

**CAMHS**  
QUALITY NETWORK FOR  
COMMUNITY CAMHS



  
**RC  
PSYCH**  
ROYAL COLLEGE OF  
PSYCHIATRISTS



# **Sample Service Standards**

Extracted from the 5th Edition Standards

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# The 3rd Edition Standards

## Sample Selection



	Type	Current standard
<b>Section 1:</b>		<b>Referral and access</b>
<b>1.1</b>		<b>CAMHS work with all potential referrers to ensure referrals are appropriate, timely and co-ordinated</b>
<b>1.1.1</b>	<b>2</b>	CAMHS offer consultation and training to partner agencies <i>Guidance: For example, by appointing Primary Mental Health Workers or other link persons to work with education, social services, drug and alcohol teams, and primary healthcare</i>
<b>1.1.2</b>	<b>1</b>	Clear information is made available, in paper and/or electronic format, to young people, parents/carers and healthcare practitioners on: <ul style="list-style-type: none"> <li>• A simple description of the service and its purpose;</li> <li>• Clear referral criteria;</li> <li>• How to make a referral, including self-referral if the service allows;</li> <li>• Clear clinical pathways describing access and discharge;</li> <li>• Main interventions and treatments available;</li> <li>• Contact details for the service, including emergency and out of hours details.</li> </ul>
<b>1.1.3</b>	<b>2</b>	Where referrals are made through an external single point of access, e.g. triage, these are passed on to the community team within one working day.
<b>1.1.4</b>	<b>1</b>	A clinical member of staff is available to discuss emergency referrals during working hours.
<b>1.1.5</b>	<b>1</b>	Outcomes of referrals are fed back to the referrer, young person and parent/carer (with the young person's consent). If a referral is not accepted, the team advises the referrer, young person and parent/carer on alternative options.
<b>1.1.6</b>	<b>2</b>	Young people and families are able to make a self-referral to the service
<b>1.2</b>		<b>Young people and their parents (where appropriate) are fully involved and informed during the process of referral so they know what to expect</b>
<b>1.2.1</b>	<b>2</b>	CAMHS provide information about how young people waiting for assessment and treatment can access help while they wait for an appointment <i>Guidance: Information may be provided in a letter, leaflet or telephone call; points of contact to access help may include the referrer, the school nurse, other local service</i>

	Type	Current standard
1.2.2	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
1.2.3	2	There are systems in place to monitor waiting 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 assessment and from assessment to treatment.
1.3		<b>Young people and their parents/carers can access CAMHS easily and according to their need</b>
1.3.1	2	Appointments are flexible and responsive to the needs of young people and their parents/carers where appropriate <i>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</i>
1.3.2	1	The service has a policy or procedure, which may include a risk assessment process, that staff follow when young people and their parents/carers do not attend appointments. <i>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</i>
1.4		<b>CAMHS have systems in place to monitor access and referral</b>
1.4.1	2	The service reviews data at least annually about the young people who use it. Data are compared with local population statistics and action is taken to address any inequalities of access where identified. Guidance: This data is used to understand who is accessing the service, identify under-represented groups, promote the service to these groups and improve the accessibility of the service.
1.4.2	1	If a young person does not attend for assessment, the team contacts the referrer. Guidance: If the young person is likely to be considered a risk to themselves or others, the team should contact the referrer immediately to discuss a risk action plan.

	Type	Current standard
1.4.3	1	The team follows up young people who have not attended an appointment/ assessment or who are difficult to engage.
1.4.4	2	Data on missed appointments are reviewed monthly This is done at a service level to identify where engagement difficulties may exist. Guidance: This should include monitoring a young person's failure to attend the initial appointment after referral and early disengagement from the service.
<b>Section 2:</b>		<b>Assessment and care planning</b>
<b>2.1</b>		<b>Young people receive timely mental health assessments</b>
2.1.1	2	Young people with a routine referral receive a mental health assessment within access and waiting times guidelines relevant to the practice area
2.1.2	1	Young people with urgent or emergency mental health needs receive a mental health assessment within 24 hours or the next working day
<b>2.2</b>		<b>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</b>
2.2.1	1	There are processes in place to identify whether young people or parents/carers are involved with other agencies
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
<b>2.3</b>		<b>The team assess the physical health needs of young people accessing the service</b>
2.3.1	1	Where concerns about a young person's physical health are identified, the team arranges or signposts the young person to further assessment, investigations and management from primary or secondary healthcare services.
2.3.2	1	The team understands and follows an agreed protocol for the management of an acute physical health emergency. Guidance: This includes guidance about when to call 999 and when to contact the duty doctor.
2.3.3	1	There is an identified duty doctor available at all times. They are able to attend the team base within 1 hour.

	Type	Current standard
2.3.4	1	The service/organisation has a care pathway for the care of patients in the perinatal period (pregnancy and 12 months post-partum) that includes: <ul style="list-style-type: none"> <li>• Assessment;</li> <li>• Care and treatment (particularly relating to prescribing psychotropic medication);</li> <li>• Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.</li> </ul>
2.3.5	1	A physical health review takes place as part of the initial assessment. The review includes but is not limited to: <ul style="list-style-type: none"> <li>• Details of past medical history;</li> <li>• Current physical health medication, including side effects and compliance with medication regime;</li> <li>• Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use.</li> </ul>
2.4		<b>Young people and their parents/carers experience assessment as collaborative and are fully informed and involved</b>
2.4.1	1	Parents/carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency. Guidance: This advice is offered at the time of the young person's initial assessment, or at the first opportunity.
2.4.2	1	Parents/carers are offered individual time with staff members to discuss concerns, family history and their own needs (where consent is given)
2.4.3	1	The team provides each parent/carer with a carer's information pack. Guidance: This includes the names and contact details of key staff members in the service. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.
2.4.4	1	Parents/carers have access to a carer support network or group. This could be provided by the service or the team could signpost parents/carers to an existing network. Guidance: This could be a group/network which meets face-to-face or communicates electronically.
2.4.5	1	The team follows a protocol for responding to parents/carers when a young person does not consent to their involvement.
2.4.6	2	Staff check that young people and their parents/carers understand the purpose of the assessment and possible outcomes as fully as possible before it is conducted <i>Guidance: For example, this is specified on an assessment checklist and audited through service questionnaires for young people and parents/carers</i>

	Type	Current standard
2.4.7	1	When talking to young people and parents/carers, health professionals communicate clearly, avoiding the use of jargon so that people understand them.
2.4.7	2	For planned assessments, the team communicates information in advance to young people including: <ul style="list-style-type: none"> <li>• The name and designation of the professional they will see;</li> <li>• An explanation of the assessment process;</li> <li>• Information on who can accompany them;</li> <li>• 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 there.</li> </ul>
2.4.9	1	During assessment young people's views, wishes, and feelings are actively sought and recorded by the assessing practitioner, as far as possible with regards to capacity <i>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</i>
2.4.10	1	During assessment, parents or carers' views, wishes, and feelings are actively sought and recorded by the assessing practitioner (where appropriate) <i>Guidance: This is essential in cases where the child or young person lacks the capability to assert their own wishes</i>
2.4.11	1	Young people and parents/carers are provided with verbal feedback on the outcome of their assessment at the session
2.4.12	2	Written feedback from the assessment is provided to young people and parents/carers within 10 working days
2.5		<b>Assessments are individual and according to need</b>
2.5.1		Young people have a comprehensive assessment which includes their:
2.5.1a	1	• Mental health and medication
2.5.1b	1	• Psychosocial needs
2.5.1c	1	• The young person's family and community needs and context
2.5.1d	1	• The young person's abilities and strengths as well as their difficulties
2.5.1e	1	• The young person's views and goals for treatment <i>Guidance: preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible.</i>
2.5.1f	2	• The young person's level of functioning and communication needs
2.5.1g	2	• The wishes and goals of the family and their capacity to support interventions

	Type	Current standard
2.5.1h	2	<ul style="list-style-type: none"> <li>The capacity and willingness of other agencies to support the intervention</li> </ul> <i>Guidance: Staff may need to talk to schools, voluntary services and social services to establish their ability to support the intervention</i>
2.5.2	1	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner.
2.6		<b>Young people have care plans which are regularly updated and shared with relevant parties</b>
2.6.1	1	<p>Every young person has a written care plan, reflecting their individual needs.</p> <p>Guidance: This clearly outlines:</p> <ul style="list-style-type: none"> <li>Agreed intervention strategies for physical and mental health;</li> <li>Measurable goals and outcomes;</li> <li>Strategies for self-management;</li> <li>Any advance directives or stated wishes that the young person has made (if the young person is 18 or over);</li> <li>Crisis and contingency plans;</li> <li>Review dates and discharge framework.</li> </ul>
2.6.2	1	Progress against care plans is reviewed at every session and the care plan is updated if appropriate
2.6.3	1	Risk assessments and management plans are updated according to clinical need or at a minimum frequency of every 3 months and at discharge. This is reviewed as needed within medication monitoring and depending on NICE guidelines (if applicable)
2.6.4	1	<p>Young people have a risk assessment that is shared with relevant agencies (with consideration of confidentiality) and includes a comprehensive assessment of:</p> <ul style="list-style-type: none"> <li>Risk to self;</li> <li>Risk to others;</li> <li>Risk from others.</li> </ul>
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
2.6.7	1	<p>The young person and their parent/carer (with the young person's consent) are offered a copy of the care plan and the opportunity to review this.</p> <p><i>Guidance: Clinicians should take specific communication needs into account</i></p>
2.6.8	2	The team sends a letter detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment.
2.7		<b>Care plans are collaborative and comprehensive, according to individual need</b>



	Type	Current standard
2.7.1	1	Care plans are developed in partnership with young people and their parents/carers (with young person's consent), including agreeing outcomes important to them, and their views are recorded in their note <i>Guidance: As far as possible with regard to age and ability</i>
2.7.2	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 family
<b>Section 3:</b>		<b>Care and intervention</b>
<b>3.1</b>		<b>The service offers a range of interventions according to individual and family needs</b>
3.1.1	2	Clinicians are able to gain multi-disciplinary input on cases when needed <i>Guidance: This may be in the form of peer group supervision</i>
3.1.2	1	Young people are offered evidence based pharmacological and psychological interventions and any exceptions are documented in the case notes. <i>Guidance: The number, type and frequency of psychological interventions offered are informed by the evidence base.</i>
3.1.3	1	For young people who have not successfully reached their physical health targets after 3 months of following lifestyle advice, the team discusses a pharmacological or other appropriate intervention and recommends it to them. This is documented in the young person's notes. <i>Guidance: This is done in collaboration with the GP and according to NICE guidelines. For example a young person with ADHD or ED.</i>
3.1.4		The team gives targeted lifestyle advice to young people. This includes: <ul style="list-style-type: none"> <li>• Smoking cessation advice;</li> <li>• Healthy eating advice;</li> <li>• Physical exercise advice.</li> </ul>
3.1.5	3	Young people have access to creative therapies.
3.1.6	1	When medication is prescribed, specific treatment targets are set for the young person, the risks and benefits are reviewed, a timescale for response is set and consent is recorded.
3.1.7	1	Young people and their parents/carers (with consent) are helped to understand the functions, expected outcomes, limitations and side effects of their medications and to self-manage as far as possible. <i>Guidance: HeadMeds or YoungMinds website could be used to access information</i>

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3.1.8	1	<p>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.</p> <p><i>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. When service users experience side effects from their medication, this is engaged with and there is a clear plan in place for managing this. Non-prescribers with high patient contact should be aware of the possible side effects</i></p>
3.1.9	1	<p>The safe use of high risk medication is audited, at least annually and at a service level.</p> <p><i>Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines. Clinicians should refer to NICE guidelines and other recommendations to identify high risk usage.</i></p>
3.1.10	1	<p>Young people who are prescribed mood stabilisers or antipsychotics are reviewed at the start of treatment (baseline), at 3 months and then annually unless a physical health abnormality arises. The clinician monitors the following information about the young person:</p> <ul style="list-style-type: none"> <li>• A personal/family history (at baseline and annual review);</li> <li>• Lifestyle review (at every review);</li> <li>• Weight (at every review);</li> <li>• Waist circumference (at baseline and annual review);</li> <li>• Blood pressure (at every review);</li> <li>• Fasting plasma glucose/ HbA1c (glycated haemoglobin) (at every review);</li> <li>• Lipid profile (at every review).</li> </ul> <p><i>Guidance: Young people are advised to monitor their own weight every week for the first 6 weeks and to contact the service if they have concerns about weight gain.</i></p>
3.1.11	1	<p>Young people and parents/carers can access support that is appropriate to any disabilities or needs additional to their mental health needs.</p> <p><i>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)</i></p>
3.2		<b>Young people receive prompt care and intervention</b>

	Type	Current standard
3.2.1	2	Young people assessed as requiring treatment see an appropriate clinician within access and waiting times guidelines relevant to the practice area
3.2.2	1	Young people and their parents/carers are informed of how to get appropriate mental health advice in an emergency if necessary <i>Guidance:</i> <i>This should also be included in the appointment letter</i>
3.3		<b>Staff provide support and guidance to enable young people and their parents/carers to help themselves</b>
3.3.1	2	CAMHS liaise with other appropriate clinicians to meet any mental health needs identified within the young person's family <i>Guidance: Think Family Toolkit</i>
3.3.2	2	Young people and parents/carers are guided in self-help approaches where appropriate <i>Guidance: This may include those waiting between assessment and treatment</i>
3.3.3	2	The team provides information, signposting and encouragement to young people to access local organisations for peer support and social engagement such as: <ul style="list-style-type: none"> <li>• Voluntary organisations;</li> <li>• Community centres;</li> <li>• Local religious/cultural groups;</li> <li>• Peer support networks;</li> <li>• Recovery colleges.</li> </ul>
3.3.4	1	The team signposts young people to structured activities such as work, education and volunteering
3.4		<b>Young people and parents/carers experience collaborative and consistent care</b>
3.4.1	1	Young people and parents/carers are offered written and verbal information about the young person's difficulties <i>Guidance:</i> Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group.
3.4.2	1	All Young people have a documented diagnosis if appropriate and a clinical formulation. <i>Guidance:</i> The formulation includes the presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate.

	Type	Current standard
3.4.3	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 <i>Guidance: For example, staff provide children, young people and their parents/carers with NICE/Cochrane guidelines about the treatment for particular conditions</i>
3.4.4	1	All young people have a named member of staff who co-ordinates their care and is named in the young person's notes <i>Guidance: For example, this may be their key worker or care co-ordinator</i>
3.4.5	2	Young people and their parents consistently see the same clinician for intervention, unless their preference or clinical need demands otherwise
3.4.6	2	There is a mechanism for young people to change their clinician if there are problems without prejudicing their access to treatment <i>Guidance: This should be referred to in service information</i>
3.5		<b>Outcome measurement is routinely undertaken</b>
3.5.1	1	Case records include the results of measurement using at least one validated outcome measure <i>Guidance: For example, staff use SDQ, HoNOSCA, CGAS; see the CAMHS Outcomes Research Consortium website for guidance (<a href="http://www.corc.uk.net/">http://www.corc.uk.net/</a>)</i>
3.5.2	2	Outcome measures are evaluated from the perspective of staff, young people and parents/carers at a minimum
3.5.3	2	Information from outcome measurement is fed back to staff, service-users and commissioners
3.5.4	3	Aggregated outcome data is used to inform service evaluation and development. <i>Guidance: this should be undertaken at a minimum of every 6 months</i>
3.6		<b>Young people and parents/carers are encouraged to give feedback on the service and responses are reported back to them</b>
3.6.1	1	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. <i>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 &amp; Liaison Services (PALS)</i>

	Type	Current standard
3.6.2	2	Young person representatives and parent/carers attend and contribute to local and service level meetings and committees and are actively involved in service development
3.6.3	2	Young people's views on their therapeutic relationship with their key worker/main professional are sought throughout their contact with the service to monitor their engagement and experience of treatment and inform their ongoing care
<b>Section 4:</b>		<b>Information, consent and confidentiality</b>
<b>4.1</b>		<b>Young people and their parents/carers are provided with information that is accessible and appropriate for their use</b>
		<i>NB standard 4.1 is overarching: criteria apply to all information that is provided for young people and parents/carers including service information, intervention information, information on consent, confidentiality and rights</i>
4.1.1	3	All information materials such as leaflets are regularly updated and include a date for revision
4.1.2	3	Young people and their parents/carers are able to access information on the service via an up-to-date website
4.1.3	2	Staff provide young people and their parents with information about the roles played by key professionals involved in their care
4.1.4	3	Siblings of young people with learning disabilities and/or mental health problems are provided with clear information in an appropriate format
4.1.5	2	Staff provide young people and their parents or carers with information that is culturally relevant and sensitive <i>Guidance: For example, images used in posters and leaflets fully reflect the cultural diversity of the community</i>
4.1.6	2	Information designed for young people and parents/carers is written with the participation of young people and parents/carers <i>Guidance: For example, including quotes or narratives reflecting the real experiences of the young people and parents who have used the service</i>
4.1.7	3	CAMHS facilitate initiatives in which young people receive information about the service from young people who have previously accessed the service <i>Guidance: For example, peer support groups for young people and parents/carers</i>
<b>4.2</b>		<b>Staff follow clear procedures for gaining valid consent to treatment</b>

	Type	Current standard
4.2.1	1	There are systems in place to ensure that the service takes account of any advance directives that the young person has made, where age appropriate
4.2.2	1	For all young people, the young person's capacity and/or competency is assessed and recorded when a decision is required about their care <i>Guidance: In accordance with local legislation. Capacity and/or consent is assessed on admission and for each intervention</i>
4.2.3	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
4.2.4	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: <ul style="list-style-type: none"> <li>• Consent from someone with parental responsibility is obtained and recorded; or,</li> <li>• Treatment in the young person's best interest is given in accordance with the MCA 2005</li> </ul> <i>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</i>
4.2.5	2	Consent to treatment is sought by the practitioner who will carry out the treatment <i>Guidance: Where care planning and intervention are conducted by different people, the clinician providing the intervention should ask whether the young person (or parent if relevant) still agrees before starting treatment</i>
4.3		<b>Staff ensure that young people and parents are well-informed of their rights regarding consent to treatment</b> <i>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</i>
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 <i>Guidance: The right may be limited if the child or young person is not able to give consent; in this case it should be explained that their parents/carers may be asked to give consent on their behalf, but their wishes will be taken into account</i>

	Type	Current standard
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 <i>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</i>
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 <i>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</i>
4.4		<b>Personal information about young people is kept confidential unless this is detrimental to their care</b>
4.4.1	1	All information about the young person is kept in accordance with current legislation. <i>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.</i>
4.4.2	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. <i>Guidance: In extreme circumstances this may be overruled if felt in the young person's best interests</i>
4.4.3	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 <i>Guidance: Consent should be obtained for the making of this material and its use thereafter</i>
4.5		<b>Young people and their parents are well-informed about confidentiality and their rights to access information held about them</b> <i>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</i>

	Type	Current standard
4.5.1	1	Young people are given verbal and written information on: <ul style="list-style-type: none"> <li>• Their rights regarding consent to care and treatment;</li> <li>• How to access advocacy services;</li> <li>• How to access a second opinion;</li> <li>• How to access interpreting services;</li> <li>• How to raise concerns, complaints and compliments;</li> <li>• How to access their own health records.</li> <li>• How can parents/carers can access records (if appropriate)</li> </ul>
4.5.2	1	Confidentiality and its limits are explained to the young person and parent/carer at the first assessment, both verbally and in writing. Guidance: For carers this includes confidentiality in relation to third party information
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 <i>Guidance: For example, if information will be discussed with other members of the MDT at case discussion meetings this should be explained</i>
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 <i>Guidance: Where the young person is competent/has capacity (see criterion 5.2.1) they may choose to have letters sent to them and not their parents</i>
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 are explained
<b>Section 5:</b>		<b>Rights and safeguarding</b>
<b>5.1</b>		<b>Young people and parents/carers are treated with dignity and respect</b>
5.1.1	1	Young people are treated with compassion, dignity and respect.  Guidance: This includes respect of their race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability refugee status and social background.
5.1.2	1	Young people feel listened to and understood in consultations with staff members.



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5.1.3	1	Staff members address young people using the name and title they prefer.
5.1.4	2	Young people and parents/carers report that staff are friendly and approachable
5.1.5	1	Staff members are easily identifiable (for example, by wearing appropriate identification)
5.2		<b>All young people are made aware of their rights and are able to express their wishes</b>
5.2.1	1	Young people are given verbal and written information on their rights under the Mental Health Act if under a community treatment order (or equivalent) and this is documented in their notes where appropriate
5.2.2	1	Young people are offered the opportunity to see a staff member on their own without other staff or family present
5.2.3	3	Young people can meet with a staff member of the gender of their choice
5.3		<b>Young people and parents/carers are well-informed about how to make complaints and how to seek independent advice</b>
5.3.1	1	Complaints procedures are well-publicised and patient-friendly and staff explain to all young people and their parents/carers how to use them <i>Guidance: Complaints procedures should be explained verbally and in information packs and posters (for clinic-based services)</i>
5.3.2	2	The service has a formal link with an advocacy service for use by young people
5.3.3	1	The young person and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis or treatment.
5.4		<b>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</b>
5.4.1	1	The service has access to interpreters and the young person's relatives 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.
5.4.2	3	Interpreters have received guidance about mental health matters, including the importance of full and accurate translation
5.5		<b>Young people are protected from abuse through clear safeguarding policies and procedures</b>
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

	Type	Current standard
5.5.2	1	The organisation has a named doctor and a named nurse responsible for child protection Guidance: This may include safeguarding lead - or - organisation has named child protection lead
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) <i>Guidance: Referrals which are made by telephone should be followed up</i>
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
5.5.5	1	Young people are reassured that any disclosure of abuse will be taken seriously 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, procedures and practice that are designed to protect them
5.5.7	1	Safeguarding information is clearly recorded and shared between agencies and services for the explicit purpose of child protection
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
5.5.9	1	Safeguarding training should be at level 3 and include specific reference to vulnerable groups including young people with ASD, LD and LAC <i>Guidance: This may be delivered through or augmented by joint training between services working with young people</i>
5.6		<b>There are policies and procedures on whistle blowing</b>
5.6.2	1	Staff members feel able to raise any concerns they may have about standards of care
5.6.3	1	Staff members and young people feel confident to contribute to and safely challenge decisions. Guidance: This includes decisions about care, treatment and how the service operates
<b>Section 6:</b>		<b>Transfer of care</b>
		<b>Leaving the service:</b>
6.1		<b>Young people and parents/carers are involved in agreeing arrangements for leaving the</b>

	Type	Current standard
		<b>service and know how to re-access help if they need it</b>
6.1.1	1	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.
6.1.2	1	A letter setting out a clear discharge plan is sent to the young person and all relevant parties within 10 days of discharge. The plan includes details of: <ul style="list-style-type: none"> <li>• On-going care in the community/aftercare arrangements;</li> <li>• Crisis and contingency arrangements including details of who to contact;</li> <li>• Medication;</li> <li>• Details of when, where and who will follow up with the young person as appropriate.</li> </ul>
6.1.3	1	On leaving the service, staff tell young people, parents/carers and referrers how they can receive further advice if needed
6.1.4	2	Where young people reaching the upper age limit of the service are not referred to adult mental health services they are informed how to access adult mental health services if needed later on
6.1.5	1	The team follows a protocol to manage young people who stop attending the service. This includes: <ul style="list-style-type: none"> <li>• Recording the young person's capacity to understand the risks of self-discharge;</li> <li>• Putting a crisis plan in place;</li> <li>• Contacting relevant agencies to notify them of the discharge.</li> </ul>
6.2		<b>The service makes arrangements to ensure that young people are offered continuity of care when they move on from the service</b>
6.2.1	1	When young people are to leave the service the Care Programme Approach is completed where appropriate <i>Guidance: See 'Refocusing the Care Programme Approach' for guidance as to when the CPA should apply</i>
6.2.2	2	When young people leave the service, their key worker or equivalent takes responsibility for planning this <i>Guidance: This would include the care co-ordinator for services which participate in Team Around the Child processes</i>
6.2.3	3	When young people are transferred between community services there is a meeting in which members of the two teams meet with the young person and parent/carer to discuss transfer of care.

	Type	Current standard
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.
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.
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
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
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 <i>Guidance: There may be exceptions where young people require a generic assessment and where it may be appropriate to follow the initial referral pathway</i>
6.2.9	2	If young people are placed out-of-area, there are agreements for mental health care to be transferred once they return to the local area <i>Guidance: For example, young people placed out of area for educational provision may require mental health support during holidays and should be able to re-access care when they return to the local area without needing to be re-referred</i>
6.2.10	2	If the young person moves out of area and is being transferred to a new service, the responsibility is held with their current service until they receive their first assessment
		<b>Transfer to inpatient care</b>
6.3		<b>Young people who require inpatient care are referred to units that meet their individual needs with effective continuing care.If inpatient care is required:</b>
6.3.1	2	Primary emphasis is placed on referring young people to a unit that meets their specific mental health needs, working with their choices and preferences
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
6.3.3	2	Young people are referred to an age-appropriate unit that meets their developmental needs

	Type	Current standard
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
6.3.5	1	When a young person is admitted to hospital, a community team representative attends and contributes to ward rounds and discharge planning.
		<b>Transfer to adult mental health services:</b>
6.4		<b>CAMHS work closely with adult services to arrange effective handovers of care</b>
6.4.1	1	A written transition policy is in force and followed which states the age for referral to adult services <i>Guidance: The national CAMHS Review recommends that the transition process starts by age 17.5</i>
6.4.2	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 <i>Guidance: This may occasionally be appropriate if there is good clinical cause which outweighs developmental and/or other needs</i>
6.4.3	1	There is active collaboration between Child and Adolescent Mental Health Services and Working Age Adult Services for young people who are approaching the age for transfer between services. This starts at least 6 months before the date of transfer.
6.4.4	2	Transition protocols are in place for young people with neurodevelopmental disorders (e.g. ASD, ADHD), including signposting to other support where the young person does not meet the criteria for adult mental health services
6.4.5	3	CAMH services have a named link person who liaises between services around transitions, who is responsible for leadership around transitions and monitors the quality of transition process
6.4.6	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 CAMHS service will provide liaison to the adult service, if needed and with consent
6.4.7	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
6.4.8	3	Young people referred to adult services are allocated a transitions mentor to support the transfer, who should be either an independent advocate or based within adult mental health services <i>Guidance: This could include support from a peer mentor</i>
<b>Section 7:</b>		<b>Multi-agency working</b>

	Type	Current standard
<b>7.1</b>		<b>The service works closely with, and has good access to, a range of services and agencies that are appropriate to the needs of the young people and parents/carers</b> <b>These include:</b>
<b>7.1.1</b>	<b>1</b>	Primary health care teams. Guidance: 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.
<b>7.1.2</b>	<b>1</b>	Paediatric, child development centres and other children's health services, including neurological services where appropriate
<b>7.1.3</b>	<b>1</b>	School health services including community paediatricians and school or college nurses
<b>7.1.4</b>	<b>1</b>	Organisations which offer: <ul style="list-style-type: none"> <li>• Housing support;</li> <li>• Support with finances, benefits and debt management;</li> <li>• Social services.</li> </ul>
<b>7.1.5</b>	<b>1</b>	Education and education support services
<b>7.1.6</b>	<b>2</b>	Forensic mental health services
<b>7.1.7</b>	<b>2</b>	Youth justice service
<b>7.1.8</b>	<b>1</b>	Inpatient and day-patient child and adolescent mental health services
<b>7.1.9</b>	<b>1</b>	Adult mental health services
<b>7.1.10</b>	<b>2</b>	Occupational Therapy
<b>7.1.11</b>	<b>1</b>	Speech and language professionals
<b>7.1.12</b>	<b>1</b>	Young people's drug and alcohol teams/substance misuse services
<b>7.1.13</b>	<b>1</b>	Laboratory and diagnostic services <i>Guidance: Psychiatrists should be able to access these for MRI scans, physical investigations and medication reviews</i>
<b>7.1.14</b>	<b>1</b>	Accident and emergency
<b>7.1.15</b>	<b>1</b>	Appropriate voluntary and third sector services <i>Guidance: These include support services for BME groups and LGBT support services</i>
<b>7.1.16</b>	<b>2</b>	Adult learning disability services

	Type	Current standard
7.1.17	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 representatives.
7.2		<b>The service has clear, up-to-date, documented agreements with a range of local services and agencies</b>
7.2.1	2	Documented inter-agency agreements clearly state the roles and responsibilities allocated to each organisation <i>Guidance: This should follow the service specification</i>
7.2.2	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. Guidance: Joint protocols are agreed, for example, with commissioners, primary healthcare services, emergency medical departments, social services.
7.2.3	1	There are interagency agreements on the sharing of information which balance confidentiality with the need to keep all relevant services informed in the young person's best interests
7.2.4	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 people in crisis.
7.2.5	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.
7.3		<b>Staff engage in activities and initiatives to improve joint-working and liaison</b>
7.3.1	2	There is regular dialogue, such as case meetings, between CAMHS and representatives from all agencies involved in the young person's care, and this is documented in the clinical notes
7.3.2	3	There is joint training and professional development across the services and agencies working with young people <i>Add Guidance: For example, this may include joint training between adult and children's services; designated sessions to facilitate liaison between services</i>

	Type	Current standard
7.3.3	3	Joint working is facilitated through flexible initiatives such as secondments, rotational posts, split posts and opportunities for job shadowing across organisations
<b>Section 8:</b>		<b>Staffing and training</b>
<b>8.1</b>		<b>There are appropriately skilled staff to meet the needs of young people and their parents/carers</b>
8.1.1	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive.
8.1.2	1	Staff members receive an induction programme specific to the service, which covers: <ul style="list-style-type: none"> <li>• The purpose of the service;</li> <li>• The team's clinical approach;</li> <li>• The roles and responsibilities of staff members;</li> <li>• The importance of family and carers;</li> <li>• Care pathways with other services.</li> </ul> Guidance: This induction should be over and above the mandatory Trust or organisation-wide induction programme.
8.1.3	1	New staff members, including agency staff, receive an induction based on an agreed list of core competencies. Guidance: This should 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.
8.1.4	1	Clinical staff members have received formal training to perform as a competent practitioner, or, if still in training, are practising under the supervision of a senior qualified clinician. <i>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</i>
8.1.5	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



	Type	Current standard
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.
8.2.2	1	The service has a mechanism for responding to low staffing levels, including: <ul style="list-style-type: none"> <li>• A method for the team to report concerns about staffing levels;</li> <li>• Access to additional staff members;</li> <li>• An agreed contingency plan, such as the minor and temporary reduction of non-essential services.</li> </ul>
8.2.5	2	Staffing levels support staff commitments to provide training, supervision and consultation within the service and to other services
8.2		<b>The team's collective membership needs to provide the following expertise:</b>
8.2.1	2	Psychiatric assessment for children and young people
8.2.2	2	Rapid response to referrals as outlined in the care pathway
8.2.3	2	Staff trained to supervisory level for evidence-based psychological interventions
8.2.4	2	Staff trained in the delivery of evidence-based psychological interventions
8.2.5	2	Experience to be able to provide family support
8.2.6	2	Experience to be able to provide home treatment
8.2.7	2	Administrative support or procedures in place to enable staff to support the effective running of the service
8.2.8	2	Young people are involved in and influence the recruitment of new staff
8.3		<b>There is an up-to-date line management structure and clear and agreed lines of responsibility and accountability</b>
8.3.1	1	CAMHS teams have a designated service manager and clinical lead <i>Guidance: This might be the same person</i>
8.3.2	2	All staff have clearly defined job descriptions and job plans which are revised at least annually
8.3.3	1	There are written documents that specify professional, organisational and line management responsibilities.
8.4		<b>Staff are regularly appraised and supervised and know how to gain additional support when needed</b>

	Type	Current standard
<b>8.4.1</b>	<b>1</b>	All staff members receive an annual appraisal and personal development planning (or equivalent). Guidance: This contains clear objectives and identifies development needs
<b>8.4.1a</b>	<b>3</b>	Clinical staff appraisals include feedback from young people and parents/carers
<b>8.4.2</b>	<b>1</b>	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body.  Guidance: Supervision should be skill -specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.
<b>8.4.3</b>	<b>2</b>	The quality and frequency of clinical supervision is monitored quarterly by the service lead (or equivalent).
<b>8.4.4</b>	<b>3</b>	All clinical staff receive regular peer group multidisciplinary supervision totalling at least one hour per month
<b>8.4.5</b>	<b>2</b>	All staff receive regular line management and professional supervision totalling at least one hour per month
<b>8.4.6</b>	<b>2</b>	All supervisors receive training in clinical supervision taking into consideration profession-specific guidelines
<b>8.4.7</b>	<b>2</b>	All junior staff (nursing and medical) receive support in line with their professional requirements <i>Guidance: Through weekly supervision and preceptorship programmes</i>
<b>8.4.8</b>	<b>2</b>	All new staff members are allocated a mentor to oversee their transition into the service.
<b>8.4.9</b>	<b>1</b>	Legal advice is available to staff on issues such as information sharing, confidentiality, consent, rights and child protection <i>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</i>
<b>8.4.10</b>	<b>1</b>	Staff members follow a lone working policy and feel safe when conducting home visits. <i>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</i>

	Type	Current standard
<b>8.5</b>		<b>Staff morale is monitored by the clinical and general manager</b>
<b>8.5.1</b>	<b>1</b>	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.
<b>8.5.2</b>	<b>2</b>	Staff members work well together, acknowledging and appreciating each other's efforts, contributions and compromises. Guidance: For example, this may be at events, in newsletters or with achievement awards
<b>8.5.3</b>	<b>1</b>	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.
<b>8.5.4</b>	<b>1</b>	Staff members share information about any serious untoward incidents involving a young person with the young person themselves and their carer, in line with the Duty of Candour agreement.
<b>8.5.5</b>	<b>1</b>	Staff members, young people and parents/carers who are affected by a serious incident are offered a debrief and post incident support.
<b>8.5.6</b>	<b>1</b>	Lessons learned from incidents are shared with the team and disseminated to the wider organisation.
<b>8.5.7</b>	<b>2</b>	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice.
<b>8.6</b>		<b>Staff receive all necessary training, and their continuing professional development is facilitated</b>
<b>8.6.1</b>	<b>2</b>	The service has access to a budget that can support the training needs of the team
<b>8.6.2</b>	<b>2</b>	Staff members can access leadership and management training appropriate to their role and specialty.
<b>8.6.3</b>	<b>2</b>	Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:
<b>8.6.4</b>	<b>2</b>	Staff members have access to study facilities (including books and journals on site or online) and time to support relevant research and academic activity.

	Type	Current standard
8.6.5	3	There is a commitment and financial support to enable staff to contribute to multi-centre clinical audit or research
8.6.6	1	All staff members who deliver therapies and activities are appropriately trained and supervised with evidence based therapies
8.6.7	2	Team managers and senior managers promote positive risk-taking to encourage recovery and personal development.
8.7		<b>Staff receive regularly updated education and training that is appropriate to their work in the service. This includes training and guidance on:</b>
8.7.1	2	Specific evidence based practice
8.7.2a	1	Pharmacological interventions (for staff who prescribe, dispense or administer medicines to young people)
8.7.2b	2	All clinical staff have a basic understanding of medications
8.7.3	1	Policies and procedures around consent
8.7.4	1	Policies and procedures around information-governance and confidentiality Guidance: See Information Sharing: Practitioners' Guide DfES 2006 for guidance
8.7.5	2	De-escalation and breakaway training
8.7.6	1	Culturally sensitive practice, disability awareness, and other diversity and equality issues, including the Equality Act 2010
8.7.7	2	Skills to respond to special needs, including sensory impairments, learning disabilities and developmental disorders
8.7.8	1	How to respond to an emergency when first on-call to young people presenting with acute psychiatric illness
8.7.9	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent);
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.
8.7.11	1	Recognising and communicating with young people with special needs, e.g. cognitive impairment or learning disabilities;
8.7.12	1	Statutory and mandatory training; Guidance: Includes equality and diversity, information governance
8.7.13	2	Clinical outcome measures;
8.7.14	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

	Type	Current standard
8.7.15	2	Young people, parents/carers and staff members are involved in devising and delivering training face-to-face.
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.
8.8		<b>Staff work effectively as a team or network</b>
8.8.1	2	The team attends business meetings that are held at least monthly. <i>Guidance: This is particularly important for staff who spend significant periods of time lone working or work within a different service</i>
8.8.2	3	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy.
8.8.3	2	Front-line staff members are involved in key decisions about the service provided.
8.8.4	2	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that front-line staff members find accessible and easy to use.
8.8.5	1	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews. Guidance: Referrals that are urgent or that do not require discussion can be allocated before the meeting.
8.8.6	2	Staff are consulted on relevant management decisions such as developing and reviewing operational policy
8.8.7	3	The organisation's leaders provide opportunities for positive relationships to develop between everyone. Guidance: This could include young people and staff members using shared facilities at the team base.
8.8.8	2	The team has protected time for team-building and discussing service development at least once a year.
8.8.9	2	When posts are vacant or in the case of long term sickness of maternity leave, prompt arrangements are made for temporary staff cover
<b>Section 9:</b>		<b>Location, Environment and Facilities</b>
9.1		<b>The locations where CAMHS are delivered are well-designed and have the necessary facilities to meet service needs</b>
9.1.1	2	The service entrance and key clinical areas are clearly signposted.
	3	Everyone is able to access the service using public transport or transport provided by the service.

	Type	Current standard
9.1.2	1	Staff, young people and parents/carers report that environments used by CAMHS practitioners are comfortable and maintained at high levels of cleanliness
9.1.3	2	CAMH centres are age and developmentally appropriate for the whole age range seen by the service and are young person-friendly <i>Guidance: For example, waiting areas in CAMH centres contain age and developmentally appropriate play and reading material</i>
9.1.4	2	Staff, young people and parents/carers report that waiting areas for CAMH services are sufficiently spacious
9.1.5	3	CAMH centres have sufficient car parking space for visitors, including allocated spaces for disabled access
9.2		<b>Environments in which CAMH services are delivered are managed so that the rights, privacy and dignity of young people and their parents/carers are respected</b>
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.
9.2.2	2	CAMHS practitioners have access to large and small rooms suitable for individual and family consultations
9.2.3	1	Clinical rooms are private and conversations cannot be easily over-heard.
9.3		<b>CAMH services are delivered in safe environments</b>
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.
9.3.2	2	CAMH centres are securely separated from adult services <i>Guidance: There are separate areas and entrances for adults' and children's services, and access to children's services is restricted</i>
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
9.3.4	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed.

	Type	Current standard
9.3.5	3	CAMH centres provide low-stimulation environments for young people who require them, including designated quiet areas <i>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</i>
9.3.6	1	There is an alarm system in place (e.g. panic buttons) and this is easily accessible.
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.
9.3.8	1	Furniture is arranged so that doors, in rooms where consultations take place, are not obstructed.
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
9.3.10	1	Emergency medical resuscitation equipment is maintained and checked weekly, and after each use.
9.4		<b>Staff have sufficient office facilities and IT systems</b>
9.4.1	2	Staff report they have sufficient space to do administrative work <i>Guidance: Staff can access suitable space to make confidential phone calls</i>
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, service user records, clinical outcome and service performance measurements.
9.4.3	3	The team is able to access IT resources to enable them to make contemporaneous records at meetings.
<b>Section 10:</b>		<b>Commissioning</b>
		<b>**N.B. Teams may not have all the necessary information to complete all of this section. If possible, we recommend that you complete this section together with your commissioner(s). If this cannot be arranged, please only enter scores for the criteria shaded green**</b>
10.1		<b>Commissioner-provider relationships are collaborative and effective</b>
10.1.1	1	Senior CAMHS managers work collaboratively with the CAMHS commissioning lead for each commissioning agency involved
10.1.2	2	Commissioners and service managers meet at least 6 monthly.

	Type	Current standard
10.1.3	1	Commissioners and senior CAMHS managers are aware of their responsibilities as outlined in the service specification <i>Guidance: For example, the Children Act 1989, Disability Discrimination Act 1995, Equality Act 2010</i>
10.1.4	2	The following groups are involved in and consulted on the development of the commissioning strategy: <ul style="list-style-type: none"> <li>• Young people who may access the service</li> <li>• Families of young people who may access the service</li> <li>• People from different religious, cultural and minority ethnic groups, whether or not they are patients of the service</li> <li>• CAMHS staff, including frontline staff</li> <li>• Local community groups and partner agencies</li> </ul>
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
10.2		<b>There is a clear role for the service that is explicitly set in the context of a comprehensive CAMHS strategy</b>
10.2.1	1	The service is explicitly commissioned or contracted against agreed standards. <i>Guidance: This is detailed in the Service Level Agreement, operational policy, or similar and has been agreed by funders.</i>
10.2.2	2	There is a comprehensive CAMHS strategy for all levels of service provision which is accessible and known to all local agencies working with young people <i>Guidance: For example, a universal, targeted and specialist services</i>
10.3		<b>Adequate resources are available to meet the needs of young people with mental health problems</b>
10.3.1	1	Commissioners and staff from the service regularly review capacity and demand



	Type	Current standard
10.3.2	2	<p>CAMHS 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</p> <p><i>Guidance:</i>  <i>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</i></p>