

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

Version 2.1

July 2021

These Quality Standards were developed in accordance with the International Standard ISO/IEC 17020:2012 - Conformity assessment – Requirements for the operation of various types of bodies performing inspection in line with our accreditation with UKAS as an Inspection Body (No 8831).

The Quality Review Service closed on 31st July 2021, UKAS have asked that the accreditation symbol now be removed.

The standards can be used until they reach their expiry date - December 2023.

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Whilst the Quality Review Service has taken reasonable steps to ensure that these Quality Standards are fit for the purpose of reviewing the quality of services, this is not warranted, and the Quality Review Service will not have any liability to any service provider or service commissioner or any other person in the event that the Quality Standards are not fit for this purpose. The provision of services in accordance with these Standards does not guarantee that the service provider will comply with its legal obligations to any third party, including the proper discharge of any duty of care, in providing these services.

Review by: December 2023 at the latest

Version No.	Date	Change from previous version
V2	Dec 2020	Revised to include guidance and best practice published since Version 1.
V2.1	July 2021	UKAS logo removed

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Introduction

These Quality Standards were initially developed in 2014 in response to the increasing number of children with mental health problems being referred to Child and Adolescent Mental Health Services (CAMHS) in several parts of the West Midlands and to the complexity of those mental health problems. 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. The Quality Standards were then distributed for regional consultation and any comments received taken into account.

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

As someone seeking help from a professional, I have the 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 treatment to be effective
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



The structure of the Quality Standards has been changed to include 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 Universal¹, 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

¹ Universal services include Universal Plus and Partnership Plus

- 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,Thrive Framework for system change, p.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 Improvement².

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.

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² The devolved nations may have different regulatory frameworks in place but these QS can still be mapped to provide assurance to commissioners of services.

Scope of the Quality Standards

Each locality will have a range of services, and these 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 that should be in place. Compliance by 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 pathways and QRS Quality Standards, particularly those for:

- a. Community Child Health Services
- b. 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 <i>et al</i> , 2019)
Universal: Thriving	Universal Services including Universal Plus, Partnership Plus	Thriving
Universal: Getting Advice	No specific equivalent. Functions are within Universal, Universal Plus, Partnership Plus 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	-	-

<p>Reference Number (Ref)</p>	<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: 20px;"> <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 style="background-color: #e6f2ff;"> <td>Doc</td> <td>Documentation, which may be in the form of a website or on other digital technologies</td> </tr> </table> <p>The shaded area indicates the approach that will be used to review 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 on other digital technologies
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 on other digital technologies										
<p>Quality Standard (QS)</p> <p><i>Notes</i></p>	<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 is 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 has separate tabs with the Quality Standards that are applicable to whichever model of care is in place (Universal, Targeted, Specialist, Thriving, Getting Advice and Help, More Help and Risk Support Only).
- 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. The devolved nations may have different regulatory frameworks in place but these QS can still be mapped to other frameworks to provide additional assurance to commissioners of services.
- Additional columns can be used for subsequent self-assessments, enabling progress to be seen without losing earlier information.

When using the Excel spreadsheet 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 Quality Standards will be revised as new national guidance becomes available and as a result of experience of their use in peer review. Comments on the Quality Standards are welcomed and will be taken into account when they are updated. Comments should be sent to grs@nhs.net

More information about QRS and its Quality Standards and reviews is available at www.qualityreviewservicewm.nhs.uk.

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Quality Standards

Universal Services: Thriving

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

“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 et al 2016, Thrive Elaborated, p. II-III).

Ref	Standard					
GA-101 <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>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 child development, smoking cessation, healthy eating, weight management, exercise, drug and alcohol use, sexual and reproductive health, and gender identity and sexual orientation 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 is likely to be in the form of a website or on other digital technologies. The information should be appropriate for the social, cultural and religious needs of children and young people in the local area.</i></p>
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GA-102 <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>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"> <i>Community programmes may combine informal education, formal face-to-face, and digital interventions or other approaches. Programmes may cover different aspects of emotional health, well-being and resilience.</i> <i>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, Wolpert et al 2016).</i>
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Universal Services: Getting Advice

These Quality Standards apply to those individuals and services that 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, the onward referral of children and young people with emotional well-being or mental health problems.

“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 life 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 et al 2019, p 7).

Ref	Standard					
GA-201 <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	Training Staff providing ‘Advice’ should have undertaken training in: <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
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GA-202 <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	Access to Advice, Guidance and Supervision 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. <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>
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<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> <ol style="list-style-type: none"> 1. Guidelines should be consistent with guidelines in use in other local services. 2. Guidelines should be clear about the arrangements for new referrals and referral of children and young people already known to the services.
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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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Targeted and Specialist Child & Adolescent Mental Health Services and services providing ‘Help’, ‘More Help’ and/or ‘Risk Support Only’

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 CAMH service (QS GR-202)
- b. 24/7 initial crisis telephone advice (QS GR-205)
- c. 24/7 crisis response team (QS GR-206)
- d. 24/7 intensive home support (QS GR-207)

‘Help’

“Some children and young people would benefit from focused, 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 et al, 2019, Thrive Framework for system change, pp 8-10).

Ref	Standard					
<h3 style="color: #00a08a;">Information and Support for Children, Young People and Families</h3>						
<p>GR-101</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr style="background-color: #4a7ebb; color: white;"><td style="text-align: center;">Visit</td></tr> <tr style="background-color: #4a7ebb; color: white;"><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">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> <ol style="list-style-type: none"> 1 This information is likely to 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. 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). 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.
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<p>GR-102</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr style="background-color: #4a7ebb; color: white;"><td style="text-align: center;">Visit</td></tr> <tr style="background-color: #4a7ebb; color: white;"><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">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> <ol style="list-style-type: none"> 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). 2 Information about staff should include how members of staff and their roles are identifiable. 3 The case manager may also be called a care coordinator, key worker, case holder or lead professional.
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GR-103 <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 orientation The promotion of mental and emotional health and well-being and resilience Sources of further advice and information <p><i>Notes:</i></p> <ol style="list-style-type: none"> As QS GR-101 note 2. A range of information should be available and may be combined with service information (QS GR-101). 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. 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/
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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 If required: If required: <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> <ol style="list-style-type: none"> Plans may take many forms, including diagrams, clinic letters and CPA documents, and should be available in formats that are appropriate to the needs of service users, including 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. Each child or young person should ideally have one Plan. Where more than one plan is essential, these should be linked and consistent. A risk management plan may also be called a risk action plan or safety plan 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. Children and young people receiving 'Risk Support Only' may not have any therapeutic interventions identified within their Plan.
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<p>GR-105</p> <table border="1" data-bbox="209 1339 288 1512"> <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 each 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 1608 288 1780"> <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 no longer than the period to 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	<p>Case Manager</p> <p>Each child and young person should have a nominated person responsible for the coordination of their care and for liaison with their GP, school and other agencies involved in their care.</p> <p><i>Note: The case manager may be called a care coordinator, key worker, case holder or lead professional.</i></p>
GR-108	<p>'Risk Support Only'</p> <p>(This QS applies only to services commissioned to provide Risk Support Only)</p> <p>Children and young people receiving 'risk support only' and, where appropriate, their carer, should be given written information covering:</p> <ol style="list-style-type: none"> Self-management How they can access help and support Arrangements for maintaining contact with them <p><i>Note: Arrangements for maintaining contact by the service should be clear about any follow up arrangements, including 'safe and well' checks, and how these will occur.</i></p>
GR-194	<p>'Letting Go' Plan</p> <p>When care from the service is no longer appropriate, children, young people and families should co-produce and agree a 'Letting Go' Plan and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> Evaluation of achievement of agreed goals Care after leaving the service (if any) Re-integration and return to normal activities Ongoing self-management and relapse prevention Possible problems and what to do if these occur, including, where appropriate, arrangements for easy re-access to the service Who to contact with queries or concerns

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GR-195 <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>Transition to Adult Services and Preparation for Adult Life</p> <p>(This QS applies only to Specialist CAMH services and services providing ‘More Help’)</p> <p>Young people transitioning to the care of adult mental health services should co-produce and agree a Transition Plan and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> a. Their involvement in the decision about transfer and, with their agreement, the involvement of their family or carer b. Information and support on taking responsibility for their own care c. Advice including: <ol style="list-style-type: none"> i. Registering with a GP ii. How to access emergency and routine care iii. How to access support from their mental health service iv. Communication with their GP d. If transitioning to adult mental health services: <ol style="list-style-type: none"> i. A joint meeting between CAMHS and adult services to plan the transfer ii. A named coordinator for the transfer of care iii. A preparation period prior to transfer e. Arrangements for monitoring during the time immediately after transfer <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1 <i>A child or young person's mental health Transition Plan may incorporate or be incorporated into a Mental Health Plan and/or a ‘Letting Go’ Plan (QS GR-194). Young people choosing not to transition to adult services should have a ‘Letting Go’ Plan.</i> 2 <i>Service guidelines on transition to adult services are covered in QS GR-598.</i> 3 <i>Arrangements should comply with national guidance for Looked After Children – Preparing for Independence https://www.nice.org.uk/guidance/ph28</i>
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GR-196 <table border="1" data-bbox="209 1245 288 1417"> <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>Environment and Facilities</p> <p>The environment and facilities should be appropriate for the assessment and therapeutic interventions offered by the service and should include:</p> <ol style="list-style-type: none"> a. Welcoming reception and waiting areas with age- and developmentally-appropriate toys and books b. Facilities appropriate for children and young people with learning disabilities or neuro-developmental disorders c. Separation from adult clients d. Appropriate rooms for individual and family consultations e. Facilities for videoing and observing consultations f. Systems for summoning help in an emergency g. Office space <p><i>Note: Required facilities and equipment are not defined strictly but should be at community-based venues appropriate for the usual number and case mix of children and young people cared for by the service.</i></p>
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<p>GR-198</p> <table border="1" data-bbox="209 1005 288 1178"> <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 support 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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<p>GR-199</p> <table border="1" data-bbox="209 1382 288 1554"> <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>Involving Children, Young People and Families</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving regular feedback from children, young people and families about the therapeutic interventions and care they receive Mechanisms for involving children, young people and families in decisions about the organisation of the service Examples of changes made as a result of the feedback and involvement of children, young people and families <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>The arrangements for receiving feedback from children, young people and families may involve surveys, focus groups and/or other arrangements. They may involve Trust-wide arrangements so long as issues relating to the specific service can be identified.</i> <i>Mechanisms for receiving feedback and involving children should be appropriate for the different age ranges and abilities of those using the service.</i>
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<h2 style="color: #00A651;">Staffing</h2>						
GR-201 <table border="1" data-bbox="209 405 288 580"> <tr> <td style="background-color: #4F81BD; color: white;">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"> 1 <i>Integrated health and social care services may be led by a registered health or social care professional.</i> 2 <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:</p> <ol style="list-style-type: none"> a. The number of children and young people usually cared for by the service and the usual case mix b. The 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. 24/7 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. The 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 CAMH 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, for 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 will be concerned about the availability of staff with appropriate competences rather than management arrangements. 7 Further guidance on staffing for 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 that 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>Services providing 'Risk Support Only':</p> <ul style="list-style-type: none"> k. Undertaking and recording 'safe and well' checks <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1 <i>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.</i> 2 <i>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.</i> 3 <i>For compliance with this QS the service should provide:</i> <ul style="list-style-type: none"> a. <i>A matrix of the roles within the service, competences expected, training and supervision; and</i> b. <i>A training and development plan showing how competences are being achieved and maintained.</i> 4 <i>Training may be delivered through a variety of mechanisms, including e-learning, Trust-wide training and departmental training.</i> 5 <i>Use of the 'Self-Assessed Skills Audit Tool' (ChiMat 2011) may support achievement of this QS.</i>

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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> <ol style="list-style-type: none"> <i>Competences in safeguarding vulnerable adults are relevant for all services, as carers and family members may be vulnerable.</i> <i>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>
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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 crisis advice service An on-call clinical manager <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>This QS may be met through collaboration with other specialist mental health services, so long as staff have competences for giving advice.</i> <i>One person may fulfil both of the roles specified.</i> <i>Crisis response times are covered in QS GR-703.</i>
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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"> A member of staff with competences in face-to-face assessment A consultant child and adolescent psychiatrist who can provide advice Staff to provide an emergency Mental Health Act assessment A doctor of grade ST4 or above (or equivalent non-training grade doctor) who is available to do home visits An 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"> <i>This QS may be met through collaboration with other specialist CAMH services.</i> <i>One person may fulfil more than one of the roles specified.</i> <i>Crisis response times are covered in QS GR-703.</i>
GR-207	<p>Intensive Home Support 24/7</p> <p>(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 An on-call clinical manager <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>24/7 cover may include a combination of fully staffed and on-call arrangements.</i> <i>The 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.</i> <i>The on-call clinical manager may also cover the 24 hour helpline response/ Telephone Advice Service</i>
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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Support Services						
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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 (Specialist CAMH and '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> <ol style="list-style-type: none"> 1 <i>QS GR-508 covers arrangements for care of children waiting for admission to an in-patient bed.</i> 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>
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<p>GR-499</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>IT Systems</p> <p>IT systems should:</p> <ol style="list-style-type: none"> a. Store, retrieve and transmit patient information for client administration, clinical records and outcome information b. Provide mechanisms for the collection of other data to support service improvement, audit and revalidation c. If used to deliver online consultations, assessments and therapeutic interventions, meet audit and governance requirements. d. All clinical staff should be able, electronically and securely, to communicate person-identifiable data to other services involved in the client’s care. e. Business continuity plans should be in place covering potential IT systems failure, including arrangements for access to clients’ records. <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1 <i>IT and records systems should be easily accessible and integrated to avoid duplicate entry of client data.</i> 2 <i>IT systems should ideally support flexible working and access from a range of locations.</i>
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<h2 style="color: #00A651;">Guidelines and Protocols</h2>						
<p>GR-501</p> <table border="1" data-bbox="209 1155 288 1330"> <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 information with staff 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> <ol style="list-style-type: none"> 1 <i>Timescales for screening and referral management are given in QS GR-703.</i> 2 <i>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.</i> 3 <i>Wherever possible, the young person and their family or carer should be offered appointment times and locations that are convenient for them.</i> 4 <i>Decisions on appropriateness of referrals should be based on commissioned criteria for acceptance by the service (QS GZ-603).</i>
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GR-502 BI Visit MP&S CNR Doc	<p>Crisis Assessment Guidelines</p> <p>(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> <ol style="list-style-type: none"> 1 Telephone contact and advice should be made within the timescales indicated. 2 Face-to-face assessment should be within a maximum of four hours unless this is not clinically indicated. 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; this QS will then be reviewed to include any changes to national guidance.

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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 children and 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 carers 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> <ol style="list-style-type: none"> <i>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.</i> <i>Initial appointment guidelines should be based on CAPA principles (http://www.capa.co.uk).</i> <i>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.</i> <i>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.</i> <i>The expected range of therapeutic interventions is given in QS GR-203.</i>

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GR-505 <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>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"> Non-specific or multiple problems Learning disabilities Neuro-developmental disorders including Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder Eating disorders Self-harm Substance misuse problems Anxiety and depression Early onset psychosis General anxiety disorder and panic disorder Bi-polar disorder Attachment difficulties Emotional, behavioural and conduct disorders Emerging border-line personality disorders Trauma, including acquired brain injury <p>Guidelines should cover at least:</p> <ol style="list-style-type: none"> Type and expected duration of therapeutic interventions offered Arrangements for multi-disciplinary input to therapeutic interventions Shared care arrangements with other services Prescribing, including initial prescribing and monitoring arrangements Monitoring and follow up, including review of agreed Plan Outcome measurements <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>'a' to 'n' are, in each case, applicable only if the service has been commissioned to provide that pathway.</i> <i>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 et al 2019).</i> <i>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.</i> <i>Pathways may include 'break points' at which the Plan is reviewed.</i> <i>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.</i> <i>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.</i> <i>Multi-agency working is covered in QS GR-606.</i>
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GR-506 <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>Physical Health Care Guidelines</p> <p>Guidelines should be in use covering the identification, monitoring and management of the physical health needs of children and young people, including:</p> <ol style="list-style-type: none"> Health promotion, including normal child development, smoking cessation, healthy eating, weight management, exercise, drug and alcohol use, sexual and reproductive health, and gender identity and sexual orientation Management of commonly occurring long-term conditions in liaison with the young person's GP and, if applicable, acute or community paediatrician Arrangements for physical health reviews of the child or young person when on medication Arrangements for an annual review of the child or young person's physical health <p><i>Notes:</i></p> <ol style="list-style-type: none"> Reviews may be more frequent if the child or young person is on medication or has a significant physical illness. Physical health reviews may be undertaken in conjunction with treatment reviews or as part of agreed shared care arrangements with the young person's GP.
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GR-507 <table border="1" data-bbox="209 891 288 1064"> <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</p> <p>(This QS applies to Specialist CAMH 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> <ol style="list-style-type: none"> 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. Guidelines may also apply to other specialist placements outside the local area.
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GR-508	<p>Children and Young People Awaiting Tier 4 Admission</p> <p>(This QS applies to Specialist CAMH 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 of, or quality of care for, the young person or others <p><i>Note: Admission to an adult ward or a prolonged stay on general paediatric wards should be recorded as a clinical incident.</i></p>
GR-509	<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> <ol style="list-style-type: none"> '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, and LGBTQ+ young people, and special arrangements for these groups may also be documented. These guidelines may be part of other clinical guidelines (QS GR-505) or may be separate. Some aspects of this QS may not be applicable to some services.
GR-510	<p>Children and Young People Getting Risk Support Only</p> <p>(This QS applies only to services commissioned to provide Risk Support Only)</p> <p>Guidelines should be in use for 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 has a safety plan Accessing therapeutic interventions if and when this is considered appropriate <p><i>Note: The safety plan should include actions to be taken by all concerned agencies and individuals.</i></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> <ol style="list-style-type: none"> 1 As QS GR-501. 2 Guidelines should be based on criteria for discharge from the service agreed with commissioners (QS GZ-603). 3 Guidelines should cover children discharged from the service: <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 therapeutic interventions but do require 'risk support'. d. Who have moved out of the area. 4 Guidelines for children and young people getting 'Risk Support Only' are covered in QS GR-510.
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<p>GR-598</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>Transition to Adult Services and Preparation for Adult Life</p> <p>(This QS applies only to Specialist CAMH services and services providing ‘More Help’)</p> <p>Guidelines on transition of young people from to adult mental health services should be in use, covering at least:</p> <ol style="list-style-type: none"> a. Involvement of the young person and, where appropriate, their carer in planning the transfer of care b. Information and support on taking responsibility for their own care c. Involvement of the young person’s GP d. Joint meeting between CAMHS and adult services to plan the transfer e. Allocation of a named coordinator for the transfer of care f. A preparation period prior to transfer and, if appropriate, a period of shared care g. Arrangements for monitoring during the time immediately after transfer h. Advice for young people including: <ol style="list-style-type: none"> i. Registering with a GP ii. How to access emergency and routine care iii. How to access support from their mental health service iv. Communication with their GP i. Agreement and documentation of the Transition Plan <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1 The QS applies to both CAMH and adult services, and transition guidelines should be agreed between relevant CAMH and adult services. 2 Guidelines should specifically cover arrangements for students studying away from their local service. 3 Documentation of the Transition Plan should include Care Programme Approach documentation if required. 4 Arrangements should comply with national guidance for Looked After Children – Preparing for independence https://www.nice.org.uk/guidance/ph28.
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<p>GR-599</p> <table border="1" data-bbox="204 1357 288 1529"> <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> <ol style="list-style-type: none"> 1 This is a linking QS and will not be reviewed in detail. Any lack of compliance seen during review visits will, however, be noted. Guidelines may be Trust-wide but should specifically cover the needs of children and young people with mental health problems. 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.
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Service Organisation and Liaison with Other Services						
GR-601 <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>Operational Policy</p> <p>An operational policy describing the organisation of the service should be in use, covering at least:</p> <ol style="list-style-type: none"> Arrangements for responding to children’s, young people’s and families’ queries or requests for advice by the end of the next working day, and documentation of advice given (QS GR-106). Responsibility for giving information to children, young people and families at each stage of their care pathway Access to clinical information at all times, including by the 24/7 crisis response service Provision of advice, guidance, supervision and training to staff ‘Giving Advice’ (Qs GA-201 and GA-202) Risk-based arrangements for follow up of children and young people who ‘were not brought’ or ‘do not engage’ for any reason, including, where appropriate, assertive approaches to engaging with young people and families Contingency plans if key performance indicators cannot be met (QS GR-703) Seeing children and young people without a family member present Providing assessments and therapeutic interventions, virtually, in the home or in informal locations Support to the care of local children and young people known to the service who are in in-patient or residential placements outside the area (QS GR-507) Care for children and young people from outside the local area who are placed locally <p><i>Notes:</i></p> <ol style="list-style-type: none"> More detail of the arrangements for children and young people under the care of Tier 4 services is given in Qs GR-507 and GR-508. Some arrangements may be in clinical guidelines rather than the operational policy, with these guidelines ‘signposted’ from the operational policy.
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GR-602 <table border="1" data-bbox="209 1305 288 1478"> <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 Children 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 of the local Integrated Care System (ICS) 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 CAMH 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>Note: These guidelines may be part of the crisis assessment, initial appointment, and pathway guidelines or may be separate.</i></p>

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GR-701 <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>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. ‘Was not brought’ 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> <ol style="list-style-type: none"> 1 <i>Mental Health Services Data Set (MHSDS) (DCB0011), version 4.0 (Amd 30/2018), includes more detail.</i> 2 <i>The CAMHS Outcome Research Consortium provides a range of outcome measurement tools and other resources for monitoring outcomes: www.corc.uk.net.</i> 3 <i>‘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.</i>
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GR-702 <table border="1" data-bbox="209 1305 288 1478"> <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 service should have a rolling programme of audit 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 young person or family (QS GR-104) ii. Plans reviewed with the young person 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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<p>GR-703</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>Key Performance Indicators</p> <p>Key performance indicators should be reviewed regularly with the Trust (or equivalent) management and with commissioners:</p> <ol style="list-style-type: none"> a. Access to 24/7 crisis initial telephone advice b. Response to ‘crisis’ referrals: <ol style="list-style-type: none"> 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 on appropriateness and response to all referrals within five working days e. Initial appointment within a maximum of: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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
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<p>GR-704</p> <table border="1" data-bbox="204 1126 288 1299"> <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>Research</p> <p>The service should actively participate in research relevant to the care of its clients.</p> <p><i>Note: Participation can include comparative analysis, benchmarking or similar outcome reviews.</i></p>
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<p>GR-798</p> <table border="1" data-bbox="204 1384 288 1556"> <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>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for:</p> <ol style="list-style-type: none"> a. Review and implementation of learning from positive feedback, complaints, outcomes, incidents, ‘near misses’ and children, young people and families who ‘were not brought’/‘did not attend’ b. Review and implementation of learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency <p><i>Notes:</i></p> <ol style="list-style-type: none"> 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 multi-disciplinary team review and learning should be formalised and clearly communicated to staff.
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<p>GR-799</p> <table border="1" data-bbox="204 1832 288 2004"> <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>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>
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Commissioning

The responsibility for commissioning may differ across areas.

The commissioning Quality Standards are the responsibility of the local authority and health commissioners working in partnership.

Ref	Standard
GZ-601	<p>Needs Assessment and Strategy</p> <p>The commissioner should have an up to date:</p> <ol style="list-style-type: none"> a. Assessment of the needs of local children and young people at risk of, or with, emotional well-being or mental health problems, including the specific needs of: <ol style="list-style-type: none"> i. Children and young people from black and ethnic minority groups ii. Children and young people with learning difficulties iii. Children in Care iv. Young offenders v. Other high-risk groups b. Strategy for the development of services for the care of local children and young people at risk of, or with, emotional well-being or mental health problems <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1 <i>'Other high-risk groups' include children of prisoners, children who are carers, homeless young people, children with physical illness, child migrants and asylum seekers, and LGBTQ+ young people.</i> 2 <i>The needs assessment and strategy may be separate from, or form part of, a wider Sustainability and Transformation Partnership (STP) / Integrated Care System (ICS) needs assessment and strategy.</i>
GZ-602	<p>Prevention and Early Intervention Programme</p> <p>A comprehensive prevention and early intervention programme from conception to five years of age should be commissioned and 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>

Ref	Standard					
<p>GZ-603</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>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 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-205) 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>The 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 and GR-703) k. Routine outcome measures l. The service’s role in the provision of: <ol style="list-style-type: none"> i. Advice, guidance, supervision and training of ‘Advice’ 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 the 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 is 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, child migrants and asylum seekers, and LGBTQ+ young people.
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Ref	Standard					
<p>GZ-604</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>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 to address any problems with the 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> <ol style="list-style-type: none"> <i>The planning group may be part of the local Integrated Care System (ICS) group as long as all services within the health economy are represented.</i> <i>Other services may also be part of the group</i>
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<p>GZ-701</p> <table border="1" data-bbox="209 1133 288 1305"> <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						

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Appendix 1 Reference Sources

Year	Publisher/Author	Title	No.
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	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	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	No.
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	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
2018 updated	National Institute for Health and Care Excellence	Attention Deficit Hyperactivity Disorder Pathway (2013)	22
2017 updated	National Institute for Health and Care Excellence	Antisocial Behaviour and Conduct Disorders in Children and Young People: Recognition and Management: CG158 (2013)	23
2017	National Institute for Health and Care Excellence	Eating disorders: recognition and treatment. NG69	24
2017	Care Quality Commission	Review of Children and Young People’s Mental Health Services	25
2019	National Institute for Health and Care Excellence	Depression in Children and Young People: Identification and Management: NG134	26
2017	NHS England	WC3 CAMHS Screening for Paediatric Patients with Long Term Conditions	27
2016	National Institute for Health and Clinical Excellence	Psychosis and Schizophrenia in Children and Young People: Recognition and Management: CG155	28
2016	Anna Freud National Centre for Children and Families	Child and Adolescent Mental Health (CAMHS) Needs Assessment for North West London CCGs	29
2016	HM Government	Crisis Care Concordat Mental Health; National signatory actions.	30
2016	NHS England	Implementing the Five Year Forward View for Mental Health	31
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	32
2016	Welsh Government	Collaborative working between CAMHS and the Counselling Service	33

Year	Publisher/Author	Title	No.
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	34
2016	Public Health England	The mental health of children and young people in England	35
2016	Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M., Fonagy, P., Fleming, S., Munk, S.	THRIVE Elaborated. 2 nd edition	36
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	37
2015	National Association of Psychiatric Intensive Care and Low Secure Units	National Minimum Standards for Psychiatric Intensive Care Units for Young People	38
2015	National Institute for Health and Care Excellence	Bipolar disorder, psychosis and schizophrenia in children and young people: QS102	39
2015	NHS England	Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. Gateway reference: 02939	40
2015	NHS England	Children and Young People's Improving Access to Psychological Therapies Programme: Service User Passport	41
2015	NHS England	Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist Levels (Tiers 2/3)	42
2015	NHS England	Local Transformation Plans for Children and Young People's Mental Health and Wellbeing Guidance and support for local areas	43
2015	National Institute for Health and Care Excellence	Looked-after children and young people. Public health guideline: PH28	44
2014	Anna Freud Centre and The Tavistock and Portman NHS Foundation Trust.	THRIVE: The AFC–Tavistock Model for CAMHS	45
2014	CAMHS Press	CYP IAPT Principles in Child & Adolescent Mental Health Services Values and Standards; "Delivering With and Delivering Well"	46
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	47
2014	UK Government	Children and Families Act 2014: Chapter 6	48

Year	Publisher/Author	Title	No.
2013	Department of Health	Improving Children and Young People's Health Outcomes: A System Wide Response	49
2013	Mental Health Foundation	Crossing Boundaries: Improving Integrated Care for People with Mental Health Problems. Final Inquiry Report	50
2013	National Institute for Health and Care Excellence	QS48: Depression in Children and Young People	51
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	52
2012	Department of Health	No Health Without Mental Health: Implementation Framework	53
2012	NHS Isle of Wight	A Quality Framework for Tier 2 Counselling Services	54
2012	Royal College of Psychiatrists	Practice Standards for Young People with Substance Misuse Problems	55
2012	Royal College of Psychiatrists	Quality Network for Inpatient CAMHS Service Standards: Standards for Inpatient Eating Disorder Units, Pilot Edition	56
2011	Primary Mental Health Team (CAMHS), Leicester	Services Designed to Support Families with Anti-Social Behaviour Problems	57
2011	Department of Health	No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages	58
2011	Department of Health	Quality Criteria for Young People Friendly Health Services	59
2011	Healthcare Improvement Scotland	Background Reading for Integrated Care Pathways for Child and Adolescent Mental Health Services	60
2011	Healthcare Improvement Scotland	Equality Impact Assessment of Standards for Integrated Care Pathways for Child and Adolescent Mental Health (CAMH)	61
2011	Healthcare Improvement Scotland	Integrated Care Pathways for Child and Adolescent Mental Health Services: Final Standards	62
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	63
2011reviewed 2016	National Institute for Health and Care Excellence	Psychosis with Coexisting Substance Misuse: Assessment and Management in Adults and Young People: CG120	64
2011	National Institute for Health and Care Excellence	Self-harm in over 8s: Long-term management: CG133	65
2011	NHS IAPT Programme	Working with Under 18 Year Olds: Guidance for Commissioners, IAPT Service Providers and those Working in IAPT Services	66

Year	Publisher/Author	Title	No.
2011	NHS Commissioning Board	NHS Standard Contract for Community Services: Schedule 2 Part 1: Service Specification – Specialist Child and Adolescent Mental Health Services	67
2011	National CAMHS Support Service (NCSS)	The Essential Capabilities For Effective Emotional and Mental Health Support. Personal Workbook	68
2010	Department of Health	Keeping Children and Young People in Mind: The Government’s Full Response to the Independent Review of CAMHS	69
2009	Mental Health Foundation	Evaluation of the Choice and Partnership Approach in Child and Adolescent Mental Health Services in England	70
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	71
2008	Department of Children, Schools and Families	Children and Young People in Mind: The Final Report of the National CAMHS Review	72
2008	NHS Connecting for Health	Do Once and Share: Child and Adolescent Mental Health	73
2008 Updated 2013	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)	74
2005	Scottish Executive	The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care	75
2004	Department of Health	Every Child Matters: Change for Children	76
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	77
2004	Department of Health	National Service Framework for Children, Young People and Maternity Services: Core Standards	78
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	79
2003	Department of Health	Getting the Right Start: National Service Framework for Children – Standard for Hospital Services	80

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The table below shows the links between the Quality Standards and the 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, 14,25,26,28 35,47,59,76	GR-195	7,12,17,18 25,33,35,36 47,49,51,59 76,77,78,79	GR-304	31	GR-601	1,2,5,7,10, 16,23,28,29 32,34,35,40 42,43,44,59 62,75,76,77 78
GA-102	1,3,6,7,11, 13,14,15,16 25,36,45,47 65	GR-196	52,59,70 71,73,76 77,78,79 80	GR-499	5,31	GR-602	3,29,33,44 62
GA-201	1,6,7,11,36 40,45,47,63 71,77,79	GR-197	6,7,10,11 14,31,33,40 49,59,77 78,79	GR-501	2,10,29,34, 42,46,51,59 71,76,77,78 79	GR-606	2,5,7,17,24 26,28,29,32 33,34,41,42 43,44,49,51 64,75,76
GA-202	7,35,36,37 47,75,76,77, 78,79	GR-198	6,7,10,22 30,76,77 78,79,80	GR-502	2,10,28,30, 42,43,46,51, 76,79	GR-701	4,7,16,23,28 33,34,43,44 51,62,75,76
GA-501	1,6,7,11,16 25,26,35,36 45,47,49,51 54,59,62,75 76,78	GR-199	1,12,26,37 46,49,59,76 77,78,79 80	GR-503	2,7,10,22,35 36,41,44,45 46,51,59,62 73,75,76,77 78,79	GR-702	15,26,33,46 62,63,75,76
GA-701	4,7,16,33	GR-201	1,2,7,16, 31,36,45 46,59,71 77,78,79	GR-505	2,7,17,22,23 24,28,36,39 42,45,46,51, 55,59,64,65, 73,75,76,77, 78,79	GR-703	4,8,15,28,29 42
GR-101	2,5,7,10,11 12,23,27,51 59,73,75,76 77,78	GR-202	1,2,57,34 42,43,44,49 62,75,76,78	GR-506	27,31,42,46 47,76	GR-704	4
GR-102	2,7,17,24 25,26,36,37 42,45,46,51 59,77,78	GR-203	1,2,7,12,17 25,26,31,36 45,46,59,62 73,75,76,77 78,79,80	GR-507	7,19,20,21 36,38,45,46 51,62,75,77 78,79	GR-798	2,5,7,23,33 34,43,75,76 77,78,79
GR-103	2,6,7,12,14 25,26,33,35 36,42,45,46 51,59,75,77 78,79	GR-204	1,2,5,59, 64,75,76 77,78,79 80	GR-508	10,19,20,21 38,46,75,77 78,79	GR-799	59

QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents
GR-104	2,5,6,7,12 17,22,23,24 25,27,36,37 38,40,42,45 46,51,59,62 64,65,75,76 77,78,79,80	GR-205	2,5,8,10,30 31,42,46,76	GR-509	7,35,36,44 45,46,75,76	GZ-601	29,31,35,42 49,75,76,77, 78,79
GR-105	2,6,7,12,17 25,27,36,41 42,45,46,51 59,62,64,75 76,77,78,79 80	GR-206	2,5,8,10, 16,31,31 46,76	GR-510	7,16,31,36 45	GZ-602	6,9,10,31, 35,62,76,80
GR-106	12,24,28,37 39,40,59,65 75,76,77,78 79	GR-207	2,5,8,10, 16,30,31 46,76	GR-596	7,36,45,46 76	GZ-603	1,5,6,9,10, 12,14,16,25 26,30,31,32 35,36,37,40 42,44,45,49 54,55,66,67 71,75,77,78
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Appendix 2: British Standards Institution PAS1616:2016

Care Quality Commission Key Lines of Enquiry (KLOEs) Department of Health: You're Welcome Quality Criteria

The table below shows where a QRS Quality Standard addresses the following:

British Standards Institution PAS 1616:2016 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 Lines of Enquiry
S	Are they safe?
E	Are they effective?
C	Are they caring?
R	Are they responsive?
W	Are they well-led?

Ref	CQC Five Key Lines 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 Lines of Enquiry																										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, 6, 7	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	-	
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												2.5	
GR-501	6, 8, 9		x					x																					8.2	

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.
CPA	Care Programme Approach is a package of care that may be used to plan mental health care
Carer	Throughout the Quality Standards, the term 'carers' 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 and which is sometime referred to as 'early intervention'.)
Doc	Documentation should be available. Documentation may be in the form of a website or on other digital technologies.
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.

LGBTQ+	LGBTQ+ is an acronym for lesbian, gay, bisexual, transgender and queer or questioning and others
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>Tier 3: Services usually provided locally by a multi-disciplinary team for those with more severe, complex and persistent disorders.</p> <p>Tier 3.5: An intensive home support team for children and young people at risk of admission to in-patient care.</p> <p>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</p>

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.

Getting More Help: This is not conceptually different from Getting Help. It is a separate needs-based grouping only because the 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 the relationships they have with children and young people. They include early years providers and settings such as childminders 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 have introduced Mental Health Support Teams (MHSTs) who provide additional support through schools and colleges and 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

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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 on other digital technologies

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

QS Ref. No	QS Short Title	Background information	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	Community Initiatives for Children, Young People and Families						
GA-201	Training						
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						
GR-105	Review of Agreed Plan						

QS Ref. No	QS Short Title	Background information	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-106	Contact for Queries and Advice						
GR-107	Case Manager						
GR-108	'Risk Support Only' (<i>This QS applies only to services commissioned to provide Risk Support Only</i>)						
GR-194	'Letting Go' Plan						
GR-195	Transition to Adult Services and Preparation for Adult Life. (<i>Specialist CAMH services and services providing 'More Help' only</i>)						
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	24/7 Crisis Initial Telephone Advice						

QS Ref. No	QS Short Title	Background information	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-206	24 Hour Crisis Response						
GR-207	Intensive Home Support 24/7						
GR-208	Clinical, Safeguarding and Managerial Supervision						
GR-299	Administrative, Clerical and Data Collection Support						
GR-301	Support Services						
GR-304	Tier 4 CAMHS (<i>Specialist CAMH and 'More Help' services only</i>)						
GR-499	IT Systems						
GR-501	Screening and Referral Management Guidelines						Guidelines: Screening and Referral Management
GR-502	Crisis Assessment Guidelines (<i>applies only to services commissioned to provide a 24/7 Crisis response service</i>)						Guidelines: Crisis Assessment
GR-503	Initial Appointment Guidelines						Guidelines: Initial Appointment
GR-505	Pathways						Pathways: therapeutic management
GR-506	Physical Health Care Guidelines						Guidelines Physical Health Care
GR-507	Referral for Tier 4 Care (<i>Specialist Services only</i>)						Guidelines: Tier 4
GR-508	Children and Young People Awaiting Tier 4 Admission (<i>Specialist Services only</i>)						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 (<i>applies only to services commissioned to provide Risk Support Only</i>)						Guidelines Covering all aspects of the QS
GR-596	Information Sharing						Guidelines: Information Sharing
GR-597	'Letting Go' Guidelines						Guidelines: 'Letting Go'

QS Ref. No	QS Short Title	Background information	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-598	Transition to Adult Services and Preparation for Adult Life <i>(This QS applies only to Specialist CAMH services and services providing 'More Help')</i>						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-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
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

QS Ref. No	QS Short Title	Background information	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	
GZ-604	Local Planning and Coordination Group						Meeting notes with attendance
GZ-701	Quality Monitoring						Quality monitoring report

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