialist services to be able to refer on appropriately when necessary."

For Tier 2

"Child mental health workers need to be available to support, train, liaise with, consult to and provide direct work with other agencies providing services for children."

For Tiers 3/4

"Specialist multi-disciplinary teams in all localities should be able to provide:
- specialist assessment and treatment services
- services for the full range of mental disorders, in conjunction with other agencies as appropriate
- a mix of short-term and long-term interventions and care according to levels of complexity, co-morbidity and chronicity
- a full range of evidence-based treatments
- specialist services that are commissioned on a regional or multi-district basis, including in-patient care."

2.5 The NSF envisages that Primary Care Trusts and Local Authorities will achieve and maintain a comprehensive CAMHS for all children in their area, including those held in the secure estate.

2.6 As for children in other parts of the community, mental health care in secure settings is not solely the remit of mental health professionals. It needs to be incorporated into all the services within an establishment. All have a part to play in promoting the children's mental well-being: custody staff, staff involved in education and leisure, those involved in primary health care and the specialist mental health services. The five ECM outcomes imply a comprehensive service model, delivered within a tiered framework within establishments, but including responses that extend beyond the establishments themselves and into the wider community.

2.7 The integrated response indicated for this work in the ECM policy documents requires commissioners to develop strong links with all relevant partners, as in the chart overleaf.

2.8 Some local services have developed a good deal of expertise and experience, and this has helped indicate the key elements and some more precise components of services that are likely to improve the mental health outcomes for children in secure settings and their life chances in general. These cover the promotion of mental health and the prevention of problems, early intervention, treatment of mental health disorders, and continuing care after leaving a secure setting, including transition to adult services. The type of provision that is indicated is set out in Sections 4-6 of this commissioning framework, drawing on the emerging lessons from both practice and research.

Partners in commissioning mental health services for children in secure settings

Local

- Members of the CAMHS Partnership/JCG and the Children and Young People's Strategic Partnership, including:
- LA/CSA
- PCT
- Children's Trust
- CAMHS
- Specialist CAMHS (eg. forensic, neuropsychiatry, sex abuse projects)
- Adult mental health services
- Substance misuse services (for children and adults)
- LAC services
- Voluntary agencies
- YOI
- STC
- SCH
- YOT

Regional

- SHA
- Regional Offender Managers (ROMs)
- CAMHS Regional Development Workers (RDWs)
- YJB Regional Manager
- YJB Regional Substance Misuse Manager
- YJB Regional Resettlement Manager
- LA representatives
- Specialist Commissioning Officers
- Government Office representatives
- Universities providing expertise and/or training

National

- DH
- YJB
- Home Office
- Prison Service
- DfES
- Learning and Skills Council
- NCG
- NCSS
- NSSCG
- HASCAS
- Advocacy agencies (eg. Voice, NYAS)
- Other voluntary agencies

3 The commissioning context

3.1 Strategic planning and commissioning are fundamental to the development of effective CAMHS for all children (Williams and Kerfoot 2005). They are even more important for children in secure settings, given their vulnerability and the low priority traditionally afforded to services to meet their needs. The transfer of prison health funding to PCTs and the government's financial contribution to the development of mental health in-reach teams in prisons have provided an impetus for building on what has been achieved so far.

3.2 Attention can now be focused on the quality as well as the level of provision, on robust arrangements for planned rather than ad-hoc purchasing, and on introducing services that are specified by commissioners working closely with local specialists and other partners. This will enhance the chances of providing children with services across the tiers of the CAMHS framework. It will promote the co-ordinated, multi-faceted care from different agencies that is indicated for effective long-lasting improvement. And it will support the integration of community and secure setting resources, to enhance children's effective transition into and out of a secure establishment.

3.3 The commissioning task for providing for these children is as for commissioning other services. It is the systematic process of specifying, securing and monitoring services to meet identified needs, making best use of available local and other resources. In commissioning guidance, as in the policy documents referred to in Section 2, there is focus on the importance of an integrated approach to identifying and responding to the needs of particular groups of children. The key commissioning guidance is summarised in the boxes below.

The NHS in England: operating framework for 2007-08 (DH December 2006)

This establishes a greater focus on joint commissioning and integration between healthcare and social care services. It sets out a vision of how local clinicians and managers can move into this second phase of implementing the NHS Plan and improve service delivery. It envisages a key role for PCTs working in partnership with practice based commissioners and local authorities, with arrangements underpinned by strong contracting arrangements.

Its relevance for the children's secure estate is that it stresses the need for PCTs to work with Local Authorities to improve health and well-being and reduce inequalities, in relation to both health outcomes and access to services.

The focus on achieving a shift towards prevention and on helping staff shape services around the needs of their local community should also benefit children in secure settings and their families. While not addressed as a discrete group in the framework, they qualify for attention under the requirement on PCTs to tailor services to the needs of "age groups" and those with learning disability and from BME groups, all relevant for the secure estate.

It also sets out draft principles for the NHS. Some of these are likely to be particularly helpful in tackling the stigma that attaches to this group of children. They include the aim of providing people "with the care and service we would want for ourselves and our family".

Joint planning and commissioning framework for children, young people and maternity services (DfES/DH March 2006)

This sets out the overarching framework for local partners to use in the commissioning of children's services. It explains the 9 steps in the commissioning cycle and it draws attention to the importance of considering a differentiated approach for particular groups of children, including those in care and those displaying anti-social behaviour. It also explains the framework for children's trusts to use in developing joint commissioning with other agencies.

Most areas are already operating under children's trust arrangements and these will be a requirement for all areas from 2008[6]. Children's trusts, certain health services, and – where agreed locally – YOTs, have the primary purpose of securing integrated commissioning in a local area, with a view to producing more co-ordinated service delivery. Trusts have power to pool budgets and resources across a Children's Services Authority.[7]

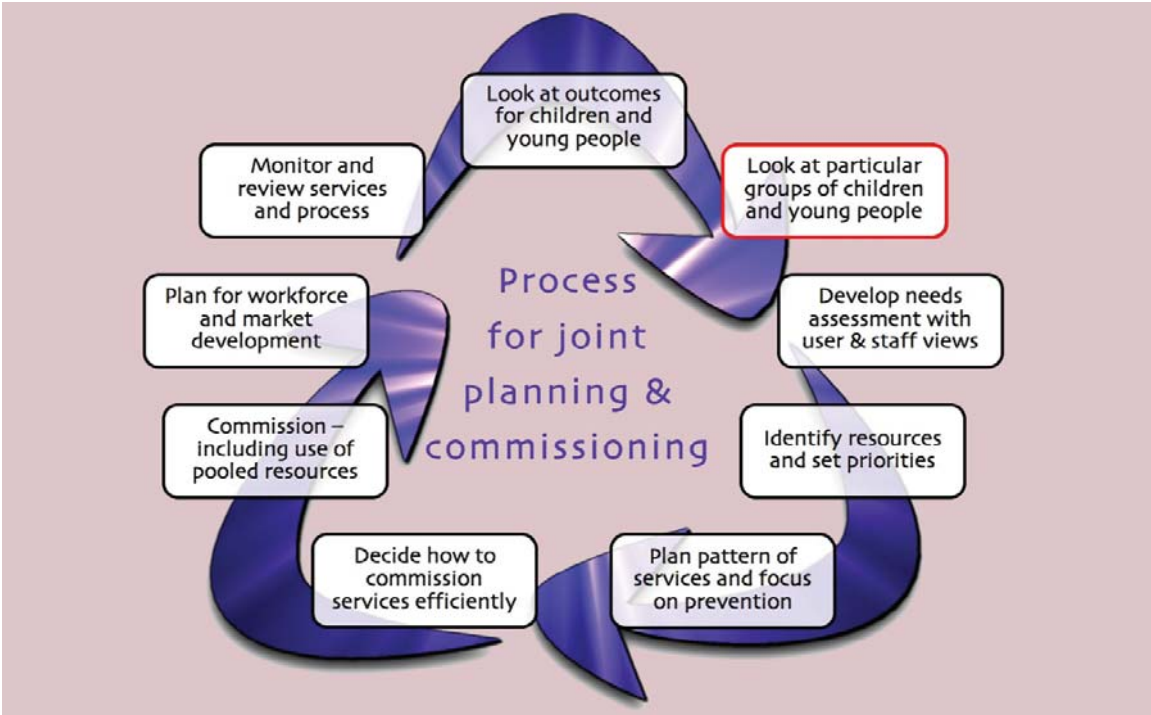
Its relevance for the children's secure estate is that the commissioning framework for the mental health of children in secure settings is a key tool when commissioners "look at particular groups of children and young people" (Step 2, top-right, overleaf).

It also stresses the need for commissioners to take account of the cross-boundary issues in responding to the needs of children who are placed away from home.

Each other stage in the commissioning cycle will benefit from a specific consideration of what can be achieved to improve the life chances of children moving in and out of secure settings.

6 Under the duty in section 10, Children Act 2004, to work in partnership to promote children's well-being. The target date is set out in Every Child Matters: Change for Children (DfES 2004, pp 35–36).

7 When local authority services for children were reconfigured under the Children Act 2004, social services and education were combined under a Director of Children's Services. The term Children's Services Authority applies to those county councils, metropolitan councils and London Boroughs that previously had both education and social services responsibilities.



3.4 Government documents also reinforce the importance of current developments for children and young people under the Every Child Matters agenda.

Commissioning framework for health and well-being (DH March 2007)

This sets out a vision, a framework and practical proposals for the commissioning of health, care and well-being from 2008/09.

It is for commissioners of health and social care services, and for local government more broadly. It covers commissioning for all adults and children in a locality, their families and carers, and all care groups.

Its relevance for the children's secure estate is that it aims to promote a shift towards services that are personal, sensitive to individual need, and help people maintain independence and dignity. There is also emphasis on a strategic orientation towards promoting health and well-being, investing now to reduce the cost of ill health in the future, with a strong focus on commissioning the services and interventions that will achieve better health outcomes, promote inclusion and tackle health inequalities.

The challenge for commissioning arrangements

3.5 Responding to the mental health needs of children in the secure estate and, in particular, implementing a care pathway approach for the children involved, presents particular challenges for the agencies involved.

3.6 For any one PCT or LA, the number of its local children in secure settings is small and likely to vary from year to year, and the children may be placed in a number of establishments in different parts of the country. Some PCTs and LAs have one or more secure establishments within their boundary, while others have none. The number held in each establishment varies, and each resident group, as well as coming from a number of different local areas, may also have a different profile of needs. Local CAMHS arrangements also differ, including whether they are provided by the same trust that provides local primary care and children's services. The differing responsibilities of PCTs and LAs can make it difficult to provide an integrated approach to meeting children's health and social care needs. Furthermore, services for children in secure settings are at a developmental stage, with an incomplete – albeit growing – evidence base. This presents extra concerns for CAMHS commissioning because, at present and in general, local resources are scarce.

3.7 For all the reasons given above, particular commissioning arrangements are indicated to meet the needs of children during their stay in a secure setting and after discharge, and to ensure that there is effective integration of these services with the preventive and support services in local communities for children at risk of requiring secure provision.

Local commissioning

3.8 The general principle is that commissioning is best undertaken locally, as part of providing the local CAMHS for all children in the area, with commissioning responsibility lying with individual PCTs and their partner LAs. The children count as vulnerable local children, whether they are living at home or away from home.

3.9 It will be helpful to have a clear statement of the needs of the children in the local CAMHS Strategy[8], for it to be owned by all members of the Children and Young People's Strategic Partnership Board, and for it to be a key component of the Local Area Agreement (LAA)[9]. In line with the NHS operating framework (3.3, above), PCTs will play a full part in the LAA process and will agree with local authorities those aspects of the current Local Development Plan that require joint work.

8 In some places called the CAMHS Joint Commissioning Group (JCG). At present some JCGs plan only for the priority local services funded by the CAMHS Grant, not for **all** CAMHS (and so not for children in custody).

9 The LAA is the formal statement of an area's local Strategic Partnership. There are four priorities for joint planning and action, one of which is to improve children's life chances.

3.10 This **local commissioning** will generally be the best approach for commissioning:

- the local, community-based services for children at risk of restriction of their liberty,
- similar services following children's discharge from a secure setting, and
- it is also likely to be the best arrangement for providing much of the first level (Tier 1) CAMHS (from primary care, health promotion and education staff) for children who are held in a secure setting.

Specialised commissioning

3.11 For the more complex needs of children in the establishments, commissioning is likely to be better regarded as for the provision of "specialised services" and so integrated with the new arrangements for other specialised health services for children and adults, as described in the box below.

Review of commissioning arrangements for specialised services (DH May 2006)

This document describes the new approach to commissioning specialised services, based on the recommendations of the review led by Sir David Carter.

Specialised services are high-cost, low-volume interventions and treatments delivered in relatively few specialist centres. There will be 10 new Specialised Commissioning Groups (SCGs) across England, created with a view to commissioning specialised services collaboratively.

The SCGs will be co-terminous with the 10 SHA boundaries and will be formal subgroups of all PCTs in the SHA area, acting on behalf of their PCTs and with a dedicated team of commissioners to support their work. They will have pooled budgets and financial risk sharing, with SCG decisions binding on PCT members. They will be able to formally designate specific providers for specified specialised services, based on an agreed set of criteria and with review every five years. All the SCGs are required to be members of the National Specialised Services Commissioning Group (NSSCG), whose remit is to co-ordinate their activity and represent the interests of PCTs to national bodies and the Department of Health.

The relevance for the children's secure estate is that the custodial and welfare establishments that form the estate do comprise a group of specialist centres, are relatively few in number, and are providing for a population (regional or even national) that is larger than a single PCT.

3.12 This **specialised commissioning** will generally be the best approach for commissioning:

- at the more complex levels of need (CAMHS Tiers 2, 3 and 4) for children currently held in prison settings (in YOIs). It may also be considered in the future for commissioning for STCs and SCHs.
- It would also be cost effective in providing for the highly specialist and complex interventions that are needed for some children leaving secure settings.

3.13 The services for children in the secure estate need considerable support if they are to be developed in a manner that can demonstrate effectiveness and value for money. Clear local leadership is called for, especially from Directors of Children's Services and lead PCT and elected members for children. In addition, commissioning needs to benefit from the contribution of those with specific expertise, including senior clinicians and governors and managers of local establishments. In line with the requirements in the *Commissioning framework for health and well-being* (3.4, above), the experience and views of service users – parents, carers and young people who have been in the secure estate – should inform planning and service delivery.

3.14 The next three sections of the framework discuss the services and commissioning arrangements required at each stage of the child's mental health care pathway – before, during and after time spent in a custodial or other secure setting. Each section notes the particular current commissioning arrangements for children placed in an STC or an SCH rather than a YOI. A diagram showing the key commissioning and service elements of the care pathway is at Appendix C.

4 Children at risk of entering a secure setting

Services

4.1 Services that can help prevent the restriction of liberty, for children receiving YOT services or otherwise deemed vulnerable, encompass all the elements of a comprehensive CAMHS. YOT supervising officers and YOT-based health workers play a key role in supporting CAMHS colleagues to provide co-ordinated care pathways for young people in the youth justice system.

4.2 Service specifications and contracts need to include the particular approaches indicated by the needs of this group of children. They will also set out who is to provide the specialist mental health consultation, training and supervision for the staff who care for and work with the children, and the funding designated for this work.

4.3 Monitoring arrangements are as for the local CAMHS. An important extra component will be the evaluation of targeted services for children at risk and regular review of whether children brought into secure settings have received appropriate local services at the right time.

Commissioning

4.4 As described earlier (3.8) these services are part of local CAMHS commissioning, under arrangements for the overall provision for the health and well-being of the local population. Responsibility lies with the individual PCTs and their partner LA, working through the multi-agency CAMHS Partnership that commissions across the CAMHS tiers in each area. The advantage of this arrangement is that the PCT and the LA, working together, can also draw on the expertise in commissioning of specialist local agencies, including YOTs, services for looked after children (LAC), Tier 3 CAMHS, adult mental health services and voluntary sector organisations. The involvement of a wide range of services will enhance the chances of responding appropriately to the specific needs of this group of children.

4.5 However, given the current shortage of local expertise in some parts of the country, both in carrying out the full commissioning task and in providing the appropriate provision, it may be cost effective for commissioning for children at risk of being placed in a secure setting to be carried out under consortium arrangements of groups of PCTs, working closely with the CAMHS Partnerships or JCGs within their consortium area.

4.6 This approach will facilitate the development within the consortium of an evidence-informed service specification, with contracts for delivery by local services to their individual local population. It will also enable PCTs to capitalise on economies of scale by using a preferred provider to deliver the more specialist service elements to the wider population served by the consortium. These services might also include the specialist consultation, training and supervision indicated for staff doing direct work with children. Such a preferred provider would be best developed as part of a local Tier 3 CAMHS within the consortium.

5 Children held in a secure setting

5.1 Although many aspects of the delivery of services for the mental health of children in secure settings require expertise that is no more specialist than for children in the community at large, the types of problem experienced and the approaches needed to engage and work with these children with very complex needs often require highly specialist, and some relatively rare, expertise in planning and supporting effective interventions.

5.2 There are special considerations for work at each tier of the comprehensive CAMHS and for the commissioning arrangements that are likely to be effective. These are set out in the following paragraphs. And Appendix E summarises the key legal and policy considerations, both overall and for each tier of work.

Tier 1 services and commissioning

5.3 The promotion of mental health, the prevention of problems, and intervention for mild difficulties are key tasks for all staff who are in daily contact with the children. Custody staff have a particularly important role, along with primary health care workers, social workers, teachers, those providing health promotion sessions and sport and leisure activities, and others.

5.4 In view of the circumstances of the children in their care, often far from home and family, and often exposed to movement between establishments, a more therapeutic milieu is needed, to help counter the negative impact of being locked up and to foster within the children a sense of security and well-being. Often it is possible for children to engage in therapy only if they feel understood and supported by those caring for them. This support includes helping children deal with the variety of factors that put them at risk of developing mental health problems, and identifying children most at risk or showing signs of more serious problems. Crucially, this depends upon prisons and other secure settings offering a caring ethos and environment.

5.5 Tier 1 **services** for children in secure settings include:

- First-stage screening, using assessment as a "getting to know you" activity, rather than a tick-box exercise.

- An on-going listening approach that is respectful and child friendly, making use of informal opportunities to identify significant risks and problems and offer advice, guidance and help.
- Approaches that foster children's social and emotional development and life skills, by helping them, for example, make choices, take decisions, assume responsibility for actions, have contact with relatives and friends, take regular exercise, and take a greater interest in people and events outside their immediate environment. Cognitive behaviour and problem-solving approaches, such as the Juvenile Enhanced Thinking Skills (JETS) (YJB 2003) programme, show promise in building children's resilience.
- Advocates and community mentors.
- Personal, Social and Health Education (PSHE), smoking cessation, sexual health, and parenthood work.
- Attention to the needs of particular children, including girls, those from a minority ethnic background, children with a hearing impairment, and those with learning and communication difficulties.
- Responses to mental health risk factors (including problem drinking and other drug use, bullying, and concerns about family members), with staff acting in partnership with others, such as substance misuse workers, prison family liaison officers and voluntary sector staff.
- Attention to mild mental health needs, such as sleep disturbance, anxiety, lack of concentration and less severe self-harming behaviour.

5.6 There are some key features of **commissioning** for Tier 1 services in secure settings:

- As stated earlier (3.8), Tier 1 CAMHS is the responsibility of the local CAMHS commissioners for the PCT/LA area in which the establishment is located. However, where several establishments are located close together, consortium commissioning of Tier 1 services to all these establishments is likely to enable both more comprehensive and more cost-effective provision.
- Services will be commissioned alongside the PCT commissioning for primary care, health promotion and general child health services to the establishment, to ensure suitable integration of provision for mental health with that for the overall health and well-being of children on site.
- Commissioning will benefit from being done in partnership with those who provide Tier 1 services to the secure site, so that what is offered is informed by the best understanding of the needs of the children who are held there.

- Thus, the services specified will be those to meet the identified needs among the children within the particular establishment (such as those of a large or small population, of girls only, or of high numbers on remand) and contracts will need to be agreed with local providers to enable continuity of the care of children before and after they are placed in a secure setting, at least for local children.
- Money from the PCT allocation for the prison can usefully be combined with funding and staff resources from the local authority, the YJB, and dedicated funding streams such as for substance misuse.
- The commissioning of training in mental health awareness and promotion for Tier 1 staff should be specified in the contracts for Tier 2 and Tier 3 services to the secure estate, with funding supplemented by the local authority.
- In some areas there may be a case for commissioning Tier 1 services under the arrangements for specialised services (3.11, above).

SCH/STC note – Commissioning for all CAMHS – Tiers 1, 2, 3 and 4 – for children in a Secure Children's Home on **welfare** grounds will, for the present, be carried out according to the arrangements for Tier 1 CAMHS described above. For children in an SCH on **custody** grounds, mental health (and other health) services are funded by the YJB within the total bed price, and local commissioners for these SCHs will need to work collaboratively with the YJB to ensure equitable provision of CAMHS for all children in the establishment. For Secure Training Centres, where health commissioning is currently covered by a contract between the YJB and each STC, commissioning will also benefit from collaboration with local commissioners.

Tier 2 & Tier 3 services and commissioning

Tier 2

5.7 Tier 2 services are provided by mental health specialists from a number of different backgrounds, including clinical psychologists, primary mental health workers (PMHWs), mental health trained nurses, social workers and occupational therapists. They will have had training in work with children, and training or experience in child and adolescent mental health.

5.8 **Tier 2 services** for children in secure settings include:

- Developing the awareness, competence and confidence of mental health issues among all staff working at Tier 1 in the establishment, including both site-based and visiting colleagues.
- Offering training, consultation and supervision to Tier 1 staff in their work of assessing, identifying and meeting mental health needs.

- Delivering appropriate specialist interventions for children with moderately severe mental health problems.
- Co-working with Tier 3 colleagues in providing for children with more severe and complex problems and disorders, acting to reduce premature or delayed referral to the Tier 3 CAMHS.
- Providing – in liaison with other staff and agencies – mental health expertise to inform and support those providing advocacy, speech and language therapy, family liaison, and effective approaches with girls and with children from a minority ethnic background.
- Working in one or more local YOT, providing continuity of care for children leaving a secure setting and a regular exchange of information and ideas between staff in secure settings and those working in the community.

5.9 Tier 2 staff should provide an abiding mental health care presence on site, working not just in the healthcare unit but mixing with the children in their residential areas. They are likely to be part of the Tier 3 mental health in-reach team (MHIRT) described below, and their work with Tier 1 staff will be facilitated more easily if they have formal links and close working arrangements with the healthcare manager's team. The consultation, training and supervision for Tier 2 staff will come, preferably, from the local CAMHS or other service that provides the Tier 3 component of the secure establishment's MHIRT.

Tier 3

5.10 Tier 3 provides multi-disciplinary specialist assessment, treatment and ongoing care for children with severe and complex mental health problems and disorders. In the secure setting, Tier 3 specialists form the mental health in-reach team (MHIRT).

5.11 The MHIRT consists of senior clinicians and staff from a number of health and social care agencies, with clear working relationships with other services, both within and beyond the secure setting. The mix of skills available in the team will include psychiatry, psychology and mental health and community psychiatric nursing, with additional input from psychotherapy, occupational and creative therapies, speech and language therapy, and specialist teachers. The MHIRT will consist of some of these clinicians and will, ideally, work as part of a Tier 3 CAMHS in the local community and be able to draw in other team members and local specialists for work in the secure setting, as needs dictate.

5.12 The team will have expertise in mental health, child development and the criminal justice and care systems. Some specialist skills – over and above those generally available in a community Tier 3 CAMHS – may be required in order to meet the

needs of particular children in custody and other secure settings. Close links with adult mental health services will be of clear benefit, given that some older children will transfer to adult services.

5.13 The **Tier 3 service** should be able to provide the full range of specialist CAMHS assessments and interventions:

- generic, psychological, psychiatric, forensic and neuropsychological assessment
- behaviour therapy, including cognitive and dialectical approaches (CBT and DBT)
- psychopharmalogical interventions
- psychotherapeutic work
- family liaison and family work
- staff training, and supervision for Tier 2 workers
- systemic consultation and liaison with all the disciplines in the secure setting, the locality CAMHS teams, and other secure setting in-reach teams in the area
- on a child's discharge from a secure setting, guidance and consultation to their local child or adult mental health service.

5.14 Key features of **commissioning** for Tier 2 and Tier 3 services include:

- Arrangements for commissioning specialised services (3.11, above).
- The Tier 2 and Tier 3 service will be commissioned as integrated with a local Tier 2 and Tier 3 service and, as far as possible, commissioned jointly with services providing the care pathway for young offenders in the local communities covered by the SCG partners.
- Commissioning will enable a preferred local provider to develop the skills and shape the services needed to provide effective mental health in-reach to children in one or more secure establishment.
- The specification of the work of the MHIRT, whether in a single establishment or several, will cover the core elements of a Tier 2 and Tier 3 service plus service level agreements (SLAs) that enable the team to bring in the full range of service elements that may be needed. These might include specialist knowledge and skills in assessment, or an intervention such as speech and language therapy, often needed to enable children to benefit from other interventions.

- The MHIRT will best be commissioned to ensure that suitable arrangements are in place to meet the needs of each child leaving a secure setting, whether returning home or moving to another establishment, for children or adults. Time for consultation and support to staff or teams providing follow-on services will need to be costed into the contract and the SLA.

SCH/STC note – for the particular arrangements for commissioning Tier 2 and Tier 3 services for these establishments, see the final point at 5.6, above.

Tier 4 services and commissioning

5.14 Tier 4 provides the highly specialised assessments and mental health interventions that are needed for the relatively small number of children who have severe mental illness, or have particularly complex needs such as those related to neuropsychological damage, severe learning disability or sex offending.

5.15 Children with a severe mental illness should not be held in custody, but should be transferred to an appropriate hospital or a unit of the Secure Forensic Mental Health Service for Young People (SFMHSYP). In some cases, where the need is not so urgent, and the facility exists, they may be held in a prison in-patient unit as a temporary measure.

5.16 The expertise required for Tier 4 services may be found within the MHIRT but – more usually – it will be bought in from expert specialist providers, including the SFMHSYP, NHS adult services, and independent sector children's services. In some (less urgent) cases, the consultation and co-work by these providers with the MHIRT will enable the child's care to be managed on site, especially if the MHIRT has the appropriate staff expertise and/or day care provision.

5.17 There are some key features for **commissioning** Tier 4 services:

- When a child needs input from Tier 4 services (including consultation and/or co-working aimed at preventing the child having to move to an in-patient facility either on or off site), this should be secured through the PCT developing a service level agreement with an appropriate local service. Alternatively, the establishment where the child resides can use its MHIR budget for its own SLA with an appropriate local service.
- The exception to this is if the child's needs fulfil the criteria for admission to the SFMHSYP, commissioned by the National Commissioning Group (the NCG, which replaced NSCAG, the National Specialist Commissioning Advisory Group, in April 2007). The NCG is a standing committee of the NSSCG for England

(3.11, above). National funding for this service, by means of PCT top-slicing, means that payment is not otherwise required, beyond the cost of pre-admission assessment.

- SLAs are best developed jointly by health, social care and criminal justice commissioners and providers, in order to provide for the likely range of needs in an integrated manner.
- Commissioning for Tier 4 services should, thus, be included in the specialised services commissioning arrangements for children in custody (3.11, above), working closely with the NCG.

SCH/STC note – for the particular arrangements for commissioning Tier 4 services for these establishments, see the final point at 5.6, above.

6 Children leaving a secure setting

Services

6.1 The gains from mental health assessments and initial intervention in prison and other secure settings must not be lost when children move on. The continued therapeutic input needed will differ for each child but the basis for provision is the same as for children at risk of being placed in a secure setting (described earlier). Any of a wide range of services may be indicated: local CAMHS, adult mental health services, residential facilities, secure or in-patient care. Promising approaches, designed to improve the life chances of these children and keep them out of prison or other secure settings, include intensive, multi-faceted, community-based programmes (such as multi-systemic therapy and treatment foster care) and are now being provided in some areas.

6.2 The MHIRT may offer consultation, training, supervision and co-work to these services, perhaps in liaison with the YJB's Resettlement and Aftercare Provision (RAP)[10] for some children. The work will build on the Care Programme Approach (CPA) used during the time in the secure setting. Joint protocols and care pathways will need to be agreed, to enable children to move effectively to other services. This role of the MHIRT will need explicit recognition and funding.

6.3 The Green Paper on children in care (DfES 2006) makes clear that the government intends to require local authorities to carry out an assessment of the needs of **any** child in their care who enters custody, with an expectation that they will continue to be supported as a child in care. In most cases this will entail a social worker, a care plan, and continued support as a child in care leaving custody. The government will also seek to ensure that, as already required, support and preparation for adult life is provided by the local authority to any child in care aged 16 or older held in a custodial or other secure setting, just as would be provided for any other child in care.

10 RAP, implemented in 59 YOTs by 2006, provides intensive tailored packages of support (during the community part of the custodial sentence and for up to six months after the end of the sentence) to children with substance misuse problems and their families.

Commissioning

6.4 The commissioning arrangements for mental health services for children leaving a secure setting will be similar to those for children at risk of being placed in a secure setting (4.4, above). Here, too, commissioning is likely to be most effective if carried out under consortium arrangements of groups of PCTs and LAs, working closely with the CAMHS Partnerships within their consortium area. This will ensure that specification of the highly specialist "packages of care", such as the interventions mentioned above (6.1), is informed by the collective experience, as well as enabling economies of scale in the resources for the multi-faceted, community-based, Tier 4 approaches that are likely to be required for some children.

6.5 However, there is a case for integrating the commissioning of some post-secure services with the specialised services arrangements for Tier 2 and Tier 3 CAMHS for children during their stay in a custodial or other secure setting. This is particularly important for the new and intensive services that are developmental or pilot in nature and require careful evaluation. The approach is consistent with proposals elsewhere for youth justice commissioning (DH/DfES November 2006), and for the Green Paper proposals for regional commissioning to meet the needs of vulnerable children in care (DfES October 2006).

6.6 As mentioned earlier, the commissioning for the MHIRT and other services delivered **within** the secure estate should include service specification and designated funding so that they provide strong support in “growing” local services and develop a country-wide network of local and effective ongoing care for children who no longer require secure provision.

Appendix A: Children under 18 in secure settings: sites; numbers of beds commissioned and children resident; host PCTs, SHAs & LAs

Summary – Custody and Welfare placements

	Children resident (Jan 07)	Admissions (year ending Oct 06)	Discharges (year ending Oct 06)	PCTs Involved (England) (of 151 in total)	SHAs Involved (England) (of 10 in total)	LAs Involved (England) (of 150 in total with children's service responsibility)
Custody placements – in the 19 YOIs, 4 STCs and 15 of the 22 SCHs	3212	8566	7846	–	–	–
Welfare placements – in the 22 SCHs, including the 7 used for welfare only	100	400	409	–	–	–
Total	**3312**	**8966**	**8255**	**32**	**10**	**31**

Detail for each type of establishment

Young offender institutions	Beds commis'd by YJB 17/11/06 + (children resident 22/01/07)	Admissions in the year 11/05-10/06 Total (remanded + sentenced)	Discharges in the year 11/05-10/06 TotalL (remanded + sentenced)	Host PCT	Host SHA	Host LA
BOYS – resident on a split site. A separate facility on the site holds young adults aged 18-21 (details not included here)						
Brinsford	**224** (219)	**498** r329 + s169	**445** r255 + s190	South Staffordshire	West Midlands	Staffordshire County Council (CC)
Castington	**168** (160)	**348** r168 + s180	**283** r121 + s162	Northumberland Care Trust	North East	Northumberland CC
Feltham	**240** (227)	**980** r869 + s111	**941** r751 + s190	Hounslow	London	Hounslow London Borough (LB)
Hindley	**192** (156)	**439** r280 + s159	**410** r186 + s224	Ashton, Leigh & Wigan	North West	Wigan Metropolitan Borough Council (MBC)
Lancaster Farms	**250** (249)	**539** r282 + s257	**482** r178 + s304	North Lancashire	North West	Lancashire CC
Stoke Heath	**202** (191)	**515** r315 + s200	**490** r212 + s278	Shropshire County	West Midlands	Shropshire CC
Thorn Cross	**70** (42)	**68** r0 + s68	**36** r0 + s36	Warrington	North West	Warrington Borough Council (BC)
Woodhill	**8** (5)	**8 r8** + s0	**9** r8 + s1	Milton Keynes	South Central	Milton Keynes Council

BOYS – resident on a site for children only (under 18s)						
Ashfield	**400** (356)	**829** r475 + s354	**753** r331 + s422	South Gloucestershire	South West	South Gloucestershire Council
Huntercombe	**360** (357)	**627** r2 + s625	**463** r1 + s462	Oxfordshire	South Central	Oxfordshire CC
Warren Hill	**222** (214)	**476** r242 + s234	**413** r162 + s251	Suffolk	East of England	Suffolk CC
Werrington	**160** (117)	**327** r0 + s327	**259** r0 + s259	North Staffordshire	West Midlands	Staffordshire CC
Wetherby	**384** (336)	**633** r340 + s293	**566** r202 + s364	Leeds	West Midlands	Leeds City Council
Parc (Wales)	**36** (30)	**112** r77 + s35	**107** r55 + s52	–	–	Bridgend County Borough Council (CBC)
GIRLS – resident on a site for children only (under 18s)						
Cookham Wood	**17** (14)	**30** r14 + s16	**21** r13 + s8	Medway	South East Coast	Medway Council
Downview	**16** (13)	**37** r28 + s9	**32** r21 + s11	Surrey	South East Coast	Surrey CC
Eastwood Park	**16** (13)	**51** r38 + s13	**48** r34 + s14	South Gloucestershire	South West	South Gloucestershire Council
New Hall	**26** (16)	**41** r24 + s17	**29** r17 + s12	Wakefield District	West Midlands	Wakefield Metropolitan District Council (MDC)
Foston Hall	**16** (7)	–	–	Derbyshire County	East Midlands	Derbyshire CC
YOI sub-total	**3007 (2722)**	**6558**	**5787**			

Secure training centres	Beds commis'd by YJB 17/11/06 + (children resident 22/01/07)	Admissions in the year 11/05-10/06 Total (remanded + sentenced)	Discharges in the year 11/05-10/06 Total (remanded + sentenced)	Host PCT	Host SHA	Host LA
Hassockfield	**58** (36)	**189** (r88 + s101)	**181** (r65 + s116)	County Durham	North East	Durham CC
Medway	**76** (71)	**261** (r83 + s178)	**275** (r63 + s212)	Medway	South East Coast	Medway Council
Oakhill	**80** (78)	**274** (r106 + s168)	**277** (r79 + s198)	Milton Keynes	South Central	Milton Keynes Council
Rainsbrook, including Mother & Baby Unit	**87** (80)	**323** (r162 + s161)	**320** (r119 + s201)	Northamptonshire	East Midlands	Northamptonshire CC
STC sub-total	**301 (265)**	**1047**	**1053**			

Secure children's homes (placements under contract to the YJB, for children in custody)	Beds commis'd by YJB 17/11/06 + (children resident 22/01/07)	Custody admissions in the year 11/05-10/06 Total (remanded + sentenced)	Custody discharges in the year 11/05-10/06 Total (remanded + sentenced)	Host PCT	Host SHA	Host LA
Aldine House	**5** (5)	**17** r8 + s9	**19** r7 + s12	Sheffield	Yorkshire & the Humber	Sheffield City Council
Atkinson Unit	**10** (10)	**64** r44 + s20	**72** r41 + s31	Devon	South West	Devon CC
Aycliffe Young People's Centre	**30** (29)	**113** r50 + s63	**121** r45 + s76	County Durham	North East	Durham CC
Barton Moss Secure Unit	**20** (20)	**95** r63 + s32	**96** r50 + s46	Salford	North West	Salford City Council
Clayfields House	**12** (11)	**46** r29 + s17	**54** r22 + s32	Nottinghamshire County	East Midlands	Nottinghamshire CC
Dyson Hall	**16** (12)	**64** r45 + s19	**66** r31 + s35	Liverpool	North West	Liverpool City Council
East Moor	**34** (32)	**140** r88 + s52	**139** r61 + s78	Leeds	Yorkshire and The Humber	Leeds City Council
Hillside (Wales)	**14** (13)	**48** r27 + s21	**48** r20 + s28	–	–	–
Kyloe House	**3** (3)	**10** r4 + s6	**9** r3 + s6	Northumberland Care Trust	North East	Northumberland CC

Lincolnshire Secure Unit	**7** (7)	**37** r21 + s16	**44** r21 + s23	Lincolnshire	Yorkshire and The Humber	Lincolnshire CC
Orchard Lodge	**18** (18)	**58** r42 + s16	**60** r35 + s25	Bromley	London	Bromley LB
Red Bank Community Home	**28** (28)	**106** r42 + s64	**111** r35 + s76	Halton and St Helens	North West	St Helens MBC
Sutton Place	**8** (8)	**40** r20 + s20	**39** r15 + s24	Hull	Yorkshire and The Humber	Kingston upon Hull City Council
Swanwick Lodge	**10** (9)	**44** r24 + s20	**48** r17 + s31	Hampshire	South Central	Hampshire CC
Vinney Green	**20** (20)	**74** r46 + s28	**74** r34 + s40	South Gloucestershire	South West	South Gloucestershire Council
Other SCHs*	**5** r4 + s1	**6** r4 + s2				
SCH sub-total	**235 (225)**	**961**	**1006**			

* Occasionally, when there is pressure on beds, the YJB commissions extra placements on a spot purchase, rather than a contract, basis. This accounts for the total children resident on a particular day exceeding the number of beds commissioned.

Secure children's homes (welfare placements)	Children resident on welfare grounds 22/01/07	Welfare admissions in the year 11/05-10/06	Welfare discharges in the year 11/05-10/06	Host PCT	Host SHA	Host LA
Aldine House	2	8	9	Sheffield	Yorkshire & the Humber	Sheffield City Council
Atkinson Unit	4	28	32	Devon	South West	Devon CC
Aycliffe Young People's Centre	4	13	11	County Durham	North East	Durham CC
Barton Moss Secure Unit	0	0	0	Salford	North West	Salford City Council
Beechfield**	5	22	20	Surrey	South East Coast	Surrey CC
Clare Lodge**	16	41	40	Peterborough	East of England	Peterborough City Council
Clayfields House	3	15	12	Nottinghamshire County	East Midlands	Nottinghamshire CC
Dyson Hall	1	3	2	Liverpool	North West	Liverpool City Council
Earlswood** (closed 2007)	0	6	13	–	–	–
East Moor	1	2	2	Leeds	Yorkshire and The Humber	Leeds City Council
Hillside (Wales)	3	25	24	–	–	–
Kyloe House	8	26	26	Northumberland Care Trust	North East	Northumberland CC

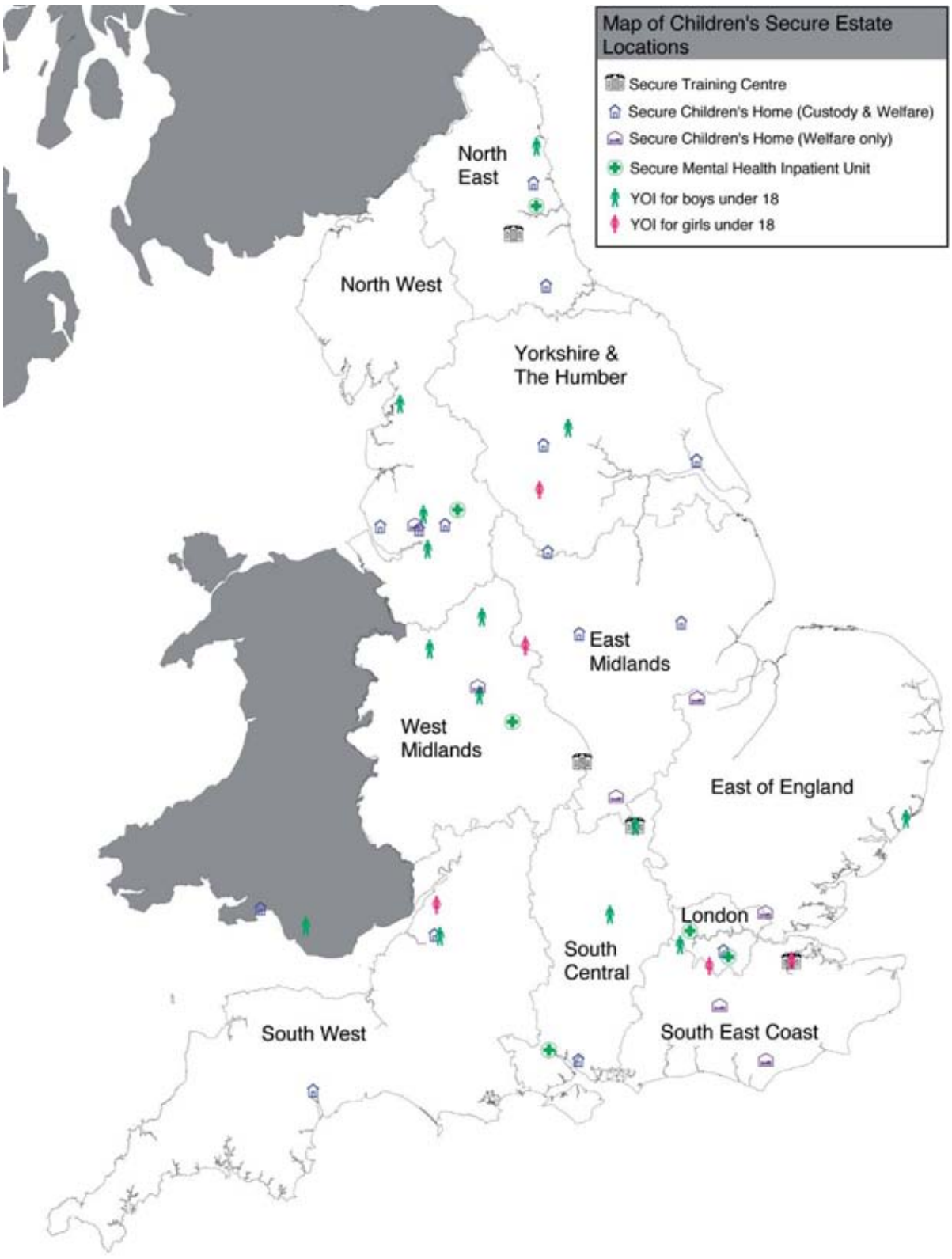
Lansdowne Children's Centre**	4	18	20	East Sussex Downs and Weald	South East Coast	East Sussex CC
Leverton Secure Unit**	12	33	33	South West Essex	East of England	Essex CC
Lincolnshire Secure Unit	0	3	2	Lincolnshire	Yorkshire and The Humber	Lincolnshire CC
Orchard Lodge	2	19	15	Bromley	London	Bromley LB
Red Bank Community Home	0	0	0	Halton and St Helens	North West	St Helens MBC
Redsands** (closed 2006)	0	2	7	–	–	–
St. John's Secure Unit**	1	33	39	Northamptonshire	East Midlands	Northamptonshire CC
St. Catherine's**	17	49	46	Halton and St Helens	North West	St Helens MBC
Sutton Place	2	3	4	Hull	Yorkshire and The Humber	Kingston upon Hull City Council
Swanwick Lodge	4	17	18	Hampshire	South Central	Hampshire CC
Vinney Green	2	13	11	South Gloucestershire	South West	South Gloucestershire Council
Watling House**	9	21	23	South Staffordshire	West Midlands	Staffordshire CC
Total	**100**	**400**	**40**			

** The YJB does not commission beds at these Secure Children's Homes. They are used for welfare placements only.

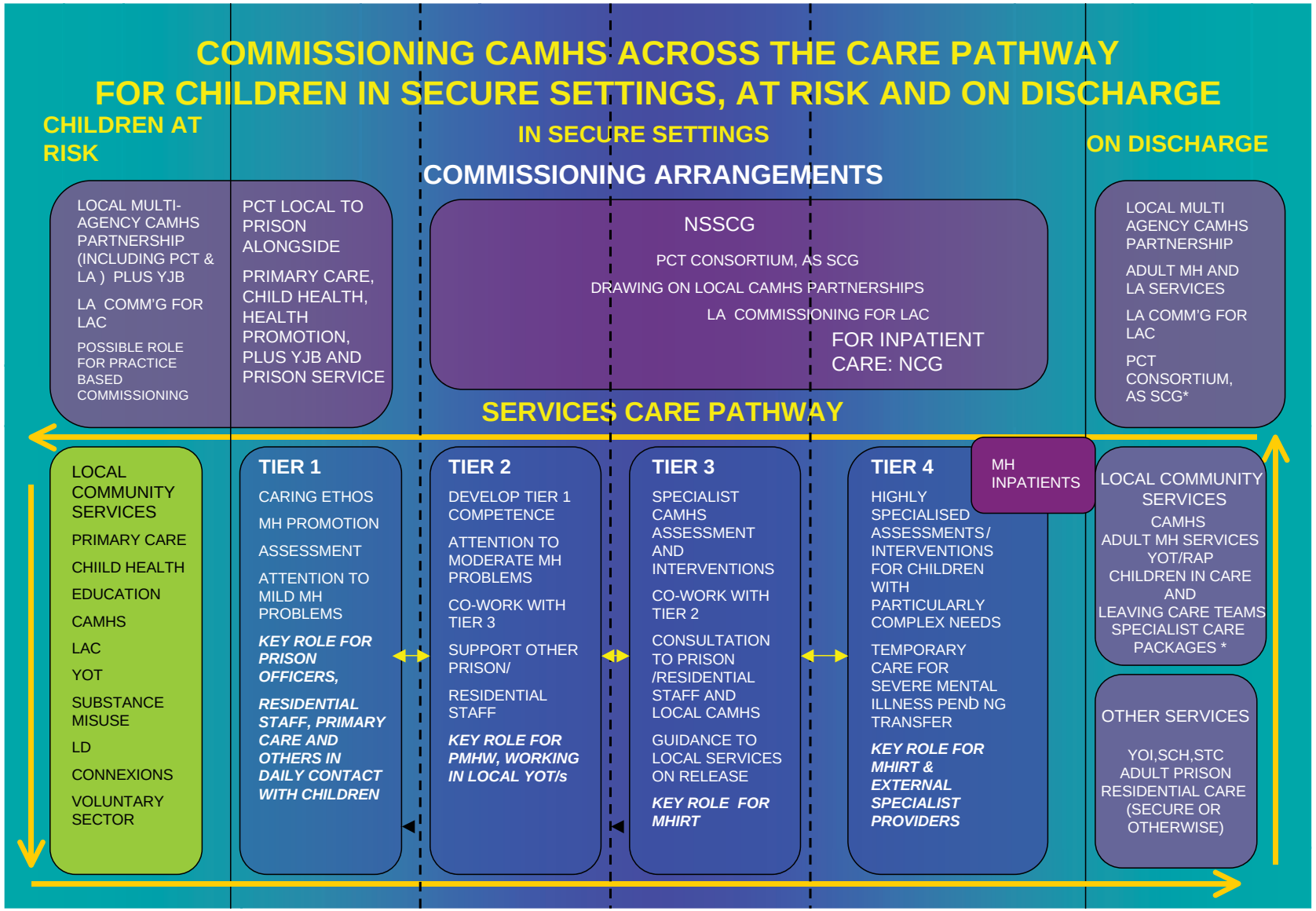
Summary – secure settings per SHA

SHAs	YOIs	STCs	SCHs	Total
East of England	Warren Hill	–	Clare Lodge, Leverton	3
East Midlands	Foston Hall	Rainshill	Clayfields, St John's	4
London	Feltham	-	Orchard Lodge	2
North East	Castington	Hassockfield	Aycliffe, Kyloe House	4
North West	Hindley, Lancaster Farms, Thorn Cross	–	Barton Moss, Red Bank, Dyson Hall, St Catherine's	7
South Central	Woodhill, Huntercombe	Oakhill	Swanwick Lodge	4
South East Coast	Cookham Wood, Downview	Medway	Beechfield, Lansdowne	5
South West	Ashfield, Eastwood Park	–	Atkinson Unit, Vinney Green	4
West Midlands	Brinsford, Stoke Heath, Werrington, Wetherby, New Hall	–	Watling House	6
Yorkshire and The Humber	–	–	Aldine House, East Moor, Lincolnshire Unit, Sutton Place	4
Total (England)	**18**	**4**	**21**	**43**
(+ Wales)	Parc	–	Hillside	45

Appendix B: Map of establishments and host SHAs



Appendix C: Care pathway for CAMH services and commissioning



Appendix D: Examples of good practice

PROVIDING A CARING ETHOS AND ENVIRONMENT

The consultation work for this commissioning framework provided examples of how staff in YOIs are striving to provide a caring ethos and environment for children in their care. These include:

- appointing custody staff with a particular interest in working with adolescents
- offering training in counselling to custody staff
- encouraging staff to use foster care approaches
- wearing everyday clothes rather than prison uniform
- using children's first names
- creating opportunities for all staff to provide a listening ear
- encouraging children to "look out" for one another
- keeping health files open, to encourage children to come back at any time
- ringing children's families and encouraging contact
- using visiting time for family work and discussion.

A SERVICE INCLUDING A YOUNG OFFENDER INSTITUTION

The Oxford regional forensic CAMH service demonstrates how the full range of interventions and support services can be developed and delivered. The service provides a comprehensive service for young people with mental health needs involved with the criminal justice system across a former health region (population 2.2 million). Services provided include specialist advice, consultation, assessment and liaison to a range of institutions; the development of local CAMHS/YOT link-worker posts; and mental health in-reach (MHIR) to HMYOI Huntercombe (just under 400 sentenced 15-17 year old male prisoners). The team operates from a local CAMHS base.

- The team is commissioned to do MHIR work by the host PCT for the YOI, with a clear SLA for the provision of services from suitably qualified staff. The service has been commended by HM Inspector of Prisons (May 2006).
- The ethos of the team is to be accessible to children and prison staff, and to nurture good working links with all CAMH, youth justice and other services in the region.
- Good communication and the Care Programme Approach (CPA) are used as a basis for liaison and negotiation for care for young people after release from prison.
- The fact that the team operates in both custodial and community settings facilitates speedy liaison between professionals in prison and those working in the community.

The service is currently jointly funded by combining prison in-reach funding (approx. £180,000 per annum) and a 2-year DH development grant (£150,000 per annum) for the regional/community component of the service. Regional specialist commissioners have given support in principle for the regional/community funding component on a recurrent basis from April 2008.

Contact – Dr Nick Hindley, Manager, Child & Adolescent Forensic MH Team, Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust. Tel: 01865 226309. Nick.Hindley@obmh.nhs.uk

A SERVICE INCLUDING SECURE CHILDREN'S HOMES

This specialist team, the Community Homes Health Team, uses pooled budget arrangements and income from individual establishments to foster a partnership approach to addressing the unmet needs of children living in, and moving on from, a range of secure and open establishments in its region. The children come from all over the UK.

- The team takes a multi-disciplinary health approach, to respond to the severity and complexity of children's needs and to acknowledge the links between health and psychosocial factors.
- They respond to a wide range of risk factors – mental health problems, developmental disorders, learning disabilities, offending behaviour, and children looked after.
- The service includes speech and language therapy, and art and music therapies, alongside more traditional interventions for mental health and psychological needs.
- There is an emphasis on trying to foster early and ongoing links with the child's family.

The annual cost of the service (2006-07) is just over £500,000. This includes income from each participating establishment, according to number of beds and original contributions to the start-up pool (about 70 per cent), with the rest originating from a subsidy from the Modernisation Fund. It is not a fully registered pooled budget but, in effect, operates as such, with ongoing SLAs with each of the 6 sites (2 SCHs, 2 charitable institutions, 2 independent providers). The Director/Manager of each site sits on the Management Board which meets 3 times a year, to monitor service delivery and spending plans.

Contact – Judy Debenham, Manager CHHT, 5 Boroughs Partnership NHS Trust. Tel: 01925 229789. judydebenham@sthelens.gov.uk

Appendix E: Key legislation, literature and standards for children in secure settings

RELEVANT TO PARTICULAR CAMHS TIERS

TIER 1

- NSF Standard 1 (health promotion, early intervention)
- NSF Standards 3, 4 and 5 (staff trained to work with children; information to follow the child; age appropriate services for young people; duty to safeguard and promote welfare)
- NSF Standard 9 (as above, plus identification of early indicators, and contribution of all staff)
- YJB National Specification for Substance Misuse (supports targets & PIs to be complied with by all the secure estate)
- YJB National Specification for Learning and Skills (sets expectation for delivery in YOIs)
- Prison Service Order 3200 (requirements re whole-prison approach, in light of DH Shared Approach Strategy 2002 and World Health Organisation consensus statement on effective ways of promoting mental health in prison)
- YJB National Standards for Youth Justice 2004
- Children Act 2004 sections 10 & 11 (duty to promote well-being and to safeguard and promote welfare)
- Children Act 1989 sections 22 & 23 and Vol. 3 of Guidance and Regulations (duties of local authorities towards looked after children), and Children Act 1989 section 64 (duties placed on those running children's homes in relation to children placed there)

TIER 2

- NSF Standard 9 (PMHW as key resource)
- YJB specifications for Substance Misuse and Learning and Skills (as for T1)
- Prison Service Order 3050 (requirement to ensure continuity of healthcare, especially on release)
- YJB National Standards for Youth Justice 2004

TIER 3

- NSF Standard 9 (local CAMHS to provide services to secure estate)
- NSF Standard 9, and DH target (help within 3 months for Early Intervention in Psychosis)
- DH White Paper 2006 "Our Health, Our Care, Our Say" (T3 to ensure adequate support to universal services, prevent unnecessary use of T4, and ensure seamless transfer)
- SEU Transitions Report 2005 (government has promised to address proposed solutions re transition to adult services)
- NSF for Mental Health (transition to adult services)
- YJB National Specification for Substance Misuse
- YJB National Standards for Youth Justice 2004

TIER 4

- As for T3, plus:
- NSCAG 2005 (requirements re admission criteria and process)

RELEVANT TO ALL CAMHS TIERS

Legislation

- s37 Crime and Disorder Act 1998 (duty to prevent offending). See also Home Office National Action Plan 2003; SEU Report 2002
- s39 Crime and Disorder Act 1998 (duty on local health authority to co-operate to establish YOT, contribute to cost, nominate team member)
- ss17, 47, 20 Children Act 1989 (duty re children in need, safeguarding, LAC)
- s10 Children Act 2004 (duty to work together to promote well-being; ECM 5 outcomes apply to all agencies, and will inform inspections, including of prisons)
- s11 Children Act 2004 (duty to safeguard and promote well-being applies to SHA, PCT, YOT, prison, NHS/Foundation Trust)
- s25 Children Act 1989 (the grounds for placing children in secure accommodation, timescales and process)
- ss22, 23 Children Act 1989 (duties owed by local authorities towards looked after children)
- s64 Children Act 1989 (duties owed to children by those running children's homes)
- The Children's Homes Regulations 1991 and Children's Homes Regulations 2001
- The Children (Secure Accommodation) Regulations 1991
- Arrangements for the Placement of Children Regulations 1991
- Review of Children's Cases Regulations 1991
- Representations Procedures (Children) Regulations 1991

Standards & requirements

- NSF Standard 1 – health promotion, responding to needs and special circumstances
- NSF Standard 3 – views and wishes of children and families to be taken into account in developing commissioning strategies, information is to follow the child, staff to be trained to work with children and families
- NSF Standard 4 – re services appropriate to age; high standards of health, education, social care; staff training
- NSF Standard 5 – safeguarding
- NSF Standard 9 – (to be read with Standards 1 & 5) partnership work, work with families, BME and LD needs, definition of comprehensive CAMHS
- DH Public Service Agreement Standard 2003-06 (timing for implementing comprehensive CAMHS)
- Healthcare Commission Performance Indicators for assessment 2006-07 (24hour/7day cover, full CAMHS for LD & 16/17 year olds, inspection to take account of NSF Standards)
- DH White Paper 2006 "Our Health, Our Care, Our Say" (improving how CAMHS meets the needs of young offenders)
- National Standards for Youth Justice Service 2004 (covers all young offenders, in community and prison)
- The National Minimum Standards for Children's Homes (DH 2002) (sets the standards for Children's Homes that will be used when inspections are carried out by the National Care Standards Commission. Particularly relevant are standards 7-9, 12, 16-18, 21-22, 36.)

- YJB KEEP documents (guidance to help achieve standards)
- YJB Strategy for Secure Estate 2005-08 (includes monitoring framework linked to KEEP guidance)
- YJB Youth Resettlement: a framework for action 2006 (links to NSF Standard 9, and ECM 5 outcomes)
- DH Responsible Commissioner Guidance 2006 (responsibility lies with PCT covering the prison)
- Volumes 3 & 4 of the Children Act 1989 Guidance and Regulations: Looked After Children and Residential Care (set out the regulations and guidance on good practice in relation to meeting the duties of local authorities towards all looked after children and the specific duties of local authorities and those running children's homes in relation to residential care)
- Healthy Care Standard (www.ncb.org.uk)
- Improvement, Expansion and Reform: the Next 3 Years, Priorities and Planning Framework 2003-2006 (DH, 2002). Sets the targets for increasing mental health in-reach staff in prisons, to ensure provision for meeting the needs of those with severe and enduring mental illness. Links are made with the importance of complying with the NSFs, and with the DH Public Service Agreement in relation to the provision of comprehensive CAMHS by 2006.
- National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08 (DH, 2004). Includes requirement for comprehensive CAMHS to be in place and for patients to receive care in accordance with the NSFs.

Prison Service requirements

- Prison Service Order 2300 (active planning for health and discharge) – to be read with Youth Resettlement: a framework for action 2006, above
- Prison Service Order 4950 Care and Management of Young People* (sections cover mental health promotion; whole-prison approach; positive ethos; mental health services; role of staff influence & relationships; continuity of care; action on arrival; planning; prevention of re-offending via education, PE, resettlement and offending behaviour programmes)
- Prison Service Performance Standards 2004: 22 Health (requires protocols, procedure and guidelines for management; care and treatment of prisoners to enable them to access same range as general public). This now applies to private sector prisons only.
- DH Modernising Primary Care in Prisons 2002 (chapter 4 has good practice re organisation of primary care and mental health teams). This document will be superseded by further work in 2007.

*This revised PSO breaches DH Gateway protocol in that it gives prison governors the impression that the Children's NSF must be complied with, rather than explaining that the PCTs commissioning prison health services have discretion within the expected 10-year implementation timescale. Progress is not performance managed from the centre but will be reported on by the Healthcare Commission.

References

The following references relate to the main body of the document, with many documents available at www.dfes.gov.uk, www.dh.gov.uk or www.yjb.gov.uk. Full references for Appendix E are on the DH website.

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DH (2004) National Service Framework for Children, Young People and Maternity Services (the Children's NSF). See also: DH (2004) CAMHS Standard, National Service Framework for Children, Young People and Maternity Services (Standard 9). The Comprehensive CAMHS is outlined at Appendix 2 of this second document.

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Youth Justice Board for England and Wales (2005) Youth Justice: The Next Steps.

Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CPA	Care Programme Approach
CSA	Children's Services Authority
CSCI	Commission for Social Care Inspection
DBT	Dialectical Behaviour Therapy
DH	Department of Health
DfES	Department for Education and Skills
DTO	Detention and Training Order
ECM	Every Child Matters
HASCAS	Health and Social Care Advisory Service
JCG	Joint Commissioning Group (term used in some areas for the CAMHS Strategy Group)
LA	Local Authority
LAA	Local Area Agreement
LAC	Looked after Child or Children
MH	Mental Health
MHIRT	Mental Health In-Reach Team
NHS	National Health Service
NCG	National Commissioning Group (replaces NSCAG April 2007)
NCSS	National CAMHS Support Service
NSCAG	National Specialist Commissioning Advisory Group
NSSCG	National Specialised Services Commissioning Group

NSF	National Service Framework for Children, Young People and Maternity Services (referred to as the Children's NSF, to distinguish it from eg. the NSF for Mental Health)
NYAS	National Youth Advisory Service
Ofsted	Office for Standards in Education
PBC	Practice based commissioning
PCT	Primary Care Trust
PMHW	Primary Mental Health Worker
PO	Prison Officer
PSO	Prison Service Order
RAP	Resettlement and Aftercare Programme
RDW	Regional Development Worker
ROM	Regional Offender Manager
SCG	Specialised Commissioning Group
SCH	Secure Children's Home
SEU	Social Exclusion Unit
SFMHSYP	Secure Forensic Mental Health Service for Young People
SHA	Strategic Health Authority
SLA	Service Level Agreement
STC	Secure Training Centre
T1-4	Tiers indicating level of need for CAMH services, rising in severity from Tier 1 to Tier 4
YJB	Youth Justice Board for England and Wales
YOI	Young Offender Institution
YOT	Youth Offending Team

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