Quality Network for Community Eating Disorder Services for Children and Young People

(QNCC-ED)

Service Standards

1st Edition

Editor: Jasmine Halvey

Contents

Introduction

The Quality Network for Community for Eating Disorder Services for Children and Young People supports the development of dedicated Community Eating Disorder services which enable all children, young people and their families to access timely and appropriate treatment for their Eating Disorder.

The standards comprise QNCC standards and Eating Disorder specific standards which help provide guidance for services who already have an established Community Eating disorder team or those who have recently developed their dedicated team. The standards have been developed through a review of current guidance and consultation with an advisory group with special expertise and interest in this field. The advisory group attended two consultation meetings and made proposals to subsequent drafts with the final document incorporating their feedback.

This document will help you get a sense of how the standards are constructed and what we encourage services to work towards. If you are interested in your service becoming part of QNCC-ED and being reviewed against these standards, please contact one of the team by email (qncc-ed@rcpsych.ac.uk).

How to read the standards

The standards are arranged in sections which follow the care pathway of children and young people who access Community Eating Disorder Services. The sections are as follows:

01	Referral and access
02	Assessment and care planning
03	Care and intervention
04	Information, consent and confidentiality
05	Rights and safeguarding
06	Transfer of care
07	Multi-agency working
08	Staffing and training
09	Location, environment and facilities
10	Commissioning

Many, if not all, Community Eating Disorder Services will use these standards. Services may work in a clinic base or through schools, GP practices, other community settings and in clients' homes. Therefore, while these standards are designed to be as inclusive as possible, it may be that particular standards are not applicable for some services. Due to the variety of service models it is not feasible to give an exhaustive list of possible exceptions. If you have any queries about whether a particular standard applies to your service or not, please contact the project team (qncc-ed@rcpsych.ac.uk).

Terminology

Throughout this document, "children and young people" is used to describe all age groups of service users who access Community Eating disorder services. We have also used "parents/carers" to identify and acknowledge those who hold parental responsibility but who may not be the biological parent. For more guidance on terminology, please see the glossary at the end of the document.

Grading

A grade for each criterion is shown in brackets in the left-hand column. The standards are graded as follows:

(1) Essential: These are standards that are critical to care. Failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law
(2) Expected: These are standards that a CAMHS team providing a good service would be expected to meet
(3) Desirable: These are standards that an excellent team should meet or standards that are not the direct responsibility of the team

Links to existing policy and guidance

The standards have been mapped so that, wherever a criterion may justifiably be seen as contributing towards compliance with other guidance, this is clearly highlighted. Meeting a QNCC-ED criterion should not be taken as an automatic indication of compliance with the corresponding mapping source stated.

These mapping references are shown in the right-hand column of the standards. The abbreviations for the mapping sources used throughout the standards are as follows:

AWT standard	Access and Waiting Time Standard for Children and Young People with an Eating Disorder, Commissioning guide. NHS England (2015)
Core standards	Standards for Community-Based Mental Health Services. Royal College of Psychiatrists (2016)
QNCC	Quality Network for Community CAMHS

Important Note

Data collection tools adapted from these standards will be provided with guidance notes to QNCC-ED members before reviews take place. This document is provided for reference and not for data collection.

These are best practice statements and consequently we would not expect services to meet every standard. While there are some statements that are based upon legal requirements, this document is not intended to act as a legal guide in any way. This is not intended to be a guide to any reviews conducted by regulatory bodies.

If you have any questions about these standards, please contact us:
Peter Thompson, Senior Programme Manager
Telephone: 020 3701 2662
Email: qncc-ed@rcpsych.ac.uk

Section 1: Referral and Access

Number	Type	Standard	Link
1.1.1	2	The CEDS provides risk assessment tools, consultation, advice and training to all frontline referring services	QNCC 1.1.1
1.1.2	2	Staff provide young people and their parents/carers with written information about the service prior to or during their first appointment *Guidance: This might include the distribution of leaflets and web addresses to referrers and linked services*	QNCC 1.2.1 AWT standard (31)
1.1.3	1	Clear information is made available, in paper and/or electronic format, to young people, parent/carers and healthcare practitioners on: • A simple description of the service and its purpose; • Clear referral criteria; • How to make a referral, including self-referral if the service allows; • Clear clinical pathways describing access and discharge; • Main interventions and treatments available; • Contact details for the service, including emergency and out of hours details	QNCC 1.1.2 AWT standard (26/28/56/96) Core 1.3
1.1.4	2	There are documented, up-to-date referral pathways into CEDS via self-referral and a range of local services including Generic CAMHS, Paediatric service, schools, and GPs *Guidance: The most common route is directly from the GP or through self-referral but in some instances, the differentiation of an eating disorder from physical or other mental health problems may be difficult in a primary care setting or may develop subsequent to other mental health problems and initial referral will be made to other relevant services. Subsequently, if an eating disorder is considered likely, or becomes more evident over time, the relevant team is required to make contact with the CEDS as soon as the possibility of an eating disorder is raised and the same criteria for an urgent response should apply*	AWT standard (28/56/96)
1.1.5	2	The service screens all referrals within 24 hours of receipt	AWT standard (30)
1.1.6	2	Where referrals are made through a single point of access, e.g. triage, these are passed on to the community eating disorder team within one working day	QNCC 1.1.3 Core 1.5
1.1.7	1	Outcomes of referrals are fed back to the referrer, young person and parents/carers (with the young person's consent). If a referral is not accepted,	QNCC 1.1.5

		the team advises the referrer, young person and parents/carers on alternative options	
1.2		**Young people and their parents/carers can access CEDS easily and according to their need**	
1.2.1	2	Appointments are flexible and responsive to the needs and preferences of young people and their parents/carers, subject to availability *Guidance: For example, young people and their parents/carers can choose a suitable appointment time and appointments can be offered out of school or college hours; home-based or school-based treatments are offered where appropriate*	QNCC 1.3.1
1.2.2	1	The service has a DNA policy or procedure, which must include a risk assessment process that staff are pro-active in following up when young people and their parents/carers do not attend initial assessments and appointments and data on missed appointments are reviewed monthly. This is done at a service level to identify where engagement difficulties may exist *Guidance: For example, missed appointments are followed up with a telephone call in the first instance and referrers are notified if the young person cannot be contacted. This will include monitoring a young person's non-attendance at the initial appointment after referral and early disengagement from the service*	QNCC 1.3.2 Core 6.2/6.3
1.2.3	2	The service actively identifies where difficulties exist for particular groups to access the service and implements and monitors strategies to address these difficulties *Guidance: Depending on the locality this may include strategies to address the needs of black and minority ethnic and newly arrived groups; young people with bulimia or other eating disorders who may be unlikely to seek out support; young people on the autistic spectrum and with multiple health conditions; school non-attendees and young people in transition such as asylum seekers, travellers, and those without secure accommodation*	QNCC 1.4.4 Core 1.1/6.2/6.3
1.3		**CEDS have systems in place to monitor access and referral**	
1.3.1	2	The number and characteristics of referrals to the service are monitored and data is entered in to the Mental Health Services Dataset (MHSDS). Data will include at a minimum the age, gender, ethnicity and source of referrals *Guidance: 'Protected characteristics' under the Equality Act 2010 are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation*	Core (1.1)
1.3.2	2	There are systems in place to monitor referral to treatment times and ensure adherence to local and national waiting times standards *Guidance: There is accurate and accessible information for everyone on waiting times from referral to start of evidence based/NICE concordant*	AWT standard (77) Core 2.1

		treatment		

Section 2: Assessment and Care Planning

Number	Type	Standard	Link
2.1		**Young people receive timely mental health assessments**	
2.1.1	2	Young people with a routine referral receive a mental health assessment within 15 days with a view of starting a NICE concordant treatment within 4 weeks in line with Eating Disorder referral to treatment (RTT) standard	QNCC 2.1.1 AWT standard (24/31)
2.1.2	1	Young people with urgent mental health needs receive a mental health assessment within 1 week (in line with the Eating disorder RTT standard)	AWT standard (24)
2.1.3	1	Young people with emergency mental health needs receive a mental health assessment within 24 hours (in line with Eating Disorder RTT standard)	AWT standard (30)
2.1.4	2	The team provides young people with information about expected waiting times for assessment and treatment *Guidance: Young people on a waiting list are provided with updates of any changes to their appointment, as well as details of how they can access further support while waiting*	Core 2.2
2.2		**Assessments are effectively co-ordinated with other agencies so that young people and their parents/carers are not repeatedly asked to give the same information**	
2.2.1	2	There is a clear identification of whether young people or parents/carers are involved with or have access to other agencies	QNCC 2.2.1
2.2.2	3	The assessing professional can easily access notes (past and current) about the young person from primary and secondary care and other relevant agencies	QNCC 2.2.2 Core 3.4
2.2.3	1	If additional information or liaison with other professionals is required, the assessing practitioner ensures that permission to access this is first sought from the young person or parents/carers as appropriate	QNCC 3.3.1/7.2.3
2.3		**CEDS offers a comprehensive and holistic assessment of physical and mental health needs**	
2.3.1	2	For planned assessments the team sends letters in advance to young people that include: • The name and designation of the professional they will see; • An explanation of the assessment process; • Information on who can accompany them; • How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting	QNCC 2.4.7 Core 3.1

		there	
2.3.2	2	Staff check that when talking to young people and their parents/carers health professionals communicate clearly, avoiding the use of jargon so that the young person and their parents/carers understand the purpose of the assessment and possible outcomes as fully as possible before it is conducted *Guidance: For example, this is specified on an assessment checklist and audited through service questionnaires for young people and parents/carers*	QNCC 2.4.6/2.4.7 Core 17.5
2.3.3	1	During assessment, there is a whole team approach to assessing capacity and young people's and parents/carers views, wishes, and feelings are actively sought and recorded by the assessing practitioner, as far as possible with regards to capacity. Decisions recorded will include the views of young people *Guidance: Wherever possible with regards to age and ability, the assessing practitioner ensures that no decision is made about a young person without their full involvement. This includes initial contact and ongoing assessment appointments*	QNCC 2.4.9/ 2.4.10 Core 8.1.2
2.3.4	1	Attempts are made to actively seek the opinions of all those with parental responsibility especially when it is known that there is a difference in opinion	Additional standard
2.3.5	2	A physical health review takes place as part of the initial assessment using a standardised protocol. The review includes but is not limited to: • Details of past medical history; • Information about prematurity, and previous growth information, including growth centiles; • Details of weight parameters (%median BMI for age, weight change); cardiovascular status (heart rate, blood pressure, hydration, circulation); routine bloods and ECG in the context of medical instability; other (muscle strength, neurological symptoms) • Current physical health medication, including side effects and compliance with medication regime; • Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use	QNCC 2.3.5 AWT standard (31) Core (4.4)
2.3.6	1	The CEDS take responsibility for management of the eating disorder but liaise with, or refer to a physician if the initial assessment identifies co-existing physical conditions that increase risk (e.g. diabetes, pregnancy) and this communication is recorded	AWT standard (29) Core 9.1.1
2.3.7	2	Young people and parents/carers are provided with verbal feedback on the outcome of their assessment at the session	QNCC 2.4.11
2.3.8	2	Written feedback detailing the outcomes of the assessment is provided to young people, parents/carers, the referrer, GP and other relevant services within 10 working days	QNCC 2.4.12 Core 5.2

		Guidance: To include medical information in communications including information about weight and height	
2.3.9	1	Where paediatric care and mental health are in different trusts there is a process for effective information sharing within information governance guideline	AWT standard (34)
2.3.10	1	Where an emergency assessment has been undertaken, written correspondence with details of assessment outcomes and plan should be provided within 24 hours	Additional standard
2.4		**Assessments are individual and take into account preferences and need**	
2.4.1		**Case notes show evidence that assessments include consideration of:**	
2.4.1a	1	The young person's abilities and strengths as well as their difficulties	QNCC 2.5.1d Core 4.3
2.4.1b	1	The young person's preferences for who is involved in the assessment is considered and this is recorded	Additional standard
2.4.1c	1	The young person's family and community needs and context	QNCC 2.5.1c
2.4.1d	1	The involvement of siblings and other family members in assessment and treatment is considered and recorded	Core 15.1
2.4.1e	1	If the outcome of the assessment is an offer of treatment/intervention, goals are agreed in collaboration with young people and their parents/carers and are written down and scored using appropriate goal tracking measures. For example, Goal Based Outcomes to form a baseline measure of goal progress at assessment	QNCC 2.5.1g/2.6.1
2.5		**Case notes show evidence that plans for intervention involve consideration of:**	
2.5.1a	2	The evidence base for the effectiveness and side effects of treatments	QNCC 2.5.1a
2.5.1b	2	The young person's level of functioning and communication needs	QNCC 2.5.1f
2.5.1c	2	The holistic needs of the young person, including social, physical, emotional, educational, cultural and spiritual needs and context	QNCC 2.5.1b Core 4.3
2.5.1d	2	The wishes and goals of the family and their capacity to support interventions	QNCC 2.5.1g Core 15.1
2.5.1e	2	The capacity and willingness of other agencies to support the intervention *Guidance: Staff may need to talk to schools, voluntary services and social*	QNCC 2.5.1h

		services to establish their ability to support the intervention	
2.6		**Young people have care plans which are regularly updated and shared with relevant parties**	
2.6.1	1	Every young person has a written care plan, reflecting their individual needs and preferences Guidance: This clearly outlines: • Agreed intervention strategies for physical and mental health; • Measurable goals and outcomes and baseline score of goal progress; • Strategies for self-management; • Any advance directives or stated wishes that the young person has made (if the young person is 18 or over); or Gillick competence; • Crisis and contingency plans; • Review dates and discharge framework	QNCC 2.6.1 Core 7.4/13.3
2.6.2	1	The team reviews and updates care plans according to clinical need or at a minimum frequency that complies with College Centre for Quality Improvement specialist standards *Guidance: In line with the AWT standard, the care plan will be reviewed at 4 weeks and at least every 3 months thereafter*	QNCC 2.6.2 Core 7.6
2.6.3	1	A formal risk assessment review is carried out on referral to the service and reviewed every 6 weeks at a minimum and on discharge *Guidance: Risk assessments and management plans are updated according to clinical need or at a minimum frequency that complies with national standards, e.g. College Centre for Quality Improvement specialist standards or those of other professional bodies*	QNCC 2.6.3 AWT standard (24/30) Core 7.2
2.6.4	1	Young people have a risk assessment that is shared with relevant agencies (with consideration of confidentiality) and includes a comprehensive assessment of: • Risk to self; • Risk to others; • Risk from others.	Core 4.5
2.6.5	1	The team discusses the purpose and outcome of the risk assessment with each young person and a management plan is formulated jointly	Core 4.6
2.7		**Care plans are collaborative and comprehensive, according to individual need**	
2.7.1	1	The practitioner develops the care plan collaboratively with the young person and their parents/carers (depending on age and capacity)	QNCC 2.7.1 Core 7.5
2.7.2	1	Young people and their parents/carers (with young person consent) are offered a copy of the care plan and the opportunity to review this *Guidance: Clinicians to take specific communication needs in to account*	QNCC 2.6.7 Core 7.7
2.7.3	2	Wherever an element of intervention detailed in the care plan does not take place, reasons for this are recorded in the case notes and discussed with the young person and their parents/carers	QNCC 2.7.2 AWT standard (39)

Section 3: Care and Intervention

Number	Type	Standard	Link
3.1		**The service offers a range of evidence based interventions taking into account individual and family needs and preferences**	
3.1.1	1	Young people are offered evidence based pharmacological and psychological interventions and any exceptions are documented in the case notes *Guidance: The number, type and frequency of psychological interventions offered are informed by the evidence base*	QNCC 3.1.2 Core 8.1.1
3.1.2	1	When medication is prescribed, specific treatment targets are set for the young person, the risks and benefits are reviewed in line with NICE guidance for psychotropic medication monitoring, a timescale for response is set and young person consent is recorded	QNCC 3.1.6 Core 8.2.1
3.1.3	1	Young people have their medications reviewed at a frequency according to the evidence base and clinical need. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime *Guidance: Side effect monitoring tools can be used to support reviews. Long-term medication is reviewed by the prescribing clinician at least once a year as a minimum*	Core 8.2.3
3.1.4	1	The safe use of high risk medication is audited, at least annually and at a service level *Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines*	Core 8.2.4
3.1.5	1	Young people can access support that is appropriate to any developmental needs, disabilities or needs additional to their mental health needs, taking into account family context *Guidance: When a young person has a co-occurring disability or long-term condition (such as a learning disability, an autism spectrum disorder or a sensory impairment)*	QNCC 3.1.11
3.1.6	1	Protocols for collaborative mental health and paediatric/medical care are in place for the young person requiring acute medical stabilisation *Guidance: Junior MARSIPAN outlines suggested parameters for admission and other aspects of acute care and a refeeding protocol to guide initial management of medical risk*	AWT standard (57)

3.1.7	1	For young people at high risk for refeeding syndrome, there is a suitable environment identified for monitoring and treating complications of refeeding	Additional standard
3.1.8	1	Growth, pubertal and bone density monitoring is offered to young people at risk of long term complications of their eating disorder and if action is required, there is a formalised way of following this up	Additional standard
3.1.9	1	The needs of parents/carers are assessed and appropriate NICE concordant support and skills training offered as needed	QNCC 3.1.2
3.1.10	1	The service has a protocol for review of treatment response and change in treatment approach or alternatives offered if no response	Additional standard
3.2		**Young people receive prompt care and evidence based intervention**	
3.2.1	2	NICE concordant treatment is received from a designated healthcare professional within 4 weeks for routine referrals	AWT standard (9)
3.2.2	1	Young people and their parents/carers are provided with information about the evidence base, risks, benefits and side effects of intervention options and of non-intervention *Guidance: For example, staff provide young people and their parents/carers with NICE/Cochrane guidelines about the treatment for particular conditions*	QNCC 3.4.3
3.3		**Staff provide support and guidance to enable young people and their parents/carers to help themselves**	
3.3.1	2	The team provides information, signposting and encouragement to young people to access local organisations for structured activities such as work and education and peer support and social engagement such as: • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges	QNCC 3.3.3 Core 8.1.7
3.3.2	1	The team gives targeted lifestyle advice to young people which includes smoking cessation advice	Core 9.1.2
3.3.3	2	Health care professionals ensure that, in line with a family based approach, parents/carers are included in any dietary education or meal planning of young people with eating disorders where appropriate and are offered appropriate support *Guidance: Support for parents/carers may be part of whole family FT-AN sessions, separate sessions for parents/carers, MFT-AN sessions or skills development groups*	AWT standard (24)

3.3.4	2	Parents/carers are guided in a combination of self-help approaches where appropriate to help them support themselves and their child *Guidance: This may include online literature and forums or parent/carer support groups*	QNCC 3.3.2
3.4		**Young people and parents/carers experience collaborative and consistent care**	
3.4.1	1	All young people have a documented diagnosis if appropriate and a clinical formulation *Guidance: The formulation includes the presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate*	QNCC 3.4.2 Core 5.1
3.4.2	1	Treatment for common comorbid problems is available within CEDS	AWT standard (21)
3.4.3	1	Paediatric care for both acute and chronic aspects of routine CEDS management include liaison with paediatric specialities and community services as needed	AWT standard (57)
3.4.4	1	CEDS liaise with other appropriate clinicians to meet any mental and physical health needs identified within the young person's family *Guidance: For example, with CAMHS and GPs*	QNCC 3.3.1 AWT standard (57)
3.4.5	1	Young people and parents/carers are offered written and verbal information about the young person's difficulties *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group*	QNCC 3.4.1 AWT standard 8.1.6
3.4.6	1	All young people have a named member of staff who co-ordinates their care and is named in the young person's notes *Guidance: For example, this may be their key worker or care co-ordinator*	QNCC 3.4.4
3.4.7	2	Young people and their parents/carers consistently see the same clinician for intervention, unless their preference or clinical need demands otherwise	QNCC 3.4.5
3.4.8	2	There is a mechanism for young people to change their clinician if there are problems without prejudicing their access to treatment *Guidance: This will be referred to in service information*	QNCC 3.4.6
3.5		**Outcome measurement is routinely undertaken**	
3.5.1	2	Case records include the results of measurement using at least one validated outcome measure *Guidance: For example, staff use SDQ, HoNOSCA, CGAS; see the CAMHS Outcomes Research Consortium website for guidance (http://www.corc.uk.net/)*	QNCC 3.5.1

3.5.2	2	Outcome measures are evaluated from the perspective of staff, young people and parents/carers at a minimum	QNCC 3.5.2 AWT standard (77)
3.5.3	3	Information from outcome measurement is fed back to staff, young people and commissioners	QNCC 3.5.3
3.5.4	3	Aggregated outcome data is used to inform service evaluation and development *Guidance: This is undertaken at a minimum of every 6 months*	QNCC 3.5.4 AWT standard (78) Core 28.3
3.6		**Young people and parents/carers are encouraged to give feedback on the service and actions taken in response are reported back to them**	
3.6.1	2	Young people and their parents/carers are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service *Guidance: For example, this may take the form of suggestions boxes, discharge questionnaires, follow-up letters, satisfaction surveys, focus groups or patient consultation groups such as Patient Advice & Liaison Services (PALS)*	QNCC 3.6.1 Core 14.1
3.6.2	3	Young people representatives and parents/carers attend and contribute to local and service level meetings and committees and are actively involved in service development *Guidance: Young person representatives and parents/carers agree with the service the best way of having input on a regular basis*	QNCC 3.6.2 Core 14.2

Section 4: Information, Consent and Confidentiality

Number	Type	Standard	Link
4.1		Young people and their parents/carers are provided with information that is accessible and appropriate for their use	
4.1.1	2	All information materials such as leaflets are regularly updated and include a date for revision	QNCC 4.1.1
4.1.2	3	Young people and their parents/carers are able to access information on the service via an up-to-date website	QNCC 4.1.2
4.1.3	3	Staff provide young people and their parents with information about the roles played by key professionals involved in their care	QNCC 4.1.3
4.1.4	3	Siblings of young people with an eating disorder are provided with clear information in an appropriate format	Additional standard
4.1.5	2	Siblings of young people with learning disabilities and/or mental health problems are provided with clear information in an appropriate format	QNCC 4.1.4
4.1.6	2	Staff provide young people and their parents/ carers with information that is culturally relevant and sensitive *Guidance: For example, images used in posters and leaflets fully reflect the cultural diversity of the community*	QNCC 4.1.5
4.1.7	2	Information designed for young people and parents/carers is written with the participation of young people and parents/carers *Guidance: For example, including quotes or narratives reflecting the real experiences of the young people and parents who have used the service*	QNCC 4.1.6
4.1.8	3	CEDS facilitate initiatives in which young people receive information about the service from young people who have previously accessed the service *Guidance: For example, peer support groups for young people and parents/carers*	QNCC 4.1.7
4.1.9	3	Young people are supported to complete their CYP mental health information passport. Passport guidance can be found here: https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/10/cyp-information-passport-template.docx	Additional standard
4.2		Consent to treatment is sought and documented in line with the appropriate legal framework for the young person by age and capacity	
4.2.1	1	Where young people are able to give consent, their consent to the proposed treatment or intervention is sought and their agreement or refusal is recorded in their notes	QNCC 4.2.3
4.2.2	1	Where young people are not able to give consent, their views are ascertained as far as possible and taken into account, and the legal basis for giving the proposed treatment or intervention is recorded, for example: • Consent from someone with parental responsibility is obtained and recorded; or, • Treatment in the young person's best interest is given in accordance with the MCA 2005 *Guidance: Staff must be clear on who holds parental responsibility – see the Legal Guide paragraph 1.13; for guidance on parental consent where the young person is aged 16-17 see the Legal Guide paragraphs 2.33 - 2.34*	QNCC 4.2.2 AWT standard (39) Core 13.2

4.2.3	2	Consent to treatment is sought by the practitioner who will carry out the treatment *Guidance: Where care planning and intervention are conducted by different people, the clinician providing the intervention asks whether the young person (or parents/carers if relevant) still agrees before starting treatment*	QNCC 4.2.5
4.3		**Staff ensure that young people and parents are well-informed of their rights regarding consent to treatment** **NB following standard 4.1, this information is given to young people in ways that enable their participation as far as possible with regards to age and ability**	
4.3.1	1	Staff inform young people of their right to agree to or refuse proposed treatments or interventions and explain the circumstances in which young people can be treated without their consent *Guidance: The right may be limited if the child or young person is not able to give consent; in this case it is explained that their parents/carers may be asked to give consent on their behalf, but their wishes will be taken into account*	QNCC 4.3.1
4.3.2	2	Staff tell young people that their consent to treatment can be withdrawn at any time and that consent is required again before treatment is reinstated or before further treatment can be given *Guidance: The right to refuse treatment can be raised sensitively in a way that does not discourage the young person, for example by explaining that the proposed treatment will be reviewed regularly and other options can be considered if it isn't helping*	QNCC 4.3.2
4.3.3	2	Where parental responsibility is held by a third party, young people and their parents/carers are informed about the procedures for obtaining consent *Guidance: Parental responsibility will be shared with others if the young person is subject to a care order (where the local authority has parental responsibility) or a residence order (in which case the person(s) named in the order will have parental responsibility); see the Code of Practice to the Mental Health Act paragraph 36.8 in relation to local authorities and parental responsibility*	QNCC 4.3.3
4.4		**Personal information about young people is kept confidential unless this is detrimental to their care**	
4.4.1	1	Consent is sought prior to the disclosure of case material to parents/carers if the young person is assessed as able to make such a decision and their confidentiality is respected *Guidance: This may be overruled in situations of risk and safeguarding*	QNCC 4.4.2
4.4.2	1	Audio and visual material is kept confidential and secure and young people and their parents/carers are assured about this and any limitations to this *Guidance: Consent is obtained for the making of this material and young people and parents/carers should be aware of its use and limitations of use*	QNCC 4.4.3
4.4.3	1	Staff receive clear written guidance laid out in a formal policy on young people's rights to confidentiality and the circumstances in which information can be shared with third parties, including those with parental responsibilities *Guidance: See Information Sharing: Practitioners' Guide DfES 2006 for guidance*	QNCC 8.6.6
4.5		**Young people and their parents/carers are well-informed about**	

		confidentiality and their rights to access information held about them NB following standard 4.1, this information is given to young people in ways that enable their participation as far as possible with regards to age and ability	
4.5.1	1	Young people are given verbal and written information on: • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records. • How can parents/carers can access records (if appropriate)	QNCC 4.5.1 Core 3.3
4.5.2	1	Confidentiality and its limits are explained to the young person and parents/carers at the first assessment, both verbally and in writing *Guidance: For parents/carers this includes confidentiality in relation to third party information*	QNCC 4.5.2 Core 18.1
4.5.3	1	Staff explain clearly to young people at the first appointment what type of information will be shared with whom, and discuss with the young person what should happen in the event the clinician needs to breach confidentiality *Guidance: For example, if information will be discussed with other members of the MDT at case discussion meetings this is explained*	QNCC 4.5.3
4.5.4	1	Young people and/or their parents/carers are asked if they wish to be copied into letters about the young person's health and treatment and if there is any information that they do not wish to be included in the letter *Guidance: Where the young person is competent/has capacity they may choose to have letters sent to them and not their parents/carers*	QNCC 4.5.4 Core 17.1
4.5.5	1	Young people are informed when confidential information about them is to be passed on to other services and agencies, and the reasons why this is important to their continuing care is explained	QNCC 4.5.5 Core 18.3
4.5.6	1	Young people, parents/carers and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis or treatment	QNCC 5.3.3 Core 8.1.9
4.5.7	1	Young people's information is kept in accordance with current legislation *Guidance: Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access*	QNCC 4.4.1 Core 18.2

	Section 5: Rights and Safeguarding			

Number	Type	Standard	Link
5.1		Young people and parents/carers are treated with dignity and respect	
5.1.1	1	Young people and parents/carers report that staff treat young people with dignity and respect *Guidance: Services can evidence this. For example, through peer reviews*	QNCC 5.1.1 Core 16.1
5.1.2	2	Young people feel listened to and understood in consultations with staff members.	Core 16.2
5.1.3	1	Staff members are easily identifiable (for example, by wearing appropriate identification)	Core 4.1
5.1.4	1	Staff members address young people using the name and title they prefer	Core 4.2
5.2		All young people are made aware of their rights and are able to express their wishes	
5.2.1	2	Young people's rights are explained and information about their rights is accessible and regularly reviewed (with consideration of capacity) and services can evidence their agreed methods of engagement *Guidance: Young people with learning disabilities may be less aware of their rights and less able to express their wishes than others their age; suitable methods of communication may involve using audio and video materials, accessible documentation (e.g. using symbols, plain English and pictures) communication passports, signers or interpreters*	QNCC 5.2.1 Core 3.2
5.2.2	2	Young people are offered the opportunity to see a staff member on their own without other staff or parents/carers present	QNCC 5.2.2
5.2.3	3	Young people can request to meet with a staff member of the gender of their preferred choice and staff will take this into account wherever possible	QNCC 5.2.3
5.3		Young people and parents/carers are well-informed about how to make complaints and how to seek independent advice	
5.3.1	1	Complaints procedures are well-publicised and young person friendly and staff explain to all young people and their parents/carers how to use them *Guidance: Complaints procedures are explained verbally and in information packs and posters (for clinic-based services)*	QNCC 5.3.1

5.3.2	2	The service has a formal link with an advocacy service for use by young people	QNCC 5.3.2
5.4		The rights and individual needs of young people and their parents/carers are recognised and responded to, regardless of their gender, ethnicity, religion, ability, culture, or sexuality	
5.4.1	1	Staff respect and respond to young people's specific needs, by giving consideration to factors such as: • Gender and gender identity • Ethnicity • Religion • Ability • Culture • Sexuality • Socioeconomic background • Age • Physical needs/ disabilities • If the young person is a refugee or asylum seeker	QNCC 5.1.1 Core 16.1
5.4.2	2	The service has access to interpreters and the young person's family are not used in this role unless there are exceptional circumstances *Guidance: Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice*	QNCC 5.4.1 Core 17.3
5.4.3	3	The service uses interpreters who are sufficiently knowledgeable to provide a full and accurate translation and the service needs to ensure the MDT are trained to work with interpreters	QNCC 5.4.2 Core 17.4
5.5		Young people are protected from abuse through clear safeguarding policies and procedures	
5.5.1	1	Staff act in accordance with current child protection protocols (e.g. the procedures of the Local Safeguarding Children Board), regardless of the young person's level of ability	QNCC 5.5.1 Core 10.2
5.5.2	1	The trust has a named doctor and a named nurse responsible for child protection	QNCC 5.5.2
5.5.3	1	Young people who may be at risk of harm are referred to the appropriate team within the Local Authority (e.g. Social Services) *Guidance: Referrals which are made by telephone are followed up*	QNCC 5.5.3
5.5.4	1	There are procedures for escalation through the identified safeguarding lead if no response is received when a safeguarding referral is made to the local authority	QNCC 5.5.4
5.5.5	1	Young people are reassured that any disclosure of abuse will be taken seriously	QNCC 5.5.5

		and are informed about the next steps	
5.5.6	1	The specific safeguarding needs of young people who are Looked After are responded to through policies, procedure and practice that are designed to protect them	QNCC 5.5.6
5.5.7	1	Safeguarding information is clearly recorded and shared between agencies and services for the explicit purpose of child protection	QNCC 5.5.7
5.5.8	1	All staff who come into contact with young people or who have access to information about them undergo a Disclosure and Barring Service (DBS) check (or local equivalent) before their appointment is offered. Ongoing monitoring of this is carried out every two years	QNCC 5.5.8
5.5.9	1	Staff who may see young people with learning disabilities receive regularly updated training in child protection with specific regard to young people with learning disabilities, recognising that young people with learning disabilities are at increased vulnerability to abuse *Guidance: Staff will receive training as part of their induction and have access to in-house training and refresher courses on an annual basis*	QNCC 5.5.9
5.5.10	1	Staff members and young people feel confident to contribute to and safely challenge decisions and the service should be able to evidence this *Guidance: This includes decisions about care, treatment and how the service operates. The service has a whistle blowing policy and staff members are able to raise concerns without prejudicing their position*	QNCC 5.6.2/5.6.3 Core 20.6/20.7

Section 6: Transfer of Care

Number	Type	Standard	Link
6.1		**Leaving the service:** Young people and parents/carers are involved in agreeing arrangements for leaving the service and know how to re-access help if they need it	
6.1.1	2	Young people and their parents/carers (with young person consent) are involved in decisions about discharge plans *Guidance: This could be through a formal discharge meeting*	QNCC 6.1.1 Core 11.2
6.1.2	2	Where young people reaching the upper age limit of the service are not referred to adult mental health services, but access adult services at a later date, the CEDS will provide liaison to the adult service, if needed and with consent	QNCC 6.1.4
6.1.3	2	The team follows the RTT standard to manage young people who discharge themselves against professional medical advice. This includes: • Recording the young person's capacity to understand the risks of self-discharge; • Putting a crisis plan in place; • Contacting relevant agencies to notify them of the discharge	QNCC 6.1.5 Core 11.4
6.1.4	2	If a young person is referred back to the GP, and need to be referred for treatment again, the referral pathway is structured to allow rapid re-engagement	AWT standard (41)
6.2		The service makes arrangements to ensure that young people are offered continuity of care when they move on from the service	
6.2.1	1	When young people are to leave the service the Care Programme Approach (CPA) is completed where appropriate *Guidance: See 'Refocusing the Care Programme Approach' for guidance as to when the CPA will apply*	QNCC 6.2.1
6.2.2	2	When young people leave the service, their key worker or equivalent takes responsibility for planning this *Guidance: This would include the care co-ordinator for services which participate in Team Around the Child processes*	QNCC 6.2.2
6.2.3	2	When young people are transferred between community services there is a meeting in which members of the two teams meet with the young	QNCC 6.2.3 Core 11.8

		person and parents/carers to discuss transfer of care	
6.2.4	1	When young people are transferred between community services there is a handover which ensures that the new team have an up to date care plan and risk assessment	QNCC 6.2.4 Core 11.7
6.2.5	1	Young people who are discharged from hospital to the care of the community team are followed up within one week of discharge, or within 48 hours of discharge if they are at risk *Guidance: This may be in coordination with the Home Treatment/Crisis Resolution Team*	QNCC 6.2.5 Core 11.6
6.2.6	1	For young people who are Looked After, arrangements for their continuing care are planned in conjunction with the relevant Social Services departments	QNCC 6.2.6
6.2.7	1	When young people leave the service, a summary letter or report outlining recommendations for future care is sent to their GP and any other agencies involved	QNCC 6.2.7
6.2.8	2	On leaving the service, there are agreements with other agencies for young people to re-access the service if needed, without following the initial referral pathway *Guidance: There may be exceptions where young people require a generic assessment and where it may be appropriate to follow the initial referral pathway*	QNCC 6.2.8
6.2.9	2	If young people are placed out-of-area, there is a clear agreement that CEDS will oversee all eating disorder cases who live in their catchment area, regardless of where they are being treated *Guidance: For example, young people placed out of area for educational provision may require mental health support during holidays and will be able to re-access care when they return to the local area without needing to be re-referred*	QNCC 6.2.9 AWT standard (56)
		Managing admissions to inpatient care	
6.3		The CEDS work alongside inpatient services:	
6.3.1	1	CEDS continue to be involved with any admission to an inpatient ward, for example to an eating disorder unit or paediatric ward and the young person is made aware of any formal communication between CEDS and inpatient CAMHS regarding their care	Additional standard
6.3.2	2	Young people are referred to a unit that is as accessible as possible so that contact with home and family is maintained	QNCC 6.3.2

6.3.3	2	Young people are referred to an age-appropriate unit that meets their developmental needs	QNCC 6.3.3
6.3.4	1	There are clear procedures for staff to follow in situations when inpatient beds are required but are not immediately available within the relevant service	QNCC 6.3.4
6.3.5	1	When a young person is admitted to hospital, a representative from the CEDS team attends and contributes to ward rounds and discharge planning	QNCC 6.3.5 Core 11.5
6.4		**CEDS work closely with appropriate adult services**	
6.4.1	1	Transfer between services is flexible and based on the specific needs of the young person and the progress they are making in treatment *Guidance: For instance, where a young person is making good progress in treatment when they have reached 18 years, completing the treatment in CEDS may be more appropriate than transfer to adults (providing they continue to make progress)*	QNCC 6.3.1 AWT standard (59)
6.4.2	1	A written transition policy is in force and followed which states the age for referral to adult services *Guidance: The national CAMHS Review recommends that the transition process starts by age 17.5*	QNCC 6.4.1
6.4.3	1	Young people aged below the locally agreed cut-off for referral to adult services are not referred to adult services unless in exceptional circumstances *Guidance: This may occasionally be appropriate if there is good clinical cause which outweighs developmental and/or other needs*	QNCC 6.4.2
6.4.4	1	Where a referral is made for a young person within 6 months of the agreed cut-off, a joint assessment will be made by CEDS and the adult team to determine the most suitable package of care. The preferences of the young person and their parents/carers will be taken into account wherever possible and appropriate	QNCC 6.4.6 Core 11.9
6.4.5	2	The decision about who will provide services for the young person after the age of 18 will be based on the needs and best interests of the young person	QNCC 6.3.1
6.4.6	2	Joint reviews of young people's needs are held with adult services (e.g. using the CPA) and the young person to ensure that effective handover of care takes place	QNCC 6.2.4/6.2.3
6.4.7	2	Transition protocols are in place for young people with neurodevelopmental disorders (e.g. ASD, ADHD), including signposting	QNCC 6.4.4

		to other support where the young person does not meet the criteria for adult mental health services	
6.4.8	3	All members of the MDT will have knowledge and understanding of transitions and each young person has a named link person who can be approached with queries	QNCC 6.4.5
6.4.9	2	Young people referred to adult services are provided with a transition pack which contains information on: • The roles of adult mental health staff (for example general adult psychiatrist, CPN) • Who to contact if there is a problem	QNCC 6.4.7
6.4.10	3	Young people referred to adult services are allocated a transitions mentor to support the transfer, who will be either an independent advocate or based within adult mental health services	QNCC 6.4.8

		Section 7: Multi-Agency Working	
Number	**Type**	**Standard**	**Link**
7.1		The team follows a joint working protocol/care pathway with primary health care teams	
7.1.1	1	This includes the team informing the young person's GP of any significant changes in the young person's mental health or medication, or of their referral to other teams. It also includes teams following shared prescribing protocols with the GP	QNCC 7.1.1 Core 12.1
7.1.2	1	Paediatric, child development centres and other children's health services, including neurological services where appropriate	QNCC 7.1.2
7.1.3	1	School health services including community paediatricians and school or college nurses	QNCC 7.1.3
7.1.4	1	All relevant departments in social services including foster care and adoption services, housing services, charities and post-16	QNCC 7.1.4 Core 12.3
7.1.5	1	Education and education support services	QNCC 7.1.5
7.1.6	2	Forensic mental health services	QNCC 7.1.6
7.1.7	2	Youth justice service	QNCC 7.1.7
7.1.8	1	Inpatient and day-patient child and adolescent mental health services	QNCC 7.1.8
7.1.9	1	Adult mental health services	QNCC 7.1.9
7.1.10	2	Occupational therapists	QNCC 7.1.10 Core 8.1.3
7.1.11	1	Speech and language professionals	QNCC 7.1.11
7.1.12	1	Young people's drug and alcohol teams/substance misuse services	QNCC 7.1.12
7.1.13	1	Laboratory and diagnostic services *Guidance: Psychiatrists will be able to access these for MRI scans, physical investigations and medication reviews*	QNCC 7.1.13

7.1.14	1	Accident and emergency	QNCC 7.1.14
7.1.15	2	Appropriate voluntary and third sector services *Guidance: These include support services for BME groups and LGBT support services*	QNCC 7.1.15
7.1.16	2	Adult learning disability services	QNCC 7.1.16
7.2		**The service has clear, up-to-date, documented agreements with a range of local services and agencies**	
7.2.1	1	There are arrangements in place to ensure that young people can access help, from mental health services, 24 hours a day, 7 days a week	QNCC 7.2.2 AWT standard (25/45) Core 12.4
7.2.2	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence	Core 12.5
7.2.3	1	The team follows a joint working protocol/care pathway with the Home Treatment/Crisis Resolution Team in services that have access to one *Guidance: This includes joint care reviews and jointly organising admissions to hospital for young persons in crisis*	Core 12.2
7.2.4	3	The service has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice *Guidance: Stakeholders could include staff member representatives from inpatient, community and primary care teams as well as young person and carer representative*	Core 12.6
7.2.1	1	There are arrangements in place to ensure that young people can access help, from mental health services, 24 hours a day, 7 days a week	QNCC 7.2.2 AWT standard (25/45) Core 12.4
7.2.2	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence	Core 12.5

Section 8: Staffing and Training

Number	Type	Standard	Link
8.1		**There are appropriately skilled staff to meet the needs of young people with eating disorder and coexisting mental health needs and their parents/carers**	
8.1.1	2	The composition of the CEDS MDT is in line with the recommendations of the Eating Disorder RTT standard and is reviewed regularly with respect to training and skill mix *Guidance: Staff are appropriately trained to provide NICE compliant treatments and appropriate ongoing supervision of such treatments*	QNCC 8.2.1 AWT standard (47) Core 8.1.8/22.1
8.1.2	1	Staff members receive an induction programme specific to the service, which covers: • The purpose of the service; • The team's clinical approach; • The roles and responsibilities of staff members; • The importance of shared decision making with young people and collaboration with parents and carers • Care pathways with other services *Guidance: This induction is over and above the mandatory Trust or organisation-wide induction programme*	QNCC 8.1.2 Core 23.2
8.1.3	1	New staff members, including agency staff, receive an induction based on an agreed list of core competencies *Guidance: This will include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met*	QNCC 8.1.3 Core 23.3
8.1.4	2	Staff members in training and newly qualified staff members are offered weekly supervision	Core 24.3
8.1.5	1	All newly qualified staff members are allocated a preceptor to oversee their transition into the service *Guidance: This should be offered to recently graduated students, those returning to practice, those entering a new specialism and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body.* *See http://www.rcn.org.uk/__data/assets/pdf_file/0010/307756/ Preceptorship_framework.pdf for more practical advice*	Core 23.4
8.1.6	1	Clinical staff members have received formal training to perform as a competent practitioner, to understand and deliver evidence based	QNCC 8.1.4 Core 26.2

		interventions in line with NICE and other evidence based guidance, or, if still in training, are practising under the supervision of a senior qualified clinician *Guidance: For example, young people with autism spectrum disorders, learning disabilities, or sensory impairments receive support from practitioners who have the necessary skills to work effectively with these young people, including consultation with specialists where necessary*	
8.1.7	1	Staff are trained or are in training to deliver a range of NICE-concordant therapeutic interventions specific to the ED and co-morbidities	QNCC 8.2.6 AWT standard (45) Core 8.1.8
8.1.8	1	Staff are trained to deliver a range of NICE-concordant therapeutic interventions appropriate for the treatment of eating disorders and coexisting mental health needs e.g. Family Therapy, Cognitive Behavioural Therapy for eating disorders and parent/carer interventions	QNCC 8.2.6 AWT standard (45) Core 8.1.9
8.1.9	1	The multidisciplinary team should have expert level of knowledge and competence to deliver effective evidence based treatments for children and young people with an eating disorder and coexisting mental health needs as part of a coherent comprehensive treatment approach that takes into account empirical evidence, young person and parents/carers preference and clinical judgement of the ED MDT	AWT standard (46/50) Core 8.1.8
8.1.10	1	The service undertakes pre-employment checks to ensure that professional staff are registered with the appropriate bodies e.g. General Medical Council, Nursing and Midwifery Council, and ongoing monitoring of this is carried out every year	QNCC 8.1.5
8.2		**There are sufficient numbers of staff to meet the needs of young people and their parents/carers**	
8.2.1	2	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service	QNCC 8.2.1 Core 22.4
8.2.2	1	The service has a mechanism for responding to low staffing levels, including: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services	QNCC 8.2.2 Core 22.2
8.2.3	2	There is administrative support or procedures in place to enable staff to support the effective running of the service	QNCC 8.2.4
8.2.4	2	Staffing levels support staff commitments to provide training, supervision and	QNCC 8.2.5

		consultation within the service and to other services	
8.2.5	2	Young people are involved in and influence the recruitment of new staff	QNCC 8.2.6 Core 23.1
8.3		**There is an up-to-date line management structure and clear and agreed lines of responsibility and accountability**	
8.3.1	1	CEDS teams have a designated service manager and clinical lead *Guidance: This might be the same person*	QNCC 8.3.1
8.3.2	2	All staff have clearly defined job descriptions and job plans. Job plans are revised at least annually	QNCC 8.3.2
8.3.3	2	There are written documents that specify professional, organisational and line management responsibilities	QNCC 8.3.3 Core 20.1
8.4		**Staff are regularly appraised and supervised and know how to gain additional support when needed**	
8.4.1	2	Staff members can access leadership and management training appropriate to their role and specialty	QNCC 8.6.2 Core 20.2
8.4.2	2	Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines	QNCC 8.6.3 Core 26.3
8.4.3	2	All staff members receive an annual appraisal and personal development planning (or equivalent) *Guidance: This contains clear objectives and identifies development needs*	QNCC 8.4.1 Core 24.1
8.4.4	3	Clinical staff appraisals include feedback from young people and parents/carers	QNCC 8.4.1a
8.4.5	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their appropriate professional body *Guidance: Supervision is skill -specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications. Supervision will incorporate discussion of feedback and outcome data collated using PROMS and GBOs*	QNCC 8.4.2 Core 24.2/28.3
8.4.6	2	The quality and frequency of clinical supervision is monitored quarterly by the service lead (or equivalent)	QNCC 8.4.3 Core 24.4
8.4.7	3	All clinical staff receive regular peer group multidisciplinary supervision totalling at least one hour per month in line with whole team CEDS training	QNCC 8.4.4 Core 25.3
8.4.8	2	All staff members receive line management supervision as specified by	QNCC 8.4.5 Core 24.6

		professional and organisational standards	
8.5		**Staff receive all necessary training, and their continuing professional development is facilitated**	
8.5.1	2	Members of the ED MDT team have participated in a whole team training programme to support shared knowledge, skills and working together around the needs of the young person and their families	AWT standard (51)
8.5.2	2	All supervisors have received appropriate skills and training to provide supervision. This training is refreshed in line with their professional bodies and local guidance	QNCC 8.4.6 Core 24.5
8.5.3	2	All new staff members are allocated a mentor to oversee their transition into the service	QNCC 8.4.8 Core 23.5
8.5.4	1	Legal advice is available to staff on issues such as information sharing, confidentiality, consent, rights and child protection *Guidance: For example, staff have access to a solicitor on the children's panel who is familiar with the service and can offer up-to-date legal advice*	QNCC 8.4.9
8.5.5	1	Staff members follow a lone working policy and feel safe when conducting home visits *Guidance: Procedures may include training on personal safety, conflict resolution and breakaway training, risk assessment procedures, a check in system, equipment such as lone working safety devices and mobile telephones and procedures to share information with the team where there are safety concerns*	QNCC 8.4.10 Core 19.5
8.5.6	1	All teams regularly allocate time for reflecting on practice, service delivery and the process and impact of working with young people. This will include discussing serious incidents and complaint report findings	QNCC 8.4.4 Core 30.3/30.5
8.6		**Staff morale is monitored by the clinical and general manager**	
8.6.1	3	The service actively supports staff health and well-being *Guidance: For example, providing access to support services, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed*	QNCC 8.5.1 Core 25.1
8.6.2	2	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this	QNCC 8.5.3 Core 30.1
8.6.3	1	Staff members are open and share information about any serious untoward incidents involving a young person with the young person themselves and their parents/carers, in line with the Duty of Candour agreement	QNCC 8.5.4 Core 30.2

8.6.4	1	There is a policy or protocol for management of serious incidents which takes a lessons learned approach and considers staff, young people and parents/carers needs and outlines how findings are disseminated to the team and wider organisation	QNCC 8.5.5 Core 30.4/30.5
8.6.5	3	There is a commitment and financial support to enable staff to contribute to multi-centre clinical audit or research	QNCC 8.6.5
8.6.6	2	A range of local and multi-centre clinical audits is conducted which include the use of evidence based treatments, as a minimum	Core 29.1
8.6.7	3	The team, young people and parents/carers are involved in identifying priority audit topics in line with national and local priorities and young person feedback	Core 29.2
8.6.8	2	When staff members undertake audits they • Agree and implement action plans in response to audit reports; • Disseminate information (audit findings, action plan); • Complete the audit cycle	Core 29.3
8.6.9	2	Key information generated from service evaluations and key measure summary reports (e.g. reports on waiting times) are disseminated in a form that is accessible to all	Core 29.4
8.6.10	2	The service has access to a budget that can support the training needs of the team	QNCC 8.6.1
8.7		**Staff receive regularly updated education and training that is appropriate to their work in the service. This includes training and guidance on:**	
8.7.1	2	Specific evidence based practice	QNCC 8.7.1
8.7.2	1	Medications	QNCC 8.7.2a/b
8.7.3	1	Policies and procedures around consent	QNCC 8.7.3
8.7.4	1	Policies and procedures around information-governance and confidentiality *Guidance: See Information Sharing: Practitioners' Guide DfES 2006 for guidance*	QNCC 8.7.4
8.7.5	2	De-escalation and breakaway training	QNCC 8.7.5
8.7.6	1	Culturally sensitive practice, disability awareness, and other diversity and equality issues, including the Equality Act 2010	QNCC 8.7.6
8.7.7	2	Skills to respond to special needs, including sensory impairments, learning disabilities and developmental disorders	QNCC 8.7.7

8.7.8	1	Staff receive eating disorder specific training to be able to support the physical needs of young people *Guidance: This will include specific training on refeeding, dietary needs*	Additional ED specific standard
8.7.9	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent)	QNCC 8.7.9 Core 26.3a
8.7.10	1	Physical health assessment *Guidance: This could include training in understanding physical health problems, physical observations and when to refer the young person for specialist input*	QNCC 8.7.10 Core 26.3b
8.7.11	1	Recognising and communicating with young people with special needs, e.g. cognitive impairment or learning disabilities	QNCC 8.7.11 Core 26.3c
8.7.12	1	Statutory and mandatory training *Guidance: Includes equality and diversity, information governance*	QNCC 8.7.12 Core 26.3d
8.7.13	2	Clinical outcome measures	QNCC 8.7.13 Ceae 26.3e
8.7.14	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality	QNCC 8.7.14 Core 26.3f
8.7.15	2	Young people, parents/carers and staff members are involved in devising and delivering training face-to-face	QNCC 8.7.15 Core 26.4
8.7.16	3	Shared in-house multi-disciplinary team training, education and practice development activities occur in the service at least every 3 months	QNCC 8.7.16 Core 26.5

Section 9: Location, Environment and Facilities

Number	Type	Standard	Link
9.1		The locations where CEDS are delivered are well-designed and have the necessary facilities to meet service needs	
9.1.1	2	The service entrance and key clinical areas are clearly signposted	QNCC 9.1.1 Core 19.1
9.1.2	3	Everyone is able to access the service using public transport or transport provided by the service	Core 1.2
9.1.3	2	Staff, young people and parents/carers report that environments used are comfortable and maintained at high levels of cleanliness	QNCC 9.1.2 Core 19.10
9.1.4	2	CEDS centres are age and developmentally appropriate for the whole age range seen by the service and are young person-friendly *Guidance: For example, waiting areas in CEDS centres contain age and developmentally appropriate play and reading material*	QNCC 9.1.3
9.1.5	2	Staff, young people and parents/carers report that waiting areas are sufficiently spacious	QNCC 9.1.4
9.1.6	3	CEDS centres have sufficient car parking space for visitors, including allocated spaces for disabled access	QNCC 9.1.5
9.2		Environments in which CEDS are delivered are managed so that the rights, privacy and dignity of young people and their parents/carers are respected	
9.2.1	1	The environment complies with current legislation on disabled access *Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence*	QNCC 9.2.1 Core 19.4
9.2.2	3	Young people and their parents/carers are able to use young person orientated waiting areas dedicated for the sole use of CEDS	QNCC 9.2.2
9.2.3	2	CEDS practitioners have access to large and small rooms suitable for individual and family consultations	QNCC 9.2.2
9.2.4	1	CEDS centres have private rooms readily available for physical examinations *Guidance: Relevant examination equipment such as a weight stadiometer*	Additional ED specific standard

		and a bp machine are provided	
9.2.5	2	Clinical rooms are private and conversations cannot be easily over-heard	QNCC 9.2.3 Core 19.3
9.3		**CEDS services are delivered in safe environments**	
9.3.1	1	If teams see young people at their team base, the entrances and exits are visibly monitored and/or access is restricted	QNCC 9.3.1 Core 19.2
9.3.2	2	CEDS centres are securely separated from adult services *Guidance: There are separate areas and entrances for adults' and children's services, and access to children's services is restricted*	QNCC 9.3.2
9.3.3	1	When consultation takes place in a new setting, staff carry out a risk assessment regarding the safety of the environment and its suitability for meeting the needs of the consultation	QNCC 9.3.3
9.3.4	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed	QNCC 9.3.4 Core 19.6
9.3.5	3	CEDS centres provide low-stimulation environments for young people who require them, including designated quiet areas *Guidance: For example, waiting areas are kept tidy or materials can be easily put away; there is access to low stimulation areas for 'quiet time' if necessary; this is particularly relevant for services working with learning disabilities*	QNCC 9.3.5
9.3.6	2	There is an alarm system in place (e.g. panic buttons) and this is easily accessible	QNCC 9.3.6 Core 19.8
9.3.7	1	A collective response to alarm calls and fire drills is agreed before incidents occur. This is rehearsed at least 6 monthly	QNCC 9.3.7 Core 19.9
9.3.8	1	Furniture is arranged so that doors, in rooms where consultations take place, are not obstructed	QNCC 9.3.8 Core 19.7
9.3.9	1	Emergency medical resuscitation equipment (crash bag), as required by Trust/organisation guidelines, is available at the team's base within 3 minutes	QNCC 9.3.9 Core 19.13
9.3.10	1	Emergency medical resuscitation equipment is maintained and checked weekly, and after each use	QNCC 9.3.10 Core 19.14
9.4		Staff have sufficient office facilities and IT systems	
9.4.1	2	Staff report they have sufficient space to do administrative work Guidance: Staff can access suitable space to make confidential phone calls	QNCC 9.4.1
9.4.2	2	There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about services/conditions/treatment, young people's records, clinical outcome and service performance measurements	QNCC 9.4.2 Core 19.11
9.4.3	3	The team is able to access IT resources to enable them to make contemporaneous records at meetings	AWT standard (53) Core

			19.12
9.4.4	2	An IT system is available for staff to use and submit outcome and feedback data for clinical use and submit data to the mandated Mental Health Services Data Set (MHSDS)	AWT standard (77/87)
9.4.5	2	The team is able to access IT resources to enable routine outcome collection in real-time and immediate access to young person's outcome data	Additional standard

Section 10: Commissioning

Number	Type	Standard	Link
10.1		Commissioner-provider relationships are collaborative and effective	
10.1.1	1	Senior CEDS managers work collaboratively with the CEDS commissioning lead for each commissioning agency involved	QNCC 10.1.1
10.1.2	2	Commissioners and service managers meet at least 6 monthly	QNCC 10.1.2 Core 31.2
10.1.3	1	Commissioners and senior CEDS managers are aware of their responsibilities as outlined in the service specification *Guidance: For example, the Children Act 1989, Disability Discrimination Act 1995, Equality Act 2010, Access and Waiting Time guidelines*	QNCC 10.1.3
10.1.4	2	The following groups are involved in and consulted on the development of the commissioning strategy: • Young people who may access the service • Families of young people who may access the service • People from different religious, cultural and minority ethnic groups, whether or not they are patients of the service • CEDS and CAMHS staff, including frontline staff • Local community groups and partner agencies	QNCC 10.1.4
10.1.5	3	Commissioners produce a feedback report demonstrating how consultation with the above groups has been acted upon to inform the commissioning strategy	QNCC 10.1.5
10.2		There is a clear role for the service that is explicitly set in the context of a comprehensive CAMHS strategy	
10.2.1	1	The service is explicitly commissioned or contracted against agreed standards and a comprehensive service specification is available and regularly reviewed *Guidance: This is detailed in the Service Level Agreement, operational policy, or similar and has been agreed by funders. NHS England national standard service specification for CYP EDS is due to be published on https://www.england.nhs.uk/mentalhealth/cyp/ in July 2016*	QNCC 10.2.1 Core 31.1
10.2.2	2	CEDS is part of the comprehensive strategy for delivery of CYP MH care across all levels of service provision which is accessible and known to all	QNCC 10.2.2

		local agencies working with young people *Guidance: For example, Thrive (getting advice, getting help, getting more help, getting risk support) or other models under guidance that acknowledges that service delivery has been based on a tiered model or care pathway model of service for a number of years*	
10.3		**Adequate resources are available to meet the needs of young people with mental health problems**	
10.3.1	1	Commissioners and staff from the service regularly review capacity and demand	QNCC 10.3.1
10.3.2	2	CEDS work in partnership with primary services and other relevant services to ensure young people with particular needs (for example sensory impairments or autistic spectrum disorders) receive the co-ordinated care and intervention they need *Guidance: Collaboration involves providing advice or education to other agencies on how to manage young people with learning disabilities and/or mental health needs; more formalised collaborative arrangements involve, for example, joint care, CAMHS paediatric liaison; liaisons with schools, GPs, paediatrics and gastro reams about self-referrals*	

Appendices

Glossary	Definition
(C)SRS	(Children's) Session Rating Scale
CAF	Common Assessment Framework: An assessment tool for use across all professionals working with children
CAMHS	Child and Adolescent Mental Health services
CEDS	Community based eating disorder services
Children and young people	Service users from the ages of 0 – 18 who access Community Eating Disorder Services for Children and Young people
Cochrane guidelines	http://handbook.cochrane.org/
CORC	Child Outcomes Research Consortium. For guidance: http://www.corc.uk.net/
CPA	Care Programme Approach: Systematic assessment of a patient's health and social care needs, care plan, key worker and regular review of progress
CYP EDS	Children and Young people's Eating Disorder Services
CYP mental health information passport	Passport guidance can be found here: https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/10/cyp-information-passport-template.docx
CYP MH	Children and Young people's mental health
DNA	Did not attend: When young people and children fail to turn up for an appointment
Equality Act 2010	http://www.legislation.gov.uk/ukpga/2010/15/contents
FT-AN	Family therapy for anorexia nervosa
GP	General practitioner
Information Sharing: Guidance for practitioners and managers Information	https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

Intervention	Any therapies or medical procedures that form part of a child or young person's assessment or care, including medical treatments, talking therapies and physical examination
Junior MARSIPAN	Junior MARSIPAN: Management of Really Sick Patients under 18 with Anorexia Nervosa (January 2012) The report can be found here: http://www.rcpsych.ac.uk/files/pdfversion/CR168nov14.pdf
Mental Health Act Code of practice	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file /435512/MHA_Code_of_Practice.PDF (paragraph 36.8; page 374)
MFT-AN	Multi-family therapy for anorexia nervosa
MHSDS	Mental Health Services Data set
National CAMHS Review	http://webarchive.nationalarchives.gov.uk/20081230004520/publications.dcsf.go v.uk/eorderingdownload/camhs-review.pdf
NICE	National Institute for Health and Care Excellence
Parents/carers	Those who hold parental responsibility, not necessarily the biological parent
PROMS	Patient-reported outcome measures
Refocusing the Care Programme Approach	http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov. uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset /dh_083649.pdf
SASAT	The Self Assessed Skills Audit Tool

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Acknowledgements