

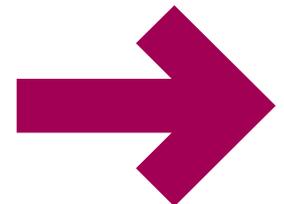
# Vulnerable Children

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24 April 2018



# Overview

- Health and Justice commissioning for vulnerable children
- CYP Secure Estate
- Standards and assessment
- Liaison and Diversion
- Health & Justice and Specialised Commissioning Workstream
  - WP1: Community FCAMHS
  - WP2: SECURE STAIRS
  - WP3: Collaborative Commissioning Networks
- National Key Performance Indicators and National Evaluations



# You all know children and young people are not the same – Health and Justice cohort

Some cyp have particular mental health care requirements. NHS England **Health and Justice commissioners** commission a lot of these services and are in a good position to coordinate across partners. Of these, there is a discrete cohort of some very vulnerable cyp, including those:

- Within and transitioning to and from the CYPSE on both welfare and youth justice grounds;
- Receiving specialist child and adolescent mental health services (specifically high risk young people with complex needs);
- Interacting with Liaison and Diversion services;
- Presenting at Sexual Assault Referral Centres (SARCS);
- In crisis care related to police custody.

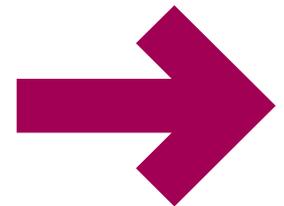
These individuals' **mental health care needs** are often not like those of many other children and young people:

- Higher likelihood of having been subjected to trauma or severe neglect;
- High levels of social disadvantage;
- Despite having high levels of need, many are not accessing services in a timely manner in the first place.
- Safeguarding these children and young people is a key driver for this work, and remains a core focus for NHS England's partnership working.



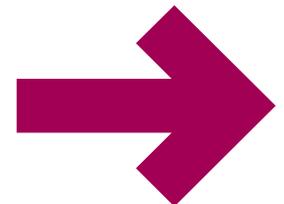
# Health and Justice commissioning for vulnerable children

- 10 Health and Justice teams across England.
- Commissioning responsibilities: health services in the Children and Young People's Secure Estate (CYPSE) - both Youth Justice and Welfare places.
- Co-commission SARC (Sexual assault referral centres) with Public Health and PCCs, Liaison and Diversion (currently being rolled out all- age service).
- Specialist mental health services for high risk children and young people , not all in H&J pathway as some may be in mainstream mental health services.
- Children and young people in crisis in police custody.



# Children and Young People's Secure Estate

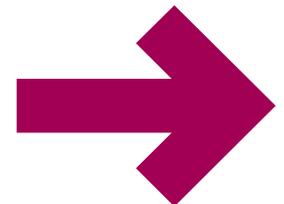
- CYPSE –children and young people's secure estate for 10-17 year olds;
- A national service, children and young people may be placed anywhere in the country;
- They may be sentenced or on remand and placed in a youth justice placement OR placed for 'welfare' reasons under S.25 of Children Act 1989;
- Around 1000 CYP, complex needs;
- 4 YOIs (Young Offender Institutions) under 18;
- 3 STCs (Secure Training Centres) (one of which is not in NHS regulations);
- 14 SCHs (Secure Children's Homes) 7 of which are 'welfare' only





# LAC Status in CYPSE

- Many CYP in CYPSE are 'LAC'
- All CYP accommodated in a welfare secure placement under Section 25 of Children Act 1989 are LAC
- CYP previously LAC entering a youth justice placement continue to be LAC
- Under LASPO Act 2012 (Legal Aid, Sentencing and Punishment of Offenders Act) if not previously LAC, become LAC whilst on remand



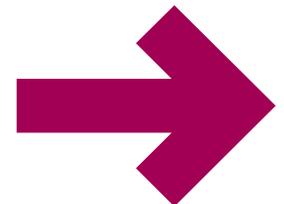
# Standards and assessment in the Children and Young People's Secure Estate (CYPSE)

- Intercollegiate Healthcare standards for CYPSE, standards are core to all service specifications. Published in 2013, refresh currently underway
- CHAT (Comprehensive Health Assessment Tool): holistic comprehensive, health assessment to include mental health and neurodisabilities

## Standard 1.5

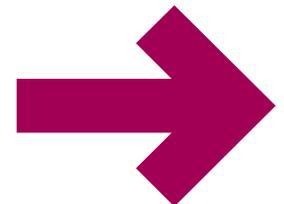
***Young people receive a timely, comprehensive and holistic health assessment with an emphasis on integrated personalised needs assessment and care which includes an assessment of physical health (within 3 days of arrival), mental health (within 3 days of arrival), substance misuse (within 5 days of arrival) and neurodisability (within 10 days of arrival)***

- CHAT assessment is used for LAC assessment – issues closing system



# Vulnerable CYP in contact with Liaison and Diversion

- CYP may also come into contact with the Youth Justice System through Liaison and Diversion services
- Some early findings for Looked After Children
- Primary indicative mental health need



## Liaison & Diversion

### Looked After Children referred to services from April 2014 to December 2017

This analysis looks at Children and Young People identified as Looked After Children (LAC) that have been referred to the Liaison & Diversion (L&D) service. Data is included from rollout in April 2014 to the latest data, December 2017. All graphs show only cases that engaged with L&D services.

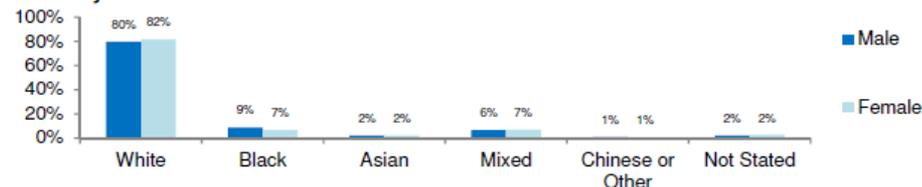
Gender	Cases Identified	Cases Engaged
Male	2736	82%
Female	1242	79%
Intersex or Other	10	40%
Not Stated	29	14%
<b>Total</b>	<b>4017</b>	<b>80%</b>

A total of 3249 Looked After Children engaged with L&D services during this period:  
 - 1214 were voluntary (S20)  
 - 2035 were under full care order

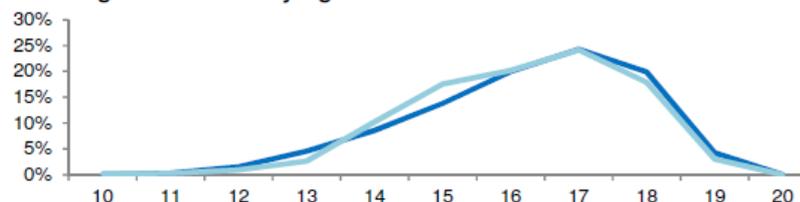
#### Accommodation status

Foster Care - 11% of males, 5% of females  
 Children's Home - 27% of males, 13% of females  
 Welfare Only Home - 1% of males and females

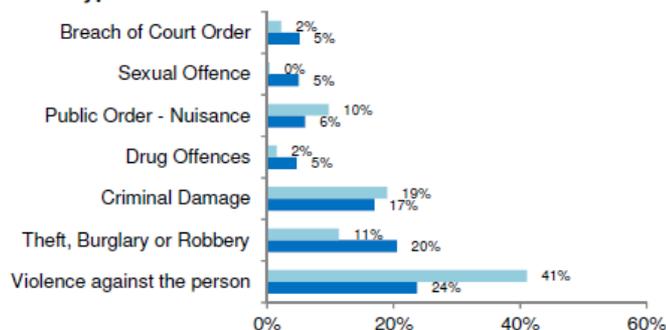
#### Ethnicity



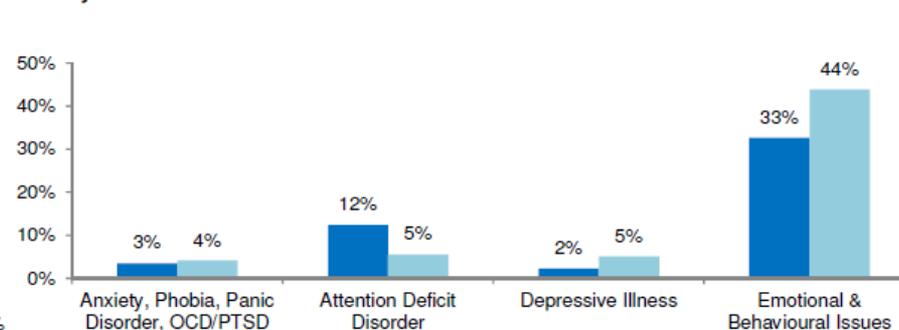
#### Percentage of Children by Age



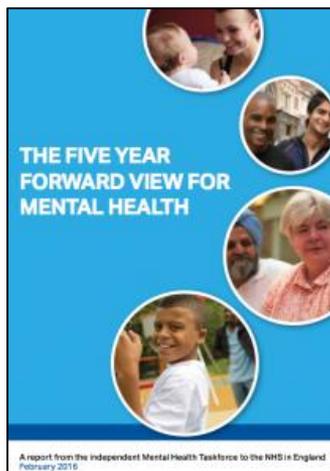
#### Offence Type



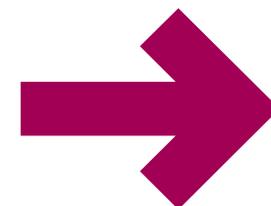
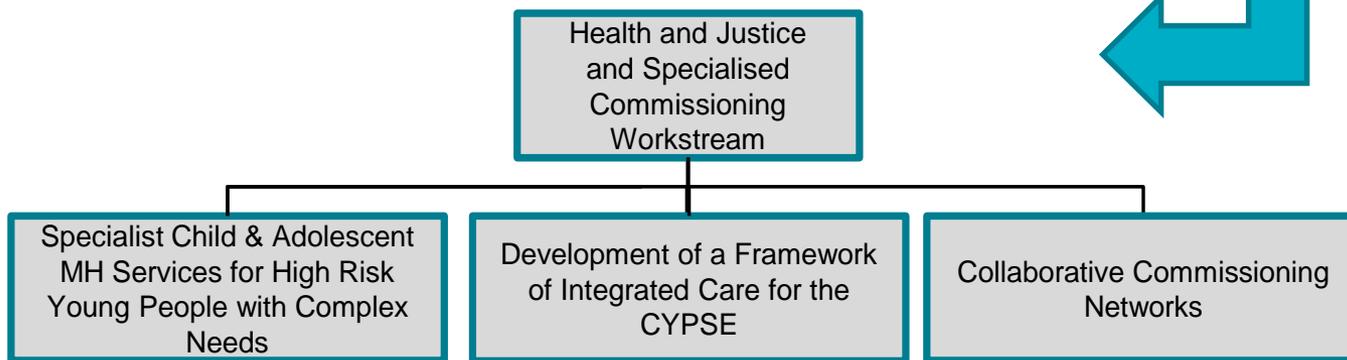
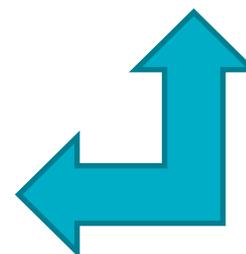
#### Primary indicative Mental Health need identified



# Overview of Health and Justice and Specialised Commissioning Workstream



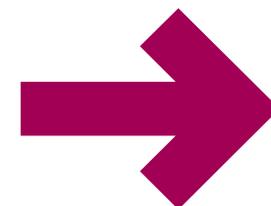
- Mental Health and Dementia Programme
- CYP MH Transformation Programme
- CYP MH Transformation Workstream



## Why these workstream projects?

Whilst discrete pieces of work, these workstream projects are all related around a set of common objectives:

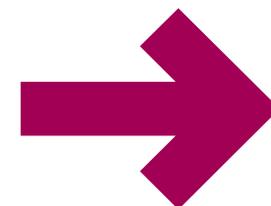
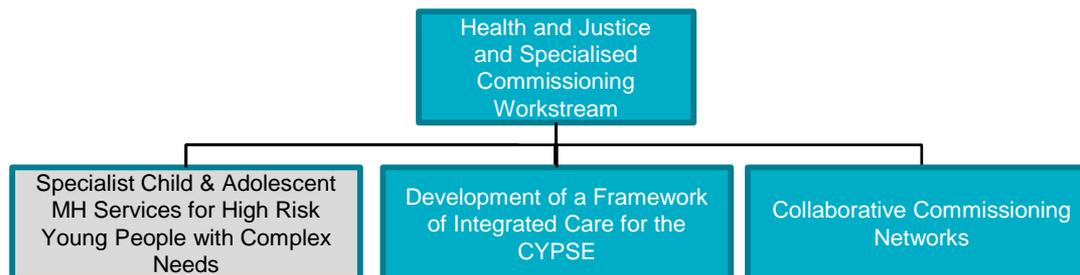
- Address commonly identified **gaps in mental health provision** for children and young people held within, and transitioning into or out of, the Children and Young People's Secure Estate (CYPSE) either on youth justice or welfare grounds (e.g. SARCs, crisis care related to police custody).
- Focus on those individuals receiving specialist child and adolescent mental health services (specifically **high risk** young people with **complex needs**).
- Also focus on those children and young people whose mental health needs may not meet **traditional service thresholds**, but for whom the aggregated impact of multiple health and social issues presents not only an immediate risk, but also one which may escalate to the point of crisis if left unaddressed.
- **Improving collaboration** between the various commissioners of services for those children and young people who come into the NHS England Health and Justice pathway, to give rise to full clinical pathway consideration.



# WP1: Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs (Community F:CAMHS)

## Objectives:

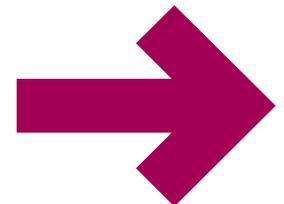
- **Develop England-wide** specialist child and adolescent mental health services for high risk young people with complex needs.
- **Improve pathways and transfers** between local services and secure inpatient services.
- **Develop a secure outreach provision** to support and compliment the work already provided by mental health providers within secure settings to continue such work after discharge.
- Focus on **children with complex high risk presentations** in a range of settings who are giving cause for professional concern and are beyond traditional Tier 3 Children and Young People’s Mental Health Services remit.
- **Improve mental health and wellbeing** for the cohort in question.



# Community FCAMHS: what is it?

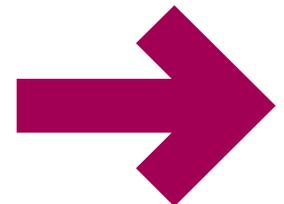
A regional specialist service for young people with high risk behaviours who are:

- under 18 years old at the time of referral (no lower age threshold)
- presenting with severe disorders of conduct and emotion, neurodevelopmental or serious mental health problems or where there are legitimate concerns about the existence of such disorders
- usually involved in dangerous, high-risk behaviours towards others whether they are in contact with the youth justice system or not
- in exceptional cases, are not high risk (not primarily dangerous to others) but have highly complex needs (including legal complexities) and are causing major concern across agencies

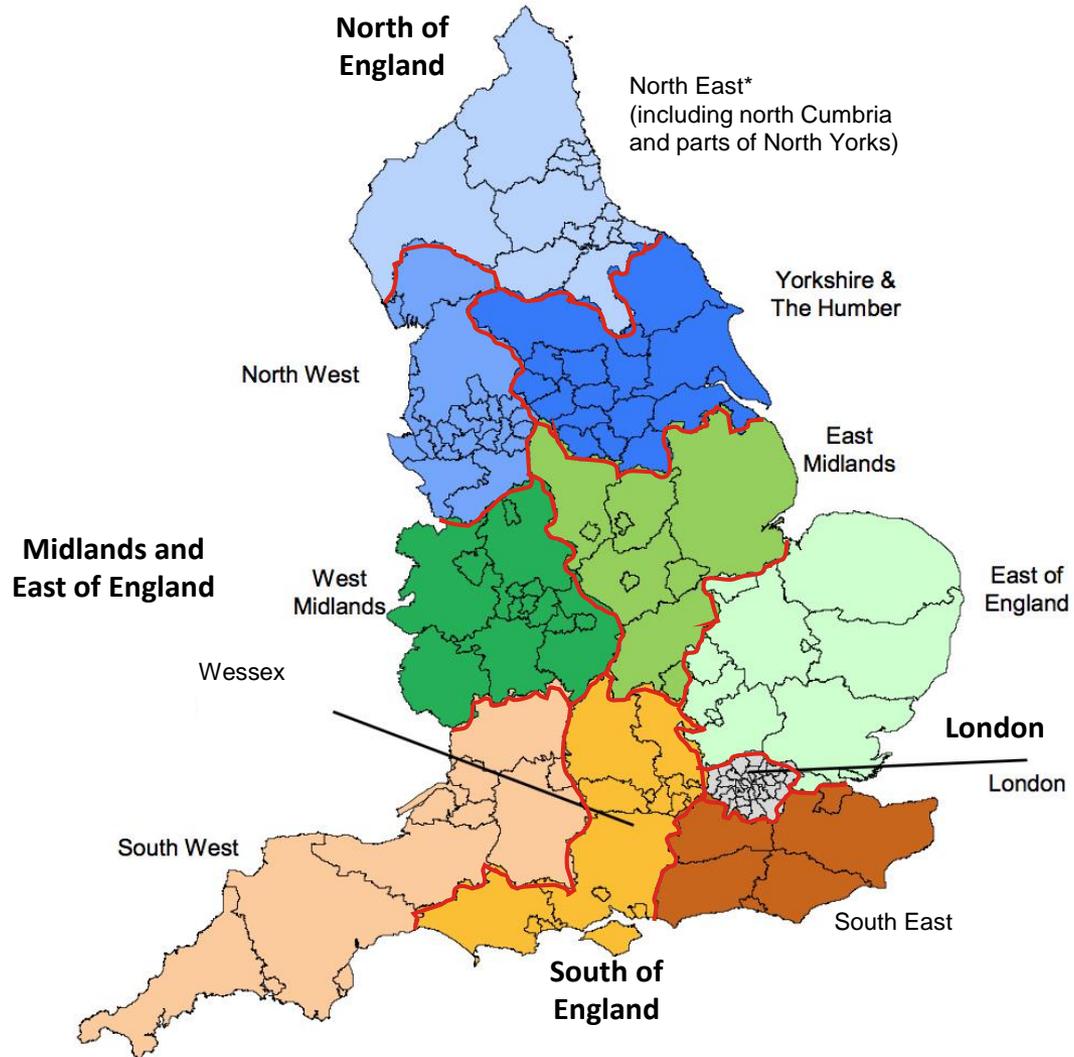


# Community FCAMHS: who is it for? :the young people in question

- high rates of mental health and neurodevelopmental disorders
- high rates of co-morbidity (complex needs)
- high rates of substance misuse
- high rates of special educational needs
- high rates of previous abuse
- high rates of risk to others
- high rates of self-harm
- high rates of multiple agency involvement



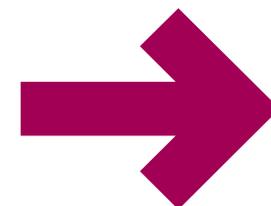
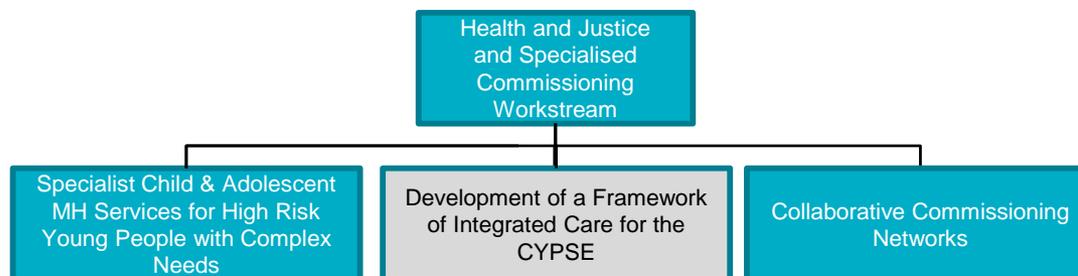
# Catchments for Regional Community FCAMHS 2017-2018



# WP2: Development of a Framework for Integrated Care for CYPSE (SECURE STAIRS)

## Objectives:

- **Integrated** vision and consistency of care.
- **Staff trained and supported** in ‘Secure STAIRS’ whole-system model.
- Comprehensive **formulation and care** (including mental health) for each child.
- Development and monitoring of **individual goals** for each child’s stay in CYPSE.
- Goals for stay developed with young person’s **‘home’ environment**.
- Intervention programs developed with ‘home’ environment with aim of delivering **sustainable change post-discharge**.
- *Develop evidence base* to demonstrate performance, to secure recurrent funding.



## WP2: SECURE STAIRS – current position

### Commissioning Plans

- **SCHs:** Commissioning Plans received for all SCHs. Contract Variations, recruitment and mobilisation is ongoing in all SCHs from Healthcare. A whole centre approach will be mobilised in Youth Justice SCHs from April 2018.
- **STCs:** Rainsbrook mobilising both Health and Justice (H&J) and Establishment Plans. Training arranged. Medway scoped Feb 2018 and a Health and Justice Commissioning Plan is in development.
- **YOIs:** SECURE STAIRS Boards held at all YOIs. All Operators engaged and H&J Commissioners are working to complete Commissioning Plans in partnership with operations.

### Next Steps for Mobilisation and Implementation (2018/19)

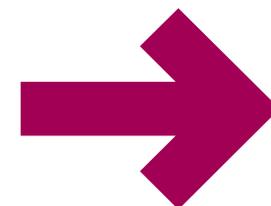
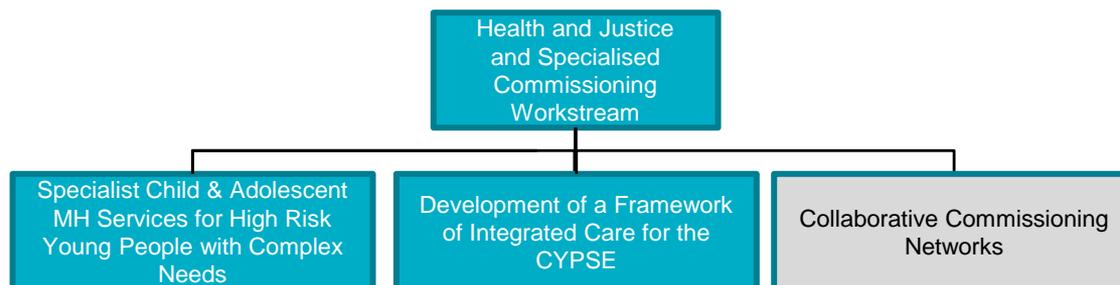
- H&J Commissioning Plans submitted and signed off for all outstanding areas.
- Healthcare recruitment & culture change to embed staff.
- Continued negotiations with DfE for funding pathways to be approved for backfill/ profiling of operational staff for SCHs.
- Align SECURE STAIRS with ongoing Youth Justice Reforms.
- Establish SECURE STAIRS Local Implementation Teams.
- Establishment Implementation Plans compiled and mobilisation commenced/ continues.
- Contract and regime variations to enable effective implementation.
- Unit based Multi-Disciplinary Teams established, Formulation Meetings, Supervision and Reflective Practice.
- Anna Freud National Centre for Children and Families commence Evaluation.
- Clinical Network and Digital Platform for sharing promising and effective practice.
- Commissioning of Consortium.



# WP3: Collaborative Commissioning Networks

## Objectives:

- **Define specific cohort of children** and young people with complex needs which is currently falling through the gaps or whose full range of needs are not currently being met.
- Design **full clinical pathway consideration** for cohorts in liaison with Integrated Framework of Care workstream.
- **Improve assessment approach** to identify and bring in children and young people who may not meet thresholds but who are in need of services.
- **Improve integration of services** as children and young people transfer to mainstream services, to promote continuity of care.
- Enable **cooperation and coordination between services** commissioned by different organisations, and reduce duplication, whilst identifying priorities and delivering efficiencies.
- Develop **evidence base** to demonstrate performance, to secure recurrent funding.



# Workstream Project 3 : Current position



## **Mobilisation**

- X8/10 areas have mobilised / mobilising services (SW, SE, SC, LDN, C&NE, EofE, WM and EM).
- X2 areas will be mobilising in Q1 2018/19 (NW & Y&H)

## **Area Service Reviews**

- Area reviews – SW, SE, LDN have taken place. SC due this month.
- Promising practice and useful case studies are starting to emerge.
- Review process to be finalised this month: qualitative information is important as there is no national evaluation of this workstream project.

## **CCN Interim report**

CCN Narrative has been re-drafted and turned into an Interim Report – to be disseminated April 18.

## **CYP Leads Peer Forum (H&J Areas)**

- 3<sup>rd</sup> one took place in March 2018. The aim is to build a supportive peer network to discuss issues, share good practice across the country and for H&J to disseminate through local areas. These are bi-monthly

# Collaborative Commissioning Networks – Key priorities

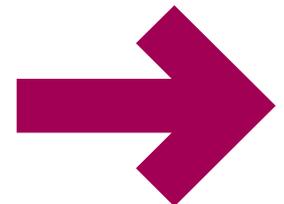
## Key commissioning intentions

8/10 areas are mobilising / have mobilised services, the most common themes include:

- Supporting the transition to and from the **CYPSE**.
- Development of the pathway for children who sexually harm (**HSB**) and who are involved with health and justice services.
- Development of speech and language therapy (**SALT**) to support CYP who are involved with health and justice services.
- Ensure appropriate assessment for CYP who have been in contact with the **SARC** and improved access to counselling and other therapies for young victims of sexual abuse.
- **Training** and upskilling staff, in particular Enhanced Case Management, Mental Health interventions, Learning disabilities, Trauma based approaches, Peer listening, Sexual health.

## CCN Interim report

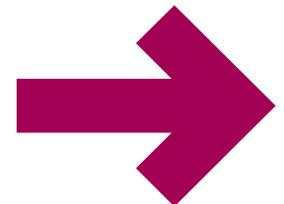
- CCN Narrative has been re-drafted and turned into an Interim Report – to be disseminated April 18. This includes examples of promising practice and case studies.



# How will we know what works?

## National Workstream KPIs and evaluation

- Data on the three workstream projects formally collected from 01 April 2018
- In addition 2 National Evaluations for workstream projects 1 and 2, commenced in April 2018 –Anna Freud Centre for Children and Families



# Thank You

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