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Youth Justice Board
Bwrdd Cyfiawnder Ieuencid

Policy Implementation Guidance

Addressing Mental Health Problems of Children and
Young People in the Youth Justice System

Foreword by the Minister for Health and Social Services:



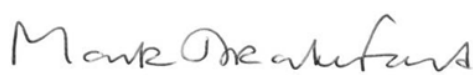
Set out within the Welsh Government's '*Together for Mental Health*' strategy is our clear commitment to help those who are vulnerable for reasons of mental ill health. No group is more vulnerable than children and young people who, due to their behaviour, end up having contact with the criminal justice system, often after committing an offence. The impact and legacy of this behaviour on a young person's future is significant. It is why it has been so important to pursue the key action set out within *Together for Mental Health's* delivery plan, namely;

'To ensure services better meet the needs of children and young people who are at risk of entering or already in the Youth Justice System'.

Children and Young People who experience mental ill health, a learning disability (or both), wherever possible, should not be brought into the justice system. Practice needs firmly to reflect the ideas of prudent healthcare, including maximum diversion, minimum necessary intervention and systems management, as well as a strong voice for young people themselves and their families. This Policy Implementation Guidance, prepared in collaboration with partners within the Youth Justice Board in Wales, is informed by a series of consultation events involving clinicians, practitioners and stakeholders from a wide range of services, all of whom have a key role to play in the lives of children and young people. This guidance places at its centre, children and young people and the need to improve further the identification, assessment, care and treatment of mental health problems and diversion away from the youth justice system whenever possible. It also describes appropriate management if a young person is placed within the youth justice services.

Because I am keen to go on improving mental health services for these young people, this guidance is largely directed at Local Mental Health Boards, with responsibility for its delivery located with Mental Health and Criminal Justice Partnership Boards.

Key to the delivery of this guidance is for it to inform existing management and operational arrangements across Local Health Board and Local Authority areas to build on best practice models and renew the emphasis on early intervention and diversion. Our partners who govern the Youth Justice System across Wales are fully committed to help further improve the service provided. Their joint endorsement of this policy guidance provides a clear illustration of how they will support this work.

A handwritten signature in black ink that reads "Mark Drakeford". The signature is written in a cursive style and is enclosed in a thin black rectangular border.

Mark Drakeford AM

**Minister for Health and Social Service
Foreword by the Board Member (Wales) at the Youth Justice Board**



The Youth Justice Board for England and Wales (YJB) is pleased to have the opportunity once again to work in partnership with the Welsh Government. Through this document we are delighted to formalise our joint commitment, both to meeting the mental health needs of young people in contact with the youth justice system and to ensuring that this is a priority for our partners. This is essential for the effective rehabilitation of young people who offend.

In recent years we have witnessed tremendous success in Wales. There are significantly fewer young people being brought into the youth justice system and a marked reduction of Welsh children detained in custody. While these successes are to be celebrated we now face the challenge of addressing the offending behaviour of a smaller group of young people who have often experienced adverse child development and have complex interlocking needs. Our shared challenge is to change the behaviour of this group of young people, many of whom have mental health issues.

These young people have already experienced so much in their short lives and their involvement in the youth justice system serves to perpetuate their vulnerability. It is in the best interests of young people, their families and the communities in which they live to provide them with the help and support they need to achieve good mental health and lead crime-free lives.

A young person's involvement in the youth justice system should not in any way hinder their access to mental health services.

I believe this policy implementation guidance provides a foundation on which youth justice and health professionals can create a stronger alliance to provide effective mental health services that are tailored to the needs of young people. Therefore, I urge those responsible for organising and delivering services to this group of young people to accept this guidance and use it in the way it is intended.

The YJB is committed to working with the Welsh Government to realise the objectives set out in this guidance, and will use it as a basis for our advice to youth offending teams and their management boards. We urge you implement its recommendations.

A handwritten signature in black ink, which appears to read "John Wrangham". The signature is written in a cursive, flowing style.

John Wrangham, MBE
Board Member, Wales
Youth Justice Board

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Part One: Context

INTRODUCTION AND BACKGROUND

1. This policy implementation guidance concerns children and young people aged 10 to 17 years who may have mental health problems, and who offend or who are at risk of offending wherever they are located. It seeks to inform planners and other key stakeholders responsible for children and young people, principally within Local Health Boards, Welsh Police forces and local authorities. It aims to support improvements in mental health provision for this vulnerable and often marginalised group of children and young people.
2. The guidance will further help inform how professionals and practitioners concerned with children's services – and with youth justice and health services in particular – can make best use of opportunities such as those presented by the Welsh Government's Mental Health (Wales) Measure 2010 (the Measure) and the increased focus on delivery through local partnership arrangements.¹ Along with the requirement to deliver its statutory responsibilities set out within the Crime and Disorder Act 1998, this guidance is also designed to ensure that the Welsh Government discharges its duties and obligations under the United Nations Convention on the Rights of the Child (UNCRC).²
3. The Welsh Government, the Youth Justice Board and its lead partners across the youth justice system (YJS), local authorities, Health and Police services have an unambiguous commitment to preventing children and young people from committing crime and reducing reoffending. By employing means designed to keep a small but often vulnerable group of children and young people out of the criminal justice system, it is more likely to stop problems from escalating and, critically, help prevent the stigma and debilitating effect of a criminal record later in life.
4. The Green Paper published by the Welsh Government in 2012 set out its proposals to help prevent those children and young people who present with such a risk from having contact with the criminal justice system. Subsequently, a number of these proposals were strengthened in a later White Paper in 2014.³ Both of these key documents helped shape the development of the new joint Welsh Government and YJB Youth Justice Strategy: *Children First, Offenders Second*.⁴ The Silk Report, published in March 2014, makes recommendations in relation to potential changes to youth justice arrangements. This guidance will look

¹ <http://www.legislation.gov.uk/mwa/2010/7/contents/enacted>

² <http://www.unicef.org/crc/>

³ <http://wales.gov.uk/docs/dsjlg/consultation/120918youthjusticeenv1.pdf>

⁴ <http://wales.gov.uk/topics/childrenyoungpeople/publications/children-and-young-people-first/?lang=en>

to compliment and enhance any formal changes in how health and justice provision will be delivered in the future.

5. It is recognised, however, that for some children and young people, their contact with the criminal justice system is due to behaviour linked with or a feature of a presenting concern associated with a mental health condition, a learning disability or both. To address mental health issues, within the *Together for Mental Health* strategy and associated delivery plan, the following key action was set: *'To ensure services better meet the needs of children and young people who are at risk of entering or already in the Youth Justice System.'*⁵
6. To achieve this goal, the Welsh Government has set out this Policy Implementation Guidance addressing the consequences associated with mental health issues of young people in contact with the YJS. In addition to the legal and strategic imperatives set out within the Measure and the *Together for Mental Health Strategy*, this guidance has been informed by the outcome of the Green Paper consultation; the YJB Cymru report on *Restorative Justice and Prevention: Diversion from the Youth Justice System in Wales*;⁶ a series of seven practitioner events, held across Wales, designed to gather important data and information on current service provision from stakeholders; and a further consultation process with key partners who have acknowledged expertise in relation to this subject matter.
7. In respect of the practitioner events, the picture of services that emerged was somewhat fragmented and confused. Pockets of best practice were identified but it was apparent that no universal minimum standards were being applied. Timeliness of interventions, or consistency in relation to accessing specialist services varied significantly. For example, the Welsh Government's stated objective for services to have specialist NHS Child and Adolescent Mental Health Services (CAMHS) available to youth offending teams (YOTs) across all areas has not been fully achieved.
8. This guidance is directed at Local Health Boards (LHBs), service planners through the work of Mental Health and Criminal Justice Partnership Boards (MH&CJPB) and YOT Management Boards. They are crucial in overseeing the delivery of this policy guidance. The LHB lead for the planning of mental health services for children and young people, in conjunction with key partners who have a stake in this user group, the roles of whom are all important and include:
 - CAMHS;
 - General Practitioners (GPs);
 - Children's social services;

⁵ <http://wales.gov.uk/topics/health/publications/health/strategies/strategy/?lang=en>

⁶ An internal report, unpublished. Can be made available on request.

- YOTs;
 - Schools and related specialist services including education and welfare officers, educational psychologists and school nurses.
9. The complexity of this service user group should not be underestimated. For example, unless the child is formally 'looked after' or is statutorily supervised by the YOT, it is often unclear which agency is responsible for the case management pre or post statutory sentence. This question of responsibility and who leads, when asked of practitioners, failed to secure an answer which generated confidence or clarity. This document aims to set out minimum standards in an attempt to gain some consistency across Wales as well as improvement in service provision and improved governance.
10. This guidance sets out the key principles of how and where intervention is likely to have the greatest impact, by making recommendations in how best to improve service delivery responses and by making recommendations in how this activity should be governed. By doing so, it is anticipated that the following key outcomes will be achieved:
- further reductions to the number of children and young people entering the YJS;
 - appropriate access to mental health services and support is afforded to children and young people in contact with the system; and
 - children and young people at the end of statutory sentences are provided with the help and support they need to lead crime-free lives.

POLICY AND LEGAL CONTEXT IN WALES

11. In an adult context, Welsh Ministers have issued policy implementation guidance which sets out the expectations of the Criminal Justice Liaison Service (CJLS): a developing provision operating from within court precincts and police custody suites, managed by Local Health Boards. This service provides the foundation upon which adults with a mental health or related difficulty who present to the criminal justice system receive an appropriate response. Governance arrangements and management activity are in place to deliver expectations set out within related legislation and the policy framework.⁷
12. In relation to children and young people, the Crime and Disorder Act 1998 placed duties on local authority Chief Executives to establish a YOT (encompassing five statutory partners, one of whom is Health). However, no formal equivalent CJLS is in place for young people, although in practice many practitioners work together in the field. This gives rise to the need for clarity and consequently this guidance. A

⁷ <http://wales.gov.uk/topics/health/publications/health/guidance/criminal/?lang=en>

coherent, simplified approach is required to deliver the key components of generic legislation which underpins the stated policy of diverting children and young people away from the YJS, and supporting them if they do enter it. The related duties on local authorities, social service departments, schools and its specialist services, YOTs, courts and so on are both diverse and complex.

13. A summary of the legislation, policy, clinical and legal platforms that inform this work are set out at **Annex 1**. What flows from these components is a need for areas to re-appraise how it responds to children and young people who present to the YJS in a manner that is effective.

EVIDENCED BASED PRACTICE AND INNOVATION

14. It is clear that diverting children and young people away from the YJS has a positive effect on future offending as well as other outcomes.⁸ Much has been achieved in recent years across England and Wales in this regard with a reduction of 56% in the number of entrants to the YJS between 2009 and 2013. This equates to 2,000 fewer young people getting a criminal record.⁹
15. In Wales, YJB Cymru assessed the distribution of programmes designed to help prevent offending, divert individuals away from the more formal elements of the YJS and when appropriate, restorative justice approaches are carried out.¹⁰ Overall, the picture across Wales is a good one. There are educational, geographically focussed and multi-agency targeted prevention interventions across all areas, with a summary set out at **Annex 2**.
16. As a result of early intervention and prevention strategies, far fewer young people are brought into the YJS. This means young people's needs are addressed before they go on to develop entrenched patterns of offending. However, what this also means is that young people who do end up in the YJS are those that are more likely to repeatedly offend and have multiple and complex needs.¹¹
17. In 2012, YJB Cymru undertook an analysis of young people displaying prolific offending behaviour.¹² This investigation found that:

⁸ www.publications.parliament.uk/pa/cm201011/cmselect/.../721/721.pdf

⁹ Youth Justice Management Information System (YJMIS) data.

¹⁰ YJB Cymru –Restorative Justice and Prevention Report: Diversion from the YJ system in Wales 2012 (unpublished).

¹¹ Youth Justice Statistics (page 26 of the latest statistics (2012/13))
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278549/youth-justice-stats-2013.pdf

¹² Unpublished – available on request.

- 48% had witnessed family violence;
- 5.5% had been abused or neglected;
- 62% had difficulty in coming to terms with past events or trauma;
- 79% had social services involvement;
- 81% were without qualifications; and
- 95% had substance misuse issues.

18. It also emerged as part of the practitioner-led consultation that for children and young people with emotional and mental health difficulties such as those linked to early adverse childhood attachment and trauma, the specific presentation of their behaviours posed additional challenges. Consequently, they were identified as falling between potential service gaps: a gap between the array of diversionary activity being offered and the need for high quality assessment and potential treatment. This guidance seeks to offer advice on closing this gap in whatever form.
19. The fact that there is now a group of young people with entrenched patterns of offending and multiple complex needs suggests that they are resistant to traditional methods of intervention. With fewer young people in the system, scope exists for greater flexibility for services to provide more intensive support and intervention to those that present significant difficulty. However, individual areas now also have challenges of scale in commissioning and delivering specialist services to relatively few young people.
20. Service planners and providers are encouraged, therefore, to use innovative approaches with this group to ensure that underlying needs can be fully understood and suitably addressed. Alongside innovative solutions, from the outset robust processes for monitoring and evaluation should be in place. This will allow for vital knowledge and learning to be appropriately captured and shared.
21. One such example of innovation is a project being undertaken jointly between the Welsh Government and the YJB, testing a new enhanced case management approach in YOTs with young people with prolific offending histories. Its aims are to firstly provide YOT practitioners and managers with increased knowledge and understanding in relation to how early attachment, trauma and adverse life events can impact on a young person's ability to effectively engage in youth justice interventions. Secondly, to provide a psychology-led approach to multi-agency case formulation and intervention planning which will enable youth justice staff to tailor and sequence interventions according to developmental and mental health needs of individual young people. An evaluation assessing its effectiveness will be published in due course.

DEFINITIONS

22. Children and young people who present to services with mental health and/or behavioural problems can often attract unwelcomed or unwarranted labelling. In this regard, some broad and specific definitions relating to mental health conditions and behaviour, allied with some commonly used terms which relate to learning disability are set out within a reference schedule at **Annex 3**.

PART TWO: GUIDANCE

AIM, PRINCIPLES AND OUTCOMES

23. The overarching aim of this guidance is to achieve the key outcome set out within the *Together for Mental Health* strategy and subsequently the joint Welsh Government and YJB youth justice strategy, *Children and Young People First*, namely:

“To ensure services better meet the needs of children and young people who are at risk of entering or already in the YJS”.

The relevant outcomes from ‘*Children First, Offenders Second*’ which this guidance is aiming to achieve are:

- Children and young people are engaged in mainstream services through access to high quality prevention, treatment and support;
 - All services work in a holistic, multi-agency partnership and are accountable for meeting the needs of children and young people;
 - Children and young people are not unnecessarily brought into the YJS and are diverted into services which are accountable for and able to meet their needs;
 - The values, attitudes, knowledge and skills of practitioners enable young people to stop offending and lead crime-free lives; and
 - Children and young people make a seamless transition between a youth justice sentence and an independent, crime-free life.
24. It is important that services relate to core activities provided by lead agencies and partners who work with and help inform the lives of children and young people. These agencies include children’s social services, education and schools (including school health nurses, counsellors, educational welfare officers and psychologists), police and YOTs, anti-social behaviour co-ordinators, youth and community services, specialist services within NHS Wales, including CAMHS, paediatrics and allied provision.

UNDERPINNING PRINCIPLES

25. The promotion of positive mental health and improved mental well-being for the population as a whole, and in particular children and young people, are key components in realising the ambitions of the Welsh Government.¹³ In particular:

- addressing health and other inequalities;
- increasing levels of educational attainment and access to employment;
- tackling poverty, substance misuse, and homelessness; and
- reducing the number of young people entering the YJS

26. Governance structures responsible for overseeing the delivery of services to children and young people should apply the following principles:

- Children and young people should be viewed as such and in accordance with primary legislation and the UNCRC, their welfare is paramount. The youth justice strategy in Wales is strongly underpinned by the 'children first, offenders second' principle;
- Early intervention to 'prevent and divert' children away from the YJS should inform the daily practice of agencies tasked with the care, education and corporate supervision of children and young people;
- When the presenting behaviour and its impact on a child or a young person needs intervention, including families or primary carers is essential;
- Engagement with specialist services, specifically CAMHS, should be informed by guidance set out by the National Expert Reference Group - CAMHS, (in Wales),¹⁴ documented as a schedule at **Annex 4**;
- Public protection and safeguarding legislation and requirements apply, specifically in regard to the prevention of risks escalating and the protection of potential or future victims of whatever kind.

PURPOSE AND FUNCTION: Key Stages for Improvement

27. The overwhelming message from the practitioner-led consultation events was that service improvements were necessary with regard to identifying and responding to the needs of this cohort of children and young people. This is likely to be achieved by building on and developing existing arrangements and using the current framework of children's social services. There was no appetite to create new

¹³ Ibid 2, page 11.

¹⁴ <http://wales.gov.uk/topics/health/publications/health/guidance/camhs/?lang=en>

structures and elaborate referral pathways to deliver the required outcomes but recognition that improvement of existing arrangements was necessary: a point this guidance accepts.

28. Further, advice gathered from the consultation phase stressed the need to use existing and new psychological services to better understand and address the complexity of need in these children and young people's lives. A particular emphasis was placed on neurodevelopmental disorders which stem from early adverse life events and maladaptive child development relating to attachment and trauma. The Welsh Government has made a commitment to invest further in psychological services based on the findings of an evaluation of existing provision that will help in this regard.¹⁵

29. However, to achieve the desired impact, *each local authority and health board should review arrangements as to how children and young people who offend or at risk of offending are identified; how they are referred into services; which agency leads and who is the identified owner of any specific activity.* The local YOT's management board has a key role to play in this regard. To assist in this process it is suggested that liaison and diversionary activity within the YJS in Wales is required to take place at four distinct stages:

- Pre-arrest, prevention stage;
- Alternatives to police charging/charge stage
- The formal court/pre-post sentence process; and
- The conclusion of a statutory order and reintegration.

30. It is further suggested that the framework in which this activity is carried out is based on the professional advice set down for service planners by the CAMHS National Expert Reference Group, specifically in relation to Forensic Services at the Primary, Secondary and Tertiary support services at Tier 1-4. In this context, the guidance is clear – it states: *“Forensic mental health has been defined as an area of specialisation that involves the assessment and treatment of those who are both mentally disordered and whose behaviour has led or could lead to offending. There is an association between substance misuse, mental disorder and offending. Nowhere is this more important than in the field of adolescent forensic psychiatry”*.¹⁶ The graphic set out at **Annex 5** provides a perspective on the relationship with the clinical interface between Tiers 1-4 and the pre-arrest, charge/conviction and sentence phases set out below.

Pre-Arrest, Prevention Stage:

31. As part of the consultation process, it was generally accepted that the majority of children and young people who have contact with the YJS

¹⁵ <http://wales.gov.uk/topics/health/publications/health/reports/therapy/?lang=en> ??

¹⁶ Ibid 9: Forensic Services – pages 24-26.

will fall into the pre-arrest, prevention phase. The focus must be on diversion away from the formality of the YJS, using approaches designed to help and address behaviour rather than criminalise or label behaviour negatively or in medical terms unless clearly indicated.

32. In simple terms, this group would reflect a wide range of 'low-level' concerning behaviour which, if not addressed, is likely to escalate. This behaviour might be characterised by, (but not limited to) absence and exclusion from school, spending time away from established structures around home, being out at night and engaging in anti-social behaviour likely to lead to criminal behaviour.
33. It may also extend to confrontational behaviour with adults in a supervisory or authoritarian role or with peers. Parental conflict is likely to become more apparent allied with some elements of behaviour growing more risky. Often the behaviour is presented and highlighted by adults using language which suggests the young person is becoming increasingly problematic, oppositional, withdrawn and socially isolated from peers, distressed and in need of help. There is potential for the behaviour to continue to deteriorate and encounters with the police are likely to increase.
34. Rising concern about this type of behaviour is likely to emanate from the school or home. Such situations raise the following questions for LHBs and partners:
 - Who is best placed to respond to this 'typical' scenario?
 - To what extent are local arrangements responsive to the type of scenario presented and, therefore, the needs of the young person?
 - Are referral pathways into Primary level services established, if required?
35. Advice arising from the consultation events was that exemplar service provision should emphasise the role of teachers, school nurses and counsellors. Where they operate, Anti-Social Behaviour Co-ordinators, in identifying problematic behaviour, were viewed as being central to this first stage of liaison and diversion. They are responsible for managing the response that can include, should initial attempts not achieve positive change, the convening of a multi-agency meeting involving relevant parties. Information can then be shared, planned responses formulated, and a proportionate approach designed.
36. In addition to this approach, targeted prevention panels such as Youth Inclusion and Support Panels (YISPs) – hosted by YOTs – exist in a number of areas in Wales. YISPs aim to prevent anti-social behaviour and offending by children and young people who are considered to be at high risk of entering the youth justice system. They operate as multi-agency planning groups which offer early intervention based on assessed risk and need. Participation of young people and their parents in the development and review of individual voluntary packages of

support also emerged as vital in improving engagement with statutory agencies.

37. The role of school nurses was currently viewed as being marginal to the pre-arrest, prevention phase yet they were felt to be a critical party, given the nature, scope and likely knowledge of a young person exhibiting concerning behaviour. The *Framework for School Nursing Service in Wales*, published in 2009, provides for children and young people to have access to this provision irrespective of school attendance.¹⁷ The role of a lead school nurse, and their links with pastoral care teachers, education welfare officers and health visitors, should extend to working in partnership with other agencies and structures involved in targeted prevention services, such as the YOT and YISPs. Doing so will provide a mechanism to identify, monitor and support vulnerable young people, working collaboratively with CAMHS and other mental health services.
38. As a minimum, school nurses should be routinely alerted to those cases at the pre-arrest, prevention stage and be encouraged and required to add to the information gathering and sharing process and consulted on the options for intervention. Enhancing their contact with YOTs with specific regard to emotional and mental health screening would help extend their important contribution. The role of the Education Welfare Service was also deemed to be important, given their duties in relation to children's attendance and social functioning at school.
39. School-based counselling services were identified as having an important role, given that early and easy access to counselling can prevent mental health problems becoming more serious. Young people who fall within the pre-arrest, prevention category should at least be flagged and directed to this service provision. It is understood that counselling services are independent and there are constraints on sharing 'client-identifiable information' as published within the statutory guidance.¹⁸ However, where counselling services have been or could be involved in providing services to a young person in need, it is clearly important to ensure that this involvement is known and factored into the planning of other responses. These arrangements should be extended for young people excluded from or disaffected with school.
40. GPs were presented as being a 'catch-all' to respond to their patients needs, particularly at the pre-arrest, prevention stage. CAMHS services advised that ordinarily, GPs would refer into their services having completed an initial assessment of need; also, GPs will tend to know the whole family and have known the young person for some time and can have a key role in that early assessment and referral-on if necessary. CAMHS and Local Primary Care support services for

¹⁷ <http://wales.gov.uk/topics/health/publications/health/reports/nursing/?lang=en>

¹⁸ <http://wales.gov.uk/topics/educationandskills/schoolhome/wellbeing/schoolcounselling/?lang=en>

children will aim to offer advice and support to the GP team and keep the child at the least stigmatising level of care as is practical.

41. During this stage, when required, it is the role of mainstream CAMHS to provide liaison, consultation and support to professionals who work with children and young people who have not yet entered the YJS. Therefore, the pathways for accessing this service should be clearly defined and communicated to referring agencies. When young people are open to the YOT on targeted prevention projects/programmes, in some instances it can be appropriate to receive consultation and support from the specialist CAMHS nurse or practitioner present within the team. Specialist nurse or CAMHS practitioners are most likely to become involved in YOT prevention cases when the needs of young people are significantly complex. Where gaps arise in terms of referral continuity, this is often due to the fact that CAMHS provision is not yet universally available to YOTs. It is again stressed that in those areas without access to this provision, the LHB must find ways to ensure this provision is accessible and effective.
42. Unsurprisingly, this differential position creates disparities across Wales, most notably in ensuring that a comprehensive health assessment is conducted, that needs and risks are fully assessed, and that a young person is appropriately referred to providers of mainstream health and/or children's services, as required. This specialist role and function is clearly pivotal and highly valued: the benefits of having a mental health practitioner within a YOS cannot be overstated.

Summary of Key Delivery Elements Pre-Arrest, Prevention Phase

- The roles of school nurses, education and welfare officers, and teachers, along with anti-social behaviour co-ordinators, are an important intervention resource at this stage.
- Via GPs, CAMHS and related specialist staff such as local primary care mental health services have a role in offering general advice and support to all professionals who are in contact with this group.
- The focus should be on diversion away from the YJS and liaison with resources who can help the young person in a manner that is proportionate to need.
- There should be a single, streamlined multi-agency panel structure into which referrals are made, assessed and acted upon.
- The Youth Inclusion and Support Panels (YISPs) were universally supported by stakeholders as the most effective structure. These should be configured to reflect urban and rural considerations.
- School nurses and counsellors, education and welfare officers (specifically those located within secondary schools), should be included as part of the decision making process.

- Appropriate cases with suspected problems should be referred to local CAMHS provision by their GP or other mechanisms.
- The role of initiatives driven by the *Families First and Team Around the Family* should feature within relevant intervention plans.
- The use and presence of psychologically minded services should be enhanced.

Alternatives to Police Charging/Charge Phase:

43. At this stage, the degree of escalation and context of the behaviour is such that the Police are faced with little alternative but to make an arrest. It is highly likely – save for a small number of serious yet previously ‘unknown’ young people – that the individual is already known to a number of agencies and previous attempts at prevention and diversion have not achieved the desired effect.
44. Nevertheless, it is recognised that local arrangements will attempt all that is possible to help avoid a young person being drawn into the formal YJS. The use of out-of-court disposals through the introduction of non-criminal sanctions, such as community resolutions, needs to be continually promoted. The role of a community-based mental health assessment at this point may also feature if it appears there is a mental health issue; especially if issues are identified which can give rise to the Police seeking an alternative approach (see below). If, however, these alternative approaches are either inappropriate or unable to yield the desired outcome for the young person or the protection of the public, the formality of an arrest and subsequent charge will be necessary.
45. The reason for the offending is likely to be a symptom of an array of issues, usually complex in their presentation. Current evidence suggests that when key individual criminogenic factors which influence offending go awry – (moral and pro-social values, norms, attitudes, beliefs, allied with a loss of self-control, impulsivity, poor self-regulation, risk-taking, etc.) – the consequences are not likely to be positive.¹⁹ The manifestation of these elements will often result in offending behaviour which can no longer be tolerated.
46. With regards to loss of self-control and, specifically, behaviour that has apparent risks and poor judgement, intervention or support by mental health professionals or youth justice workers may be required. For many young people, the offending behaviour is likely to be a symptom of wider, deeper rooted problems which may include:
- An increase in impulsivity and a diminished sense of control, (which is normally imposed by parents, significant adults and positive peer influences)

¹⁹ www.yjb.gov.uk/publications/resources/.../final%20obp%20source.pdf

- Poor social functioning and attainment at school
- Unwelcomed negative peer or adult influence
- A material change to the home or living circumstances including parental separation, bereavement and loss (e.g. sibling, grandparent)
- Targeted exploitation
- The masking of self-harming behaviour
- Experimentation with illicit drugs and/or alcohol leading to dependency and loss of control
- A change in personal pathology giving rise to sudden changes in behaviour patterns.

47. When concerns with regard to a young person's emotional and mental health exist, the starting point for a YOT practitioner should be the completion of a screening tool. Subsequently, if significant concerns are identified, a comprehensive mental health assessment such as that which features within the Comprehensive Health Assessment Tool (CHAT) should be completed. This should be completed by the relevant professional with specific knowledge and skills of working with children and young people. This assessment will form the starting point to determine how best to intervene with the young person. Critically, the assessment will highlight those aspects of behaviour which are causing concern. The identified CAMHS professional linked to the YOT should either offer direct input or broker arrangements in which young people can be seen and assessed at speed.

48. A judgement will be needed as to whether a referral to a specialist service provision is required, including children's social services; especially those resources which focus on the family. The essential element of this phase of a young person's offending history is for partners to have mechanisms in place that are responsive to an assessment, to react with appropriate speed, to establish an intervention plan owned by a lead agency, and to identify those that require involvement of specialist forensic CAMHS in the community. This approach is more likely to prevent further escalation and the consequences of sustained offending. It will also form the platform on which to build a comprehensive approach to practitioner-led intervention and where necessary, treatment allied with diversion away from an actual charge/court-based sanction, possible reparation and so on.

49. Of significant importance in this type of case profile is the understanding of referral pathways and critically, thresholds. Practitioners advised that cases of this type of seriousness – on the cusp of serious escalation – were often the most complex with respect to getting engagement with tier two services. Several examples were cited describing how specialist services were setting the referral criteria in a manner which was unclear and confused. The point they were stressing is that a young person is more likely to be diverted away from the formality of the court once a coherent intervention plan is agreed.

Summary of Key Elements of the Alternative to Police Charging/Charge Phase

- When a young person has been arrested, is likely to be charged, and presents with a mental health related concern, the completion of a mental health assessment by a CAMHS specialist is essential to inform an effective intervention plan.
- Local services, referral pathways and indicative guidance on thresholds should be routinely updated and made available across agencies.
- Intervention should be predicated on de-escalating risk and, where possible, work to avoid court-based sanctions. This should extend to balancing person-centred interventions with victim reparation and related diversionary activity.
- Plans should clearly include schools-based services including nurses, education welfare officers and counsellors, if the child is still in education.
- One lead agency should be responsible for the case management.

The Formal Court/Pre and Post Sentence Process

50. It is fully recognised that despite attempts at keeping children and young people out of the YJS and specifically the formality of court proceedings, some will inevitably be required to face the consequences of their behaviour. Young people arrive at court often having exhibited many of the behavioural characteristics set out at para. 45. Some additional elements apply which often give rise to the need for a formal court appearance. These are often exemplified by:

- The presenting offence is deemed 'so serious' (as defined by the guidance set down by the Sentencing Council and the Court of Appeal)²⁰ irrespective of previous antecedents;
- Offending which has an element of aggravating features, including targeted violence, inappropriate sexualised conduct, 'volume and frequency', often linked to theft and burglary; and
- Behaviour which constitutes the breaching of any community-based sanction.

51. The age of children and young people presenting at this stage is mainly (but not exclusively) over 15 years of age.²¹ Consequently, this should define the type of response best suited to the young person when facing

²⁰ <http://sentencingcouncil.judiciary.gov.uk/sentencing-guidelines.htm>

²¹ <https://www.gov.uk/government/uploads/...data/.../yjb-stats-2011-12.pdf>

court proceedings. Not all offending behaviour indicates an underlying mental health problem. However, the range, type and scale of offending likely to be presented to a youth court will suggest whether a mental health assessment is helpful.

52. Where it becomes essential is when the presenting offence clearly indicates underlying risk(s) and causal factor(s) often associated with specific offending behaviour, including: targeted violence; inappropriate sexual and/or predatory activity including the focus on younger age-specific victims; fire-setting; behaviour where the presenting risk is likely to cause personal injury, is reckless to the safety of others and its consequences likely to result in death or serious injury (often associated with thrill seeking and may include, for example, aggravated car theft).
53. The court or more specifically sentencers who sit in judgement of cases have indicated, as part of the consultation, that at the first hearing it would be useful to be informed about how a young person might present. This could include information in relation to what intervention(s) or diversionary activity have been tried previously and the impact on the young person's behaviour. It is clear that the court would expect a mental health assessment to have been completed at the pre-court stage where relevant and appropriate: an important practice point.
54. The mental health needs assessment, arranged by the YOT with a CAMHS specialist, will help determine:
 - The extent to which the presenting behaviour is a symptom of a more complex condition and whether a full clinical assessment is required
 - cognitive function and the presence of a learning disability or difficulty (characteristics present in many young people who offend)
 - Whether formal treatment or a related mental health intervention is required
 - How best the Court might sentence (the needs assessment can help inform the pre-sentence report process), and the most effective outcome to achieve a de-escalation of the behaviour.

Remand or Sentence to Custody (Secure Care or Juvenile Detention)

55. In Wales, there are two established facilities which are permitted to detain children and young people under commissioning arrangements with the YJB. These are: Parc under-18 young offender institution (YOI) and Hillside Secure Children's Home (SCH). Arrangements for healthcare services form part of the commissioning framework. Healthcare services at Hillside SCH are delivered and overseen via the LHB. Parc under-18 YOI, which operates under private contractual arrangements, employs its own healthcare professionals to deliver core aspects of primary care. In relation to specialist CAMHS provision, this is provided through commissioning arrangements with Cwm Taf LHB.

56. If the presenting offence is so serious that a remand into an SCH or juvenile unit within a custodial establishment is made, the need to fast-track a mental health assessment and to act on its findings becomes critical. This imperative has been emphasised within the YJB's commissioned Health Needs Assessment (HNA), recently completed at Parc under-18 YOI by appointed consultants.²² This HNA stressed that all young people entering secure care should be subject to a mental health assessment and when needs are identified, a coherent care plan formulated. In relation to Hillside SCH, this encompasses specialist services such as psychiatry and psychology due to the type of need and complexity with which young people present. Prior to specialist assessments being completed, as a minimum on admission to the home, mental health screening should be undertaken.
57. The need for appropriate assessment of health needs is one of the over-arching service-related standards set out in the *Healthcare Standards for Children and Young People in Secure Settings*.²³ Published by the Royal College of Paediatrics and Child Health, these standards aim to guide and support the provision of healthcare for children and young people in secure settings. These standards do not replace policy or clinical guidelines applicable in Wales. However they should assist healthcare professionals, service planners and providers, governors/managers and regulators to help plan, deliver and quality assure healthcare towards continued improvement in outcomes.
58. It is acknowledged that CAMHS services provided within each of the two established secure facilities for children and young people in Wales are commissioned differently. Irrespective of this, given the known potential adverse effects of a period in custody for those with a mental health diagnosis, the emphasis during this stage is on a coherent care and treatment plan, led and co-ordinated by a named care coordinator. The Forensic Adolescent Consultation and Treatment Service (FACTS) is a Tier 4 national service and resource that provides advice, assessment, liaison and direct clinical services in respect of children and young people with a mental health issue and whose behaviour has led or could lead to offending. This responsibility extends to young people held in Parc under-18 YOI and Hillside SCH and can assist in determining the level and type of intervention.
59. It is suggested, therefore, that to address the needs of this group of young people, referral pathways to key services must become simplified and uncluttered. The extent to which a multi-agency approach is genuinely adopted to determine how best to respond to the presenting mental health condition of a young person will help inform effective practice. The greater the inclusion of relevant agencies, the greater the likelihood of an effective outcome.

²² Health Needs Assessment within the Secure Estate: a YJB commissioned report March 2014 (unpublished).

²³ Funded by the YJB.

60. It is accepted that at Hillside SCH in particular, services available to young people, specifically when placed from locations in England are likely to place particular additional demands on healthcare professionals, for instance during admission, providing continuity of care and resettlement. This however, should not negate or diminish efforts from Welsh based services to ensure that care and treatment continuity is provided when a young person is resident at Hillside SCH irrespective of length of stay or original home location.

Summary of the formal court/pre and post sentence process

- When a young person has been arrested, charged and is to appear before the court and presents with a mental health concern, the completion of a mental health screening pro-forma by a YOT case manager is important.
- A mental health formal assessment, if required, should be completed by a CAMHS specialist, working within the YOT, to inform an effective intervention plan.
- Intervention should normally be a multi-disciplinary approach; specific offence types should attract a fast-tracked response particularly those for young people held on secure remand.
- The availability, referral pathways and regional map of specialist service provisions should be clearly understood by practitioners.
- Courts, at the point of sentence, should expect to receive a summary of mental health needs of a young person, designed to help inform an appropriate outcome.
- One lead agency should be designated and responsible for the case management.

THE CONCLUSION OF A STATUTORY SENTENCE AND REINTEGRATION

61. Technically, when a young person's sentence ends, with it ends any formal requirement of YOTs to maintain involvement. Ideally, at this point the key emphasis should, where appropriate, be on care, support and if necessary, treatment continuity. The YJB's National Standards for Youth Justice Services set out the key practice and supervision requirements placed on YOT's and their practitioners both at the conclusion of supervision or when responsibility for a young person transfers to the Probation Supervision when the age of 18 is reached.²⁴

62. Partners should at the appropriate point, make arrangements for the necessary information to be shared or passed on. Planning for re-integration and resettlement should start at the earliest point within the sentence. Where available, young people should be encouraged to maintain contact with relevant mentoring schemes, designed to help the

²⁴ www.justice.gov.uk/.../youth-justice/national.../national-standard-services

individual access pro-social resources that can help sustain positive engagement and behaviour. The use of local and regional Reintegration and Resettlement Support Panels (RRSPs) are actively promoted by the Welsh Government allied with other case management structures.

Minimum Levels of Service Provision

63. The Welsh Government does not seek to impose a single delivery model on how each area should set about delivering services to children and young people who have contact with the YJS. There is a need however, for each area to establish as a minimum, an agreed approach. To meet the health needs of their local population (supported by the requirements of the Mental Health Measure as a basis for delivering services to young people in need) and by working within the framework set out by CAMHS, LHBs have a solid foundation on which to build.
64. The Measure places duties upon the LHB and the local authority to provide mental health services at both a primary and secondary care level. Local Primary Mental Health Support Services provide a holistic mental health assessment and, if indicated, short-term interventions for all those referred by a GP. The Measure also ensures those in receipt of secondary services have a Care Co-ordinator and Care and Treatment Plan which is recovery-based and covers a wide range of needs. It also gives the right to ask for a reassessment for those aged 15 and over who have previously received secondary care.
65. In order to deliver the minimum level of service set out below, it will be necessary to ensure sufficient numbers of appropriately skilled staff to make the service provision effective. The composition of staff teams is a matter for local determination and will be managed within existing resources.
66. In summary, to deliver the requirements of the Welsh Government's stated expectation – '*To ensure services better meet the needs of children and young people who are at risk of entering or already in the YJS*' – a minimum level of service provision should include the following:
 - Unless already established, at the targeted pre-arrest/prevention stage a single multi-agency group should be in place (for example a Youth Inclusion and Support Panel) which acts as the single point of reference for those children and young people identified as requiring some form of intervention in each area;
 - Teachers, Education Welfare Officers, School Nurses, Counsellors and, where employed, Anti-Social Behaviour Co-ordinators, are universally regarded as being the main early point of contact for those at the targeted pre-arrest/prevention stage, so areas should ensure that the role of these resources is more widely understood;

- Referral pathways should comply with the legal requirements of the Measure and the approach by CAMHS set out by the National Expert Group;
- Referral thresholds to access specialist services should be defined, published and promoted across the young people's sector. This includes referral pathways into children's social services when safeguarding requirements give rise to concern;
- CAMHS specialist and forensic youth justice nurses and clinicians were universally recognised as being central to the pathway: it is best practice to co-locate some of those sessions within youth offending services, however Welsh Government policy is clear all YOTs must have a named individual able to provide advice, support and ensure access to services for young people with mental health needs;
- Unless a child or young person is already part of the looked-after system (when social services take the lead), local partners should agree a protocol which places case management responsibility with a named practitioner;
- To develop and promote best practice, practitioner forums should be resurrected across geographical areas, led by the YOTs;
- Good practice suggests increasing the use of the CALL helpline facility and/or NHS direct when seeking access to or information about local services;
- Children and young people with mental health needs who are held in secure facilities should be able to access services according to clinical need and must not be excluded due to their location in the secure system;
- CAMHS in-reach services to secure establishments should be based on a formal memorandum of understanding or other agreement, depending on the commissioning mechanism, and delivered within a clinical governance and performance management framework;
- Whenever possible, children and young people and their families should be included in the decision making process;
- Clear local referral pathways should be in place for all levels of need, from diversionary activity through to high levels of intense treatment; and
- As part of the pathway, an area-wide, universal commitment to ensure after-care support (to promote reintegration and resettlement) and guidance should be 'designed into' supervision and care planning, and a lead agency identified.

SERVICE OUTCOMES AND EVALUATION

67. MH&CJBs and LHBs in particular will want to satisfy themselves that the allocation of resources to the range of service provision meets both legal requirements and achieves the desired effect. Currently, there are no performance measures which focus on outcomes: essential to help

future planning and to inform opinion on whether current or new arrangements are effective. The YJB and Welsh Government are preparing indicators which relate specifically to mental health and substance misuse issues. When published, these will need to be referenced and taken into account.

68. Data collection to support evaluation of services outcomes will require multi-agency participation. To measure the impact, especially in areas re-focusing provision in light of this guidance, it will be useful to ascertain a baseline of current performance data. More work is required to define this work at a national level and will be considered in a later phase of the mental health core data set project. To this end, the YJB and Welsh Government will publish and begin implementing new YOT management board guidance by March 2015. Throughout this process, we will support the YOT management board partnership to understand and develop data collection requirements and methods with a view to the management board monitoring progress against the specified outcomes for young people articulated in this guidance.

GOVERNANCE ARRANGEMENTS

69. The majority of this advice is directed at LHBs and their representatives on the management boards of YOTs. Consequently, existing governance structures should be utilised and strengthened to ensure that youth justice is sufficiently included. Responsibility for delivery of this area of policy sits with the area MH&CJPBs, already in place and who have cross-agency membership. Boards should formally include regional representation from YOTs and, where relevant, the secure establishments situated within their area. Critically this also extends to youth justice related services: local authorities including education and social care, the police, probation and the courts. MH&CJPBs should provide the overarching governance (clinical and corporate governance) of local service provision, set the pace and work within a published agreed local delivery plan which sets out common purpose. This approach should include:

- Agreement by the YOT management board to publish a new statement of purpose and delivery plan which sets out the key objectives designed to improve and develop services for this cohort of young people, by March 2015;
- Development, agreement and review of existing local practices and specifically referral protocols designed to simplify access pathways by March 2015. These can be produced by YOTs in partnership with the LHB at an operational level and approved by the MH&CJPB;
- Plans should be age-specific;
- A commitment to review and then publish clear delineation of roles and responsibilities of both services providers and wider stakeholders, designed to provide clarity of purpose, by June 2015;

- A review of how resources are deployed across YOTs which address this policy area and to explore joint-funded initiatives designed to create improved efficiencies and effectiveness by June 2015;
- Agreement by YOT management boards to a review and evaluation against mutually agreed outcome and process measures and a requirement to produce a local annual report to the National Mental Health Partnership Board, documenting achievements and where necessary, barriers to progress; and
- A commitment for local areas to host a practice-based event designed to promote exemplar services and to demonstrate where achievements have been made.

Key Legislation:

The Children Act 2004

The Children Act 2004 makes provision about services provided to and for children and young people by local authorities and other bodies, and requires that they work together in improving the well-being of children in the local area. It enables local authorities and its statutory partners to pool their budgets and non-financial resources.

The Welsh Government has adopted the UN Convention as the foundation for all its dealings with children and young people, and local authorities and their relevant partners should have regard to its principles in providing services (sec 2.11). Strategic partnerships (known as children and young people partnerships) have been in place since 2002 and have been on a statutory footing since the above legislation in 2004. Local authorities and key partner agencies are required in law to cooperate to improve the well-being of children and young people in the local area. The Children Act 2004 placed a duty on every local authority in Wales to appoint a lead director and lead member for children and young people's services.

Local health boards have to designate lead officers, and lead members of NHS Trusts designate lead executive and non-executive directors with responsibilities mirroring those of the local authority lead director. Each of the 22 Children and Young People Partnerships are required to produce a children and young people's plan setting out "how the well-being of children and young people will be improved". These plans are based on the Welsh Government's 7 Core Aims which are a direct translation of the UNCRC.

- A flying start in life: Articles 3, 29, 36.
- A comprehensive range of education and learning opportunities: Articles 23, 28, 29, 32.
- Enjoy the best possible health and freedom from abuse, victimisation and exploitation: Articles 6, 18-20, 24, 26-29, 32-35, 37 and 40.
- Access to play, leisure, sporting and cultural activities: Articles 15, 20, 29, 31.
- Be listened to, treated with respect and have their race and cultural identity recognised: Articles 2, 7, 8, 12-17, 20.
- Have a safe home and community which supports physical and emotional well-being: Articles 19, 20, 25, 27, 32-35, 37 and 40.
- Are not disadvantaged by poverty: Articles 6, 26, 7, 28.

Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure 2010 (the Measure) has the same legal status in Wales as a UK Act of Parliament. It makes provision regarding primary mental health support services; the coordination of and planning for secondary mental health services; assessments of the needs of former users

of secondary mental health services; independent advocacy for persons detained under the Mental Health Act 1983 and other persons who are receiving in-patient hospital treatment for mental health; and for connected purposes. The Measure was passed by the National Assembly for Wales on 2 November 2010 and was approved by Her Majesty in Council on 15 December 2010. The Measure will ensure appropriate care is in place across Wales which focuses on people's mental health needs.

It places new legal duties on Local Health Boards and local authorities about the assessment and treatment of mental health problems. The Measure also improves access to independent mental health advocacy for people with mental health problems.

The Measure has four main Parts:

- Part 1 of the Measure will ensure more mental health services are available within primary care.
- Part 2 makes sure all patients in secondary services have a Care and Treatment Plan.
- Part 3 enables all adults discharged from secondary services to refer themselves back to those services.
- Part 4 supports every in-patient to have help from an independent mental health advocate if wanted.

Social Services and Well-being (Wales) Act

The Social Services and Well-being (Wales) Act received Royal Assent and became law on 1 May 2014.

It now provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. The largest and most complex piece of legislation considered by the National Assembly to date, the Act will completely change the Welsh social care landscape. The Act will, for example:

- Strengthen powers for the safeguarding of children and adults, so that vulnerable people at risk can be protected more effectively;
- Ensure people are assessed on what they need, rather than just on what services are available locally;
- Introduce portable assessments, which means if people move from one part of Wales to another they will not need to worry about whether they will receive services in their new area;
- Facilitate an increased take up of direct payments to meet people's care and support needs, meaning people will have more control over how these needs are met;
- Introduce a National Outcomes Framework to set out very clearly what children and adults can expect from social services, to measure achievements and see where improvements are needed;

- Introduce equivalent rights for carers so that people who care for someone such as an elderly or disabled relative or friend would get similar rights to the people they care for; and
- Establish a National Adoption Service to improve the outcomes of children in need of a permanent family.

The Act will promote equality, improve the quality of services and enhance the provision of information people receive. It will also encourage a renewed focus on prevention and early intervention.

The Care Standards Act 2000

In November 1998 and March 1999, the Government published two White Papers on its proposals for social services in England and Wales. Detailed proposals for the regulation of private and voluntary healthcare in England and for the regulation and inspection of social care and healthcare services in Wales were set out in consultation documents issued in 1999. The Government's proposals for the regulation of early years education and day care were set out in a consultation document issued in 1998. The recommendations and proposals for the Children's Commissioner for Wales were set out in Sir Ronald Waterhouse's Report *Lost in Care*, and in the report of the Health and Social Services Committee of the National Assembly for Wales on a Children's Commissioner. This Act implements the main proposals in the following documents:

- *Modernising Social Services* (Cm 4169), published in November 1998
- *Building for the Future* (Cm 4051), published in March 1999
- *Regulating Private and Voluntary Healthcare: A Consultation Document*, published in England in June 1999
- *Regulation and Inspection of Social and Health Care Services in Wales – A Commission for Care Standards in Wales*, published in July 1999
- *Regulating Private and Voluntary Healthcare in Wales*, published in August 1999
- *The Regulation of Early Years Education and Day Care*, published in March 1998
- *Review of the Regulation of Early Years Education and Day Care in Wales*, published in August 1998
- *Lost in care – The Report of the Tribunal of Inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974*, published in February 2000 (HC 201; ISBN 0-10-556660-8).

In summary, this Act:

- establishes an independent regulatory body for social care and private and voluntary healthcare services ("care services") in England to be known as the National Care Standards Commission;

- provides for an arm of the National Assembly for Wales to be the regulatory body for such services in Wales;
- establishes new, independent Councils to register social care workers, set standards in social care work and regulate the education and training of social workers in England and Wales;
- establishes an office of the Children's Commissioner for Wales;
- reforms the regulation of child-minder's and day care provision for young children;
- provides for the Secretary of State to maintain a list of individuals who are considered unsuitable to work with vulnerable adults and children.

Welsh Government/Youth Justice Board Youth Justice Strategy for Wales: 'Children and Young People First'

This joint strategy brings together the Welsh Government and Youth Justice Board's vision and commitment to improve services for children and young people from Wales at risk of becoming involved in, or who are in, the youth justice system. It provides the Welsh Government, Youth Justice Board and those delivering youth justice services with a coherent framework through which the prevention of offending and reoffending by children and young people can be achieved. It builds on the approach and achievements delivered under the All Wales Youth Offending Strategy 2004, and its subsequent Delivery Plan 2009.

The Strategy's focus is on delivering improved support and partnership working for young people and children within the youth justice system, by preventing first-time entrants and ensuring the effective reintegration and resettlement of young people from Wales following a community or custodial sentence.

<http://wales.gov.uk/docs/dsjlg/publications/commsafety/140710-youth-justice-strategy-en.pdf>

<http://wales.gov.uk/docs/dsjlg/publications/commsafety/140710-yjs-young-persons-version-en.pdf>

NICE Guidance

QS31 Quality standard for the health and well-being of looked-after children and young people

<http://publications.nice.org.uk/quality-standard-for-the-health-and-wellbeing-of-looked-after-children-and-young-people-qs31#overview>

The Crown Prosecution Service:

Guidance and Principles Which Govern the Sentencing of Children and Young People, Having Regard to Overarching Legislation and Mental Capacity

http://www.cps.gov.uk/legal/v_to_z/youth_offenders/#a01

ANNEX 2

Brief descriptions of prevention and diversion programmes

Programme	Brief description	Category
Other Education	General education offered by youth offending teams and their partners to young people that informs and warns about the dangers of crime and becoming involved in the criminal justice system. Can work themed around offence types and interventions that engage through the use of constructive leisure activities.	General Education
Schools	School-based work which encompasses a wider family approach and focuses on restorative approaches; generally delivered by YOTs. Can also include school-based youth workers and other partners e.g. youth services and Police - primarily through the All Wales School Liaison Programme.	
Operation Staysafe	Joint project with South Wales Police which aims to reduce anti-social behaviour, safeguard children, reduce FTEs, develop a vibrant and safe night-time economy, assist people to feel safe in their communities, reduce damaging alcohol consumption and behaviour.	Geographically Focused
SPLASH	Constructive activities delivered through school holidays by YOTs and partners in areas identified as high crime/deprivation. Can include various activities including arts and crafts, outdoor activities and structured learning.	
Acceptable Behaviour Contract	Young people identified as anti-social by Police and Community Safety Partnership (CSP) and an assessment is carried out. Young person attends session run by YOT Police officer where conditions of an acceptable behaviour contract (ABC) are explained. Intervention offered to young person and often family to reduce risk of reoffending. Restorative interventions are also undertaken.	Targeted Multi-Agency
ASB Referral & Intervention	Working with young people and their families to address the causes of anti-social behaviour and to re-integrate young people into their community in a more positive manner. Tiered approach to avoid use of ABC's and ASBOs.	
Family Group Conferencing	Family Group Conferencing/Family Conflict Resolution are structured processes using the ethos of mediation. Principles include: independence; impartiality; confidentiality; voluntary/consent led. Can take place in family home or agreed neutral location and includes assessments to include issues/thoughts/feelings. Achieved via group and face-to-face work.	
Integrated Offender Management	Integrated Offender Management encompasses a variety of approaches which focus on not just the young person, but the wider family members/influences. An example of this would be family 'mapping' where potential risks or vulnerabilities are identified and interventions put in place to prevent escalation. This allows referral to targeted prevention services.	
Parenting	A variety of programmes to offer parents/carers support to deal with a young person's behaviour which can lead to crime or vulnerability issues. These could include direct/intensive interventions with parents, drop-in services, and group work.	
Team Around Family/Child	An approach which aims to hold the family at the core and aims to identify and tackle identified problems via intensive, multi-agency involvement. Assessments and interventions are planned and carried out over an identified period of time and are usually intense in their approach.	

Yellow Card	As with ABCs, yellow cards offer an approach away from the justice system and enable Police to deal with young people on the spot. As with other programmes, identified offences or anti-social behaviour must be low level and requires the young person to identify/buy into their behaviour and subsequent warning. (In health a yellow card used to notify medication side effects to the MHRA)	
YISP/YIP	Youth Inclusion and Support Panels are multi-agency planning groups that seek to prevent offending and anti-social behaviour by offering voluntary support services to high risk young people (usually 8 to 13 year-olds) and their families.	
Bureau	A multi-agency process to divert young people away from entering the youth justice system. This process engages key stakeholders (children, parents, victims and other agencies) and, utilising intelligence-led assessments, provides appropriate non-criminalising services designed to reduce reoffending and promote pro-social behaviour.	Pre-Court Diversion: Panel
Triage	Triage is a term to describe assessing need and managing/intervening at the right level. In this context it works with young people who are arrested for cautionable offences but bailed pending a referral for a Youth Restorative Disposal. Work is also undertaken with the victims to enable them to participate in the restorative process.	
Community Resolutions (YRD)	Community Resolutions (formerly Youth Restorative Disposals) are open to young people with no previous involvement in the youth justice system and/or who commit low-level offences and admit guilt. They agree to engage in the restorative justice process and receive an assessment. Intervention could be face-to-face, group work, letters to victims, community reparation.	Pre-Court Diversion: On the spot
Restorative Justice Diversion	A quick and proportionate response to low-level offending which allows the victim to have a say in how the offence is resolved. Using restorative justice techniques, the young person has to face up to the impact of their offence, offer an apology and examine why the offence took place. Where identified, a plan is developed to tackle and make good the offence.	

Schedule of Definitions of Mental Health and Illness and Related Conditions:

<http://www.mind.org.uk/information-support/legal-rights/mental-health-act-the-mind-guide/>

<https://www.nacro.org.uk/data/files/nacro-2006071402-104.pdf>

<http://www.justice.gov.uk/youth-justice/health/mental-health>

<http://www.wales.nhs.uk/sitesplus/888/page/67512>

National Expert Reference Group – CAMHS (in Wales)

Principles of All Services

The following principles apply to all elements of service described in this document. Services should:

- Be child and family centred, acknowledging and valuing the family and the contribution they bring, however the family is constructed.
- Work to engage and empower families to enable them to use their own resources as part of the solution.
- Work in partnership with other agencies and disciplines in health, social and education services and criminal justice and voluntary agencies to encourage discussion prior to referral to ensure our service can provide appropriate interventions for children and families.
- Promote early and easy access to provide specialist assessment and intervention as early as possible.
- Be culturally sensitive.
- Be safe, ensuring safeguarding of young people is paramount and all staff are appropriately recruited and trained.
- Deliver services within the legal frameworks relating to young people such as The Children Act (1989 and 2004), The Mental Health Act 1983, The Mental Health (Wales) Measure 2010, The Rights of Children & Young Persons (Wales) Measure 2011, and human rights legislation.
- Deliver services in accordance with the Welsh Language (Wales) Measure 2011, with bilingual (Welsh and English) services available, including interventions delivered through the medium of Welsh.
- Enable workforce planning to ensure the provision of training opportunities for a skilled and knowledgeable workforce to meet the needs of all service users in Wales, including their Welsh language needs.
- Be accessible and delivered to children according to need. If necessary specific arrangements regarding access should be made for children in special circumstances who are often excluded from traditional models of care. These include looked-after children, children with learning and sensory disabilities, children in the youth justice system, children misusing substances etc.
- Have a team comprising adequate numbers of staff that are trained in and can deliver evidenced-based, effective therapies to meet the needs of all children.
- Promote positive health and avoid unnecessary stigmatisation or labelling.

- Involve children and young people and their carers in our planning, delivery and development of services.
 - Have strong governance structures that ensure ongoing staff development, supervision, compliance with NICE guidelines and other national performance measures.
 - Have robust transition arrangements between services across the age range, utilising the necessary services from both CAMHS and Adult Services as appropriate. (See Annex 5 for suggested model. This builds on the proposals previously provided by the Welsh Government on 14 December 2011 for a joint approach to the provision of specialist mental health services for 16 and 17 year-olds).
 - Have robust information sharing arrangements between services across agencies that ensure risk and safeguarding issues are foremost.
 - Promote well-being, recovery and resilience.
 - Be fluid and flexible, provide support at the right level and ensure continuity between different services and tiers of service.
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Tiers of CAMHS Service Provision

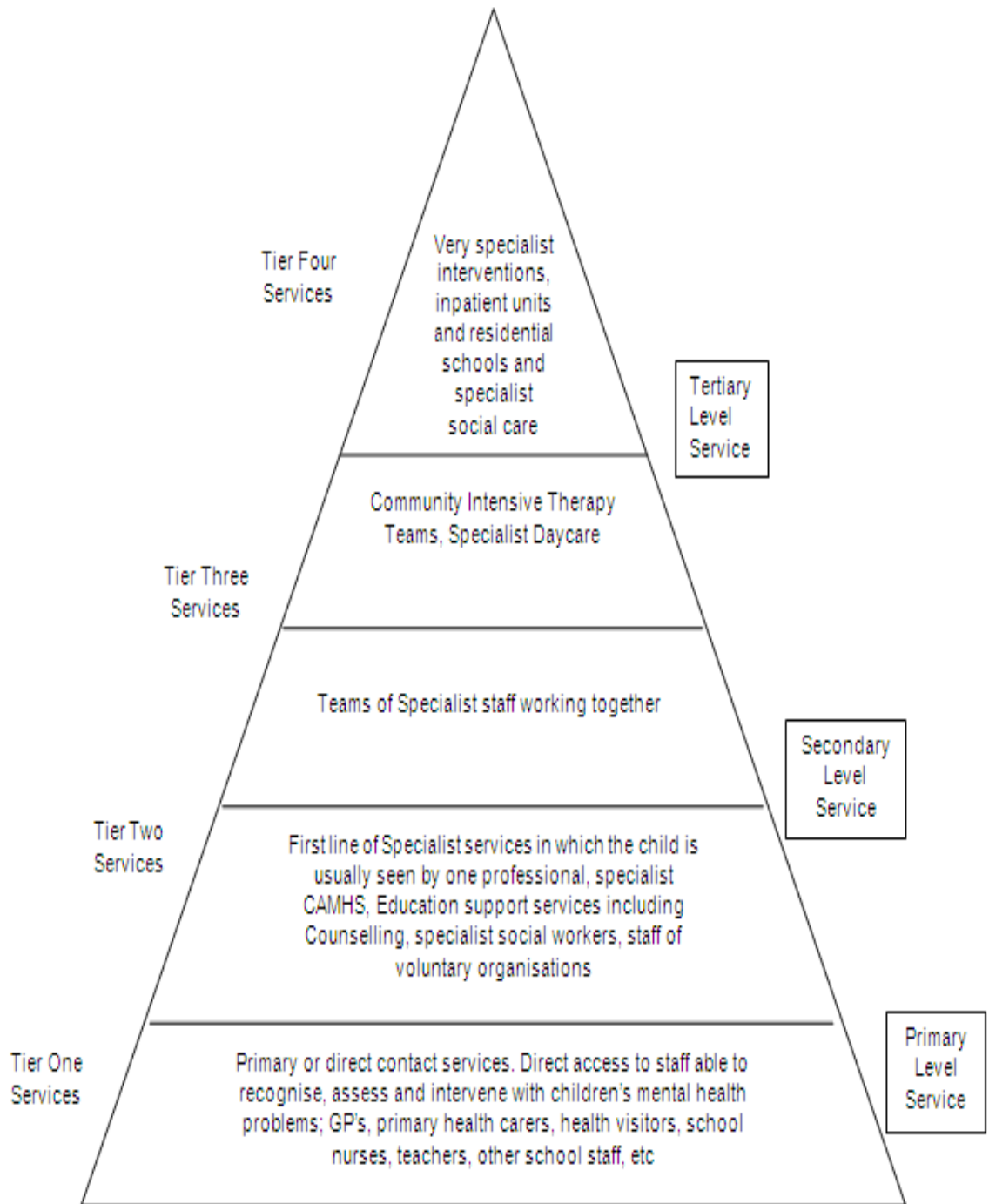


Figure 1 – A tiered framework for Child and Adolescent Mental Health Services. The left column refers to ‘tiers’ as traditionally defined for CAMHS.