RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

QNCC
QUALITY NETWORK FOR COMMUNITY CAMHS

Quality Network for Community CAMHS

4th Edition Standards for Eating Disorder Services : Key Changes | 2024-2025

QNCC-ED 4ᵗʰ Edition Key Changes

Previous Standard Number	Previous Standard Type	Previous Standard	New standard number	New standard type	New standard criteria	Changes made	CCQI Core Standard
1.1.5	**1**	Outcomes of referrals are fed back to the referrer, young person and parent/carer in writing (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. If a referral is accepted the service should provide information on: -How young people can access help while they wait for an appointment (e.g. letter, leaflet or telephone call; points of contact to access help may include the referrer, the school nurse, other local service or online services) -Information about expected waiting times for assessment and treatment -With any updates of any changes to their appointment.	**1.1.5**	**1**	Outcomes of referrals are fed back to the referrer, **GP,** young person and parent/carer in writing (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. If a referral is accepted the service should provide information on:-How young people can access help while they wait for an appointment (e.g. letter, leaflet or telephone call; points of contact to access help may include the referrer, the school nurse, other local service or online services)-Information about expected waiting times for assessment and treatment-With any updates of any changes to their appointment. ***Guidance: Other relevant bodies, such as social care and education, should also be copied into this correspondence.***	**Standard wording updated** **Guidance added**	

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1.2.1	1	Appointments are flexible and responsive to the needs of young people and their parents/carers where appropriate. *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; or virtually via tele-appointments are offered where appropriate.*	1.2.1	1	Appointments are flexible and responsive to the needs of young people and their parents/carers. *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; or virtually via tele-appointments are offered where appropriate.*	**Standard wording updated**	
1.2.3	1	The team follows up with young people and parents/carers (if appropriate) who were not brought for an appointment or assessment. If they are unable to engage with the young person, a decision is made by the assessor/team, based on need and risk, as to how long to continue to follow up the young person.	1.2.3	1	The team follows up with young people **(and parents/carers)** who were not brought for an appointment or assessment. If they are unable to engage with the young person, a decision is made by the assessor/team, based on need and risk, as to how long to continue to follow up the young person.	**Standard wording updated**	**4.1**
1.3.1	1	80% of Young people with a routine referral for a suspected eating disorder receive a mental health assessment within 15 days with a view of starting a NICE concordant treatment within four weeks in line with eating disorder referral to treatment. *Guidance: Where services are not able to meet this standard, there must be an action plan in place to*	1.3.1	1	80% of Young people with a routine referral for a suspected eating disorder receive a mental health assessment within **28 days.** *Guidance: **Assessment must take place in-person to assess physical risk. This should include the commencement of an evidence-based intervention. This should also***	**Standard wording updated** **Guidance updated**	

		demonstrate they are working towards meeting this standard.			***take place in consultation with a multi-disciplinary team**. Where services are not able to meet this standard, there must be an action plan in place to demonstrate they are working towards meeting this standard*		
1.3.2	**2**	95% of Young people with a routine referral for a suspected eating disorder receive a mental health assessment within 15 days with a view of starting a NICE concordant treatment within four weeks in line with eating disorder referral to treatment. *Guidance: Where services are not able to meet this standard, there must be an action plan in place to demonstrate they are working towards meeting this standard.*	**1.3.2**	**2**	95% of Young people with a routine referral for a suspected eating disorder receive a mental health assessment within **28 days**. *Guidance: **Assessment must take place in-person to assess physical risk. This should include the commencement of an evidence-based intervention. This should also take place in consultation with a multi-disciplinary team.** Where services are not able to meet this standard, there must be an action plan in place to demonstrate they are working towards meeting this standard*	**Standard wording updated** **Guidance updated**	

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1.3.3	1	80% of Young people with urgent mental health needs for a suspected eating disorder can access a mental health assessment within one week. (in line with the eating disorder RTT standard) *Guidance: Staff should be aware of the different pathways available and the urgent assessment process should be completed by an appropriately skilled clinician.*	1.3.3	1	80% of Young people with urgent mental health needs for a suspected eating disorder can access a mental health assessment within one week. (in line with the eating disorder RTT standard) *Guidance: **Assessment must take place in-person to assess physical risk.** Staff should be aware of the different pathways available and the urgent assessment process should be completed by an appropriately skilled clinician.*	**Guidance updated**
1.3.4	2	95% of Young people with urgent mental health needs for a suspected eating disorder can access a mental health assessment within one week. (in line with the eating disorder RTT standard) *Guidance: Staff should be aware of the different pathways available and the urgent assessment process should be completed by an appropriately skilled clinician.*	1.3.4	2	95% of Young people with urgent mental health needs for a suspected eating disorder can access a mental health assessment within one week. (in line with the eating disorder RTT standard) *Guidance: **Assessment must take place in-person to assess physical risk.** Staff should be aware of the different pathways available and the urgent assessment process should be completed by an appropriately skilled clinician.*	**Guidance updated**

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1.3.5	**1**	Young people with emergency mental health needs receive a mental health assessment within 24 hours (in line with the eating disorder RTT standard)	**1.3.5**	**1**	Young people with urgent mental health needs can access a mental health assessment within 24 hours (within 4 hours if very urgent). *Guidance: The urgent assessment process should be completed by an appropriately skilled clinician. If the team does not provide this service, staff are aware of the different pathways available.*	**Guidance added**	
1.3.6	**1**	For non-urgent assessments, the team makes written communication in advance to young people that includes:- The name and title 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 there-Who to contact if the situation worsens significantly, and Crisis lines.	**1.3.6**	**1**	For non-urgent assessments, the team makes written communication in advance to **young people and parents/carers,** that includes:- The name and title 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 there-Who to contact if the situation worsens significantly, and Crisis lines.	**Standard wording updated**	**2.1**

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1.3.7	**1**	The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment. The young person receives a copy.	**1.3.7**	**1**	The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment. **Young people parents/carers also receive correspondence.**	**Standard wording updated**	**3.6**
			1.4.2	**1**	Reasonable adjustments are made, if required, for patients with disability, including those with autism and/or learning disability. Any reasonable adjustments are recorded in patients notes.	**New Standard 4th Edition**	

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1.4.2	**1**	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. *Guidance: For example, this is specified on an assessment checklist and audited through service questionnaires for young people and parents/carers.*	**1.4.3**	**1**	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. ***Guidance: The assessment should also be an opportunity for young people and parents/carers to ask any questions they may have about the purpose of assessment.***	**Standard number and wording updated**	
1.4.3	**1**	Young people have a comprehensive evidence-based assessment which includes: Mental health and medication; Psychosocial and psychological needs; Strengths and areas for development; Risk, including risk of suicide; Educational background Experience of Social Care/Youth Justice	**1.4.4**	**1**	Young people have a comprehensive evidence-based assessment which includes: Mental health and medication; Psychosocial and psychological needs, **including any neurodivergent needs;** Strengths and areas for development; Risk, including risk of suicide; Educational background Experience of Social Care/Youth Justice; **Family circumstances.**	**Standard number and wording updated**	**3.2**

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1.4.4	1	Young people have a risk assessment and management plan which is co-produced where possible, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality and consent). *Guidance: The assessment considers risk to self, risk to others and risk from others.*	**1.4.5**	**1**	Young people have a risk assessment and management plan which is co-produced where possible, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality and consent). *Guidance: The assessment considers risk to self, risk to others and risk from others.* **Services should use a formulation of risk approach rather than a scale of low to high risk.**	**Standard number and wording updated**	**3.4**
1.4.5	1	Assessments are based on the wishes and goals of young people, the family and their capacity to support interventions.	**1.4.6**	**1**		**Standard number updated**	
1.4.6	1	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner.	**1.4.7**	**1**		**Standard number updated**	

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1.4.7	**1**	80% of young people assessed as requiring urgent treatment for an eating disorder start NICE concordant treatment within 1 week of referral. *Guidance: If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.*	**1.4.8**	**1**	80% of young people assessed as requiring urgent treatment for an eating disorder start NICE concordant treatment within 1 week of referral. *Guidance: **This should include the commencement of an evidence-based intervention**. **This should take place in consultation with a multi-disciplinary team.** If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.*	**Standard number updated** **Guidance updated**	
			1.4.9	**2**	95% of young people assessed as requiring urgent treatment for an eating disorder start NICE concordant treatment within 1 week of referral. *Guidance: This should include the commencement of an evidence-based intervention. This should take place in consultation with a multi-disciplinary team. If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.*	**New Standard 4th Edition**	
			1.4.10	**1**	80% of young people assessed as requiring routine or non-urgent treatment for an eating disorder start NICE concordant treatment within 4 weeks of referral. *Guidance: If a service is unable to meet waiting time guidelines, appropriate*	**New Standard 4th Edition**	

						steps have been taken to work towards their reduction.		
						Guidance: This should include the commencement of an evidence-based intervention. This should take place in consultation with a multi-disciplinary team. If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.		
1.4.8	**2**	95% of young people assessed as requiring routine or non-urgent treatment for an eating disorder start NICE concordant treatment within 4 weeks of referral. *Guidance: If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.*	**1.4.11**	**2**	95% of young people assessed **as requiring routine or non-urgent treatment for an eating disorder** start NICE concordant treatment **within 4 weeks of referral**. *Guidance:* **This should include the commencement of an evidence-based intervention. This should take place in consultation with a multi-disciplinary team.** *If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.*	**Standard number and wording updated**	
			1.4.12	**2**	**Young people who are waiting for treatment are signposted to access support whilst they are waiting. They are also made aware of who to contact if their needs change.**	**New Standard 4th Edition**	

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					Guidance: This could include crisis lines, guided self-help techniques, relevant resources to their treatment pathway, and voluntary organisations.		
1.6.1	1	A physical health review takes place as part of the initial assessment, or as soon as possible. This should include: 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	1.6.1	1	A physical health review takes place as part of the initial assessment, or as soon as possible. This should include: 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); **Diet including nutritional intake and historic and current eating patterns, to include pre-existing cultural and individual needs and preferences;** Current physical health medication, including side effects and compliance with medication regime;	**Standard wording updated**	3.3

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						Lifestyle factors **e.g. sleeping patterns, smoking, exercise, sexual activity, drug and alcohol use.**		
1.6.2	**1**	The CEDS takes responsibility for management of the eating disorder but liaises with, or refers to a physician if the initial assessment identifies co-existing physical conditions that increase risk (e.g. diabetes, pregnancy) and this communication is recorded.	**1.6.2**	**1**		The CEDS takes responsibility for **coordinating the** management of the eating disorder. **They 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.	**Standard wording updated**	
			1.6.3	**2**		**There is a link paediatrician who can support young people with physical risk and any co-existing physical health needs in order to mitigate any identified risk, where clinically indicated.**	**New Standard 4ᵗʰ Edition**	
1.6.3	**1**	Protocols for collaborative mental health and paediatric/medical care are in place for any young person requiring acute medical stabilisation. *Guidance: The MEED Guidance (Guidance on Recognising and Managing Medical Emergencies in Eating Disorders, formally known as MaRSiPAN (Management of Really Sick Patients with Anorexia Nervosa)), outlines suggested parameters for admission and other aspects of acute care and a refeeding protocol to guide initial management of medical risk*	**1.6.4**	**1**		Protocols for collaborative mental health and paediatric/medical care are in place for any young person requiring acute medical stabilisation. *Guidance:* ***The MEED Guidance (Guidance on Recognising and Managing Medical Emergencies in Eating Disorders)***, *outlines suggested parameters for admission and other aspects of acute care and a refeeding protocol to guide initial management of medical risk*	**Standard number and wording updated**	

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1.6.4	1	Protocols for collaborative mental health and medical care are in place with primary care to support early identification and for any young person requiring medical monitoring.	**1.6.5**	1	Protocols for collaborative mental health and medical care are in place with primary care to support early identification and for any young person requiring medical monitoring.	**Standard number updated**	
1.6.5	1	For young people at high risk for refeeding syndrome, there is a suitable environment identified for monitoring and treating complications if refeeding.	**1.6.6**	1	For young people at high risk for refeeding syndrome, there is a suitable environment identified for monitoring and treating complications of refeeding. ***Guidance: This should be done in liaison with a paediatrician.***	**Standard number updated** **Guidance added**	
1.6.6	1	Growth, pubertal and bone density monitoring is offered to young people and, if action is required, there is a formalised way of following this up.				**Standard removed**	
2.1.3	1	All young people have a documented diagnosis and clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.	**2.1.3**	1	**All young people have a documented diagnosis and clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.** ***Guidance: The clinical formulation should be a collaborative process***	**Guidance added**	3.5

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					that provides a structured understanding of a young person's difficulties. This should be shared with the young person, parents/carers and any other relevant agencies		
2.1.4	**1**	Young people are offered treatment for common comorbid problems by the CEDS.	**2.1.4**	**1**	Young people are **supported to access treatment for common co-presenting problems by the CEDS.** *Guidance: This may include signposting and/or referring to appropriate services i.e. General CAMHS, where the direct responsibility of co-presenting treatment does not fall under the remit of the CEDs.*	**Standard wording updated** **Guidance added**	
2.1.5	**1**	Young people and their parents/carers (with consent, see guidance below) are supported to understand the benefits, functions, expected outcomes, limitations and side effects of their medications, intervention options and non-intervention options. *Guidance: This is where the child or young person has capability/ competence to consent. HeadMeds or YoungMinds'*	**2.1.5**	**1**	Young people and their parents/carers are supported to understand the benefits, functions, expected outcomes, limitations and side effects of their medications, intervention options and non-intervention options.	**Standard wording updated** **Guidance removed**	

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		websites, for example, could be used to access this information.					
2.1.7	**2**	Young people and their parents/carers consistently see the same clinician for intervention, unless their preference or clinical need demands otherwise	**2.1.7**	**2**	Young people and their parents/carers consistently see the same clinician for **appointments,** unless their preference or clinical need demands otherwise.	**Standard wording updated**	
2.1.8	**2**	There is a mechanism for young people to change their clinician if there are problems without prejudicing their access to treatment. *Guidance: This should be referred to in service information.*	**2.1.8**	**1**	There is a mechanism for young people to **request to** change their clinician if there are problems without prejudicing their access to treatment. *Guidance: **Where a change in clinician is not possible this is discussed with young people and parent/carers.***	**Updated standard wording and type**	
2.2.4	**1**	For young people who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the young person's condition has stabilised. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.	**2.2.4**	**1**	For young people who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the young person's condition has stabilised. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements. *Guidance: **This should be in line with best practice, such as the principles of STAMP and STOMP.***	**Guidance added**	**6.2.4**

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2.2.5	1	Young people who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then six-monthly. If a physical health abnormality is identified, this is acted upon.	2.2.5	1	Young people who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then six-monthly. If a physical health abnormality is identified, this is acted upon. ***Guidance: This should be in line with best practice, such as the principles of STAMP and STOMP.***	**Guidance added**	7.4
2.3.2	2	Young people and parents/carers are guided in self-help approaches where appropriate. Guidance:This may include those waiting between assessment and treatment	2.3.2	2	Young people and parents/carers are guided in self-help approaches where appropriate.	**Guidance Removed**	
2.3.3	2	Young people and parents/carers are guided in their use of social media and helpful links where appropriate *Guidance: This may include those waiting between assessment and treatment;*	2.3.4	2	Young people and parents/carers are guided in the young person's use of social media and provided with helpful links where appropriate.	**Standard wording and number updated** **Guidance removed**	

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2.3.4	**2**	The team provides information, signposting and encouragement to young people to access local organisations for peer support, social engagement and work/education opportunities such as: Voluntary organisations; Community centres; Local religious/cultural groups; Peer support networks; Recovery colleges, pre-vocational training or employment programmes	**2.3.3**	**2**		**Standard number updated**	**6.1.6**
2.3.5	**1**	The team signposts young people to structured activities such as work, education and volunteering.				**Standard removed**	**6.1.6**
2.5.4	**3**	The team supports young people to access local green space on a regular basis. Guidance: This could include signposting to local walking groups or arranging regular group activities to visit green spaces. Consideration should be given to how all young people are able to access these sessions including, for example, access to appropriate foot or rainwear.	**2.3.5**	**3**	The team supports young people to access local green space **in line with the young persons care plan**. Guidance: **This could include signposting to local groups or arranging regular group activities to visit green spaces. This may include a range of appropriate activities with low physical activity options as appropriate to people's care plans.** Consideration should be given to how all young people are able to access these sessions including, for example, access to appropriate foot or rainwear.	**Standard wording updated** **Standard number updated**	**6.1.6**
2.4.1	**1**	Parents/carers are involved in discussions and decisions about the young person's care, treatment and discharge planning. This includes attendance at review meetings where the young person consents.	**2.4.1**	**1**	Parent/carer **views and input are incorporated** into discussions and decisions about the young person's care, treatment and discharge planning. This includes promoting attendance at review meetings where the young person consents.	**Standard wording updated**	**13.1**

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2.4.2	1	Parents/carers are supported 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 supported 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,* and **this is documented.**	**Guidance updated**	13.2
2.4.5	3	The service actively encourages parents/carers to attend carer support networks or groups. There is a designated staff member to support carers.	2.4.5	3	**The service actively encourages parents/carers to attend carer support networks or groups.**	**Standard wording updated**	13.5
			2.4.6	3	**There is a designated staff member to promote carer involvement.**	**New Standard 4ᵗʰ Edition**	13.5

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2.4.6	1	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, MFT-AN sessions or skills development groups C70*	2.4.7	1	**Health care professionals ensure that 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 sessions, separate sessions for parents, sessions or skills development groups.*	**Standard wording and number updated**	
2.5.1	1	Clinical outcome measurement data, including progress against user defined goals, is collected as a minimum at assessment, after six months, 12 months and then annually until discharge. Staff can access this data.	2.5.1	1	Clinical outcome measurement is used as an integral part of planning, delivering and reviewing care. Staff access and use this data to inform care planning. *Guidance: Data, including progress against user defined goals, is collected as a minimum at assessment, after six months, 12 months and then annually until discharge.*	**Standard wording updated**	23.1
2.5.3	2	Clinical outcome measurement and experience of care data, including progress against user defined goals, is collected as a minimum at assessment, after six months, 12 months and then annually until discharge. Staff can access this data.	2.5.3	2	The service's clinical outcome and experience of care data are reviewed at least every six months. The data is shared with commissioners, the team, young people and parents/carers, and used to make improvements to the service.	**Standard wording updated**	23.3

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3.1.2	**2**	All information materials such as leaflets are regularly updated and include a date for revision.	**3.1.2**	**2**	All information materials such as leaflets are regularly updated and include a date for revision. **Information is adapted for all age ranges seen by the service, and is available in accessible formats**	**Standard wording updated**	
3.1.3	**2**	Young people and their parents/carers are able to access information on the service via an up-to-date website.	**3.1.3**	**2**	**The service has a website which provides information about the unit that young people and parents/carers can access prior to admission** **This should include:** **- The contact details of the service** **- Directions to the service** **- Information on outcomes from regulator reports** **- Opening hours for the service** **- Information around support that can be offered while young people are waiting to be seen.**	**Standard wording updated**	
3.1.4	**1**	Young people (and carers, with young person consent) are offered written and verbal information about the young person's mental illness and treatment. *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psychoeducation group. Written*	**3.1.4**	**1**	Young people and parents/carers are offered written and verbal information about the young person's **mental health needs**, **individualised formulation** and treatment. *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psychoeducation group. Written information could include leaflets or websites.*	**Standard wording updated**	**6.1.8**

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		information could include leaflets or websites.					
3.1.5	**2**	Staff provide young people and their parents with information about the roles played by key professionals across the CAMHS team.	**3.1.5**	**2**	Staff provide young people and their parents with information about the roles played by key professionals across the CAMHS team. ***Guidance: This may be included in the welcome pack or presented on a display board.***	**Guidance added**	
3.1.6	**2**	Siblings of young people accessing the service are provided with clear information in an appropriate format e.g. Young Minds.	**3.1.6**	**2**	Siblings of young people accessing the service are provided with clear **and accessible** information in an appropriate format **about the young person's mental health needs and how they can access support e.g. YoungMinds, BEAT.**	**Standard wording updated**	
3.1.7	**2**	The service provides young people and their parents or carers with service information that is culturally relevant and sensitive to protected characteristics. *Guidance: For example, images used in posters and leaflets fully reflect the cultural diversity of the community*	**3.1.7**	**2**	The service provides young people and their parents/carers with service information **about how the service supports** young people with their mental health needs, that is culturally relevant and sensitive to protected characteristics. *Guidance: For example, images used in posters and leaflets fully reflect the cultural diversity of the community.*	**Standard wording updated**	
3.1.8	**2**	Information designed for young people and parents/carers is written with the participation of	**3.1.8**	**2**	Information **about the service** is designed for young people and parents/carers, **and written with the**	**Standard wording updated**	

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		young people and parents/carers. *Guidance: For example, including quotations or narratives reflecting the real experiences of the young people and parents who have used the service.*			**participation of young people and parents/carers with lived experience of accessing the service.** ***Guidance: For example, including quotations or narratives reflecting the real experiences of the young people and parents/carers who have used the service.***		
3.2.2	**1**	Where young people are able to give consent, their consent to the proposed treatment or intervention is sought by the practitioner carrying out the treatment and the agreement or refusal is recorded in their notes. This is done each time there is a change in treatment. Where young people are not able to give consent (due to age or capacity), 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	**3.2.2**	**1**	**Where young people are able to give consent, their consent to parental involvement and their consent to the proposed treatment or intervention are sought by the practitioner** carrying out the treatment and the agreement or refusal is recorded in their notes. This is done each time there is a change in treatment. Where young people are not able to give consent (due to age or capacity), 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 or MHAct 1983.**	**Standard wording updated**	

		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			*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*		
3.2.3	1	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)*				**Standard removed**	

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4.1.4	**1**	Young people are offered the opportunity to see a staff member on their own without other staff or family present. This should be recorded in case records.		**4.1.4**	**1**	Young people are offered the opportunity to see a staff member on their own without other staff or family present. This should be recorded in case records **and noted for assessment.**	**Standard wording updated**	
4.2.1	**1**	Staff act in accordance with current child protection protocols (e.g. the procedures of the Local Safeguarding Children Board).		**4.2.1**	**1**	**All staff are aware of,** and act in accordance with, current child protection protocols (e.g. the procedures of the Local Safeguarding Children Board).	**Standard wording updated**	
4.2.2	**1**	The organisation has a named doctor and a named nurse responsible for child protection. *Guidance: This may include safeguarding lead or the organisation's child protection lead*		**4.2.2**	**1**	The organisation has a named doctor and a named nurse responsible for child protection, **and staff are aware of who this is.** *Guidance: This may include safeguarding lead or the organisation's child protection lead **who are easily identifiable to all staff.***	**Standard wording updated** **Guidance updated**	
4.2.3	**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 should be followed up. Young people are reassured that any disclosure of abuse will be taken seriously and are informed about the next steps*		**4.2.3**	**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 should be followed up. Young people are reassured that any disclosure of abuse will be taken seriously, are informed about the next steps, **the likely timeframes, and are regularly updated.***	**Guidance updated**	

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4.2.4	1	If a safeguarding referral is made to the Local Authority and no response is received within 24 hours, there are procedures in place for escalation via the identified safeguarding lead.	**4.2.4**	1	If a safeguarding referral is made to the Local Authority and no response is received **within timelines agreed with the local authority**, there are procedures in place for escalation via the identified safeguarding lead.	**Standard wording updated**	
4.2.5	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. *Guidance: This should include those under kinship care or guardians, foster care or under children social services.*	**4.2.5**	1	The specific safeguarding needs of **Children in Care (otherwise known as children who are Looked After)** are responded to through policies, procedures and practice that are designed to protect them. *Guidance: This should include those under kinship care or guardians, foster care or under children social services.*	**Standard wording updated**	
5.1.1	1	A discharge letter is sent to the young person and all relevant parties (with the young person's consent) within 10 days of discharge. The letter includes the plan for: On-going care in the community/aftercare arrangements; Crisis and contingency arrangements including details of who to contact; Medication, including monitoring arrangements; Details of when, where and who will follow up with the young person as appropriate.	**5.1.1**	2	A discharge letter is sent to the young person and all relevant parties (with the young person's consent) within 10 days of discharge. The letter includes the plan for: On-going care in the community/aftercare arrangements; Crisis and contingency arrangements including details of who to contact; **Medication, including indication, monitoring arrangements, shared care protocols and longer term plans for specific medication, e.g. short term course of medication or reducing dosage over time;** Details of when, where and who will	**Standard wording updated**	9.1

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					follow up with the young person as appropriate.		
5.1.2	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.	5.1.2	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, risk assessment **and allocated named person taking over their care. This should occur prior to the young person's first appointment with the new community service, to ensure they have all necessary information in time.**	**Standard wording updated**	9.3
5.1.3	2	Teams provide support to young people when their care is being transferred to another community team, or back to the care of their GP.	5.1.3	2	Teams **continue to provide support to young people until their care is completely transferred** to another community team, or back to the care of their GP.	**Standard wording updated**	9.4
5.1.4	1	The team makes sure that young people who are discharged from hospital are followed up within one week. *Guidance: This may be in coordination with the Home Treatment/Crisis Resolution Team.*	5.1.4	1	The team makes sure that young people who are discharged from hospital are followed up within **72 hours.** *Guidance: This may be in coordination with the Home Treatment/Crisis Resolution Team.*	**Standard wording updated**	9.2

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5.1.6	2	Having left the service, young people can re-access the service if needed, within agreed timeframes. *Guidance: There may be exceptions where young people require a general assessment and where it may be appropriate to follow the initial referral pathway*	5.1.6	1	Having left the service, young people can re-access the service if needed, within agreed timeframes. ***Guidance: This is clearly documented in the discharge information. There may be exceptions where young people require a general assessment and where it may be appropriate to follow the initial referral pathway.***	**Standard type updated** **Guidance updated**	
5.2.2	1	When a young person is admitted to inpatient care, a community team representative attends and contributes to ward rounds and discharge planning. *Guidance: This may be in person or via teleconferencing facilities, for example.*	5.2.2	1	When a young person is admitted to inpatient care, a community team representative attends and contributes **to multi-agency meetings that include CPA or review meetings** and discharge planning. *Guidance: This may be in person or via teleconferencing facilities, for example.* ***The care co-ordinator should remain involved in the episode of care for the young person.***	**Standard wording updated** **Guidance updated**	
5.3.1	1	There is active collaboration between CAMHS/CED and Working Age Adult Services for young people who are approaching the age for transfer between services. This starts at least six months before the date of transfer.	5.3.1	1	There is active collaboration between CAMHS/CED and Working Age Adult Services for young people who are approaching the age for transfer between services. This starts at least six months before the date of transfer. ***Guidance: There is a documented***	**Guidance added**	9.5

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					transition plan in place, with contributions from all stakeholders.		
5.3.4	**2**	When young people are referred to adult services, a joint transition meeting is organised between CED/CAMHS and the adult team to ensure a comprehensive handover can take place.	**5.3.4**	**2**	When young people **are likely to need a referral to** adult services, a joint transition meeting is organised between CED/CAMHS and the adult team to ensure a comprehensive handover can take place. **Guidance: Young people are included in any final discussions around transfer of care.**	**Standard wording updated** **Guidance added**	
6.2.1	**2**	Documented inter-agency agreements clearly state the roles and responsibilities allocated to each organisation, and the names of responsible contacts. *Guidance: This should follow the service specification.*	**6.2.1**	**2**	Documented inter-agency agreements clearly state the roles and responsibilities allocated to each organisation, and the names of responsible contacts. *Guidance: This should follow the service specification. This is reviewed annually as a minimum to meet service demands.*	**Guidance updated**	

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6.2.7	1	Paediatric care for both acute and chronic aspects of routine eating disorder management includes liaison with paediatric specialities and community services as needed.	**6.2.7**	1	Paediatric care for both acute and chronic aspects of routine eating disorder management includes **collaboration** with paediatric specialities and community services as needed.	**Standard wording updated**	
6.3.1	2	There is regular liaison between CAMHS/CEDS and representatives from all other agencies involved in the young person's care, and this is documented in the clinical notes.	**6.3.1**	2	There is regular **collaboration** between CAMHS/CEDS and representatives from all other agencies involved in the young person's care, and this is documented in the clinical notes.	**Standard wording updated**	
6.3.2	2	CAMHS offer consultation and training to partner agencies. *Guidance: For example, by appointing link persons to work with education, social services, drug and alcohol teams, and primary healthcare*	**6.3.2**	2	**CEDS** offer consultation and training to external partner agencies. *Guidance: For example, by appointing link persons to work with education, social services, drug and alcohol teams, and primary healthcare.* ***Training is delivered by appropriately qualified professionals.***	**Standard wording updated** **Guidance updated**	
7.1.4	1	There is an identified senior clinician available at all times who can attend the team base within an hour. Video consultation may be used in exceptional circumstances. Guidance: Some services may have an agreement with a local GP to provide this medical cover. Rural services may require more frequent use of video consultation.	**7.1.4**	1	There is an identified senior clinician **(Band 7 or above, with relevant experience in managing clinical safety) available at all times who can attend the team base within one hour if required, to support decision-making around clinical safety. Remote consultation (e.g. video or phone) may be used where**	**Standard wording updated** **Guidance removed**	19.3

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					appropriate, provided it enables timely and effective decision-making.		
7.1.7	**3**	The team includes a peer support worker who can share knowledge, experiences and support to those currently accessing the service. *Guidance: This might include providing accounts of their experiences to new young people and parents/carers through a support group or documentation*	**7.1.7**	**3**	The team includes a **fully inducted** peer support worker who can share knowledge, experiences and support to those currently accessing the service. *Guidance: This might include providing accounts of their experiences to new young people and parents/carers through a support group or documentation*	**Standard wording updated**	
7.1.9	**2**	There is dedicated sessional time from psychologists to support a whole-team approach for psychological management.	**7.1.9**	**2**	**There is a whole-team approach to psychological management.** ***Guidance: This could be demonstrated through MDT meetings, safety huddles, staff surveys and reflective practice.***	**Standard wording updated** **Guidance added**	**6.1.3**
7.2.1	**1**	New staff members, including bank 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*	**7.2.1**	**1**	New staff members, including **temporary 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;*	**Standard wording updated**	**20.2**

		receiving enhanced supervision until core competencies have been assessed as met.			*being observed and receiving enhanced supervision until core competencies have been assessed as met.*		
7.4.4	**1**	When mistakes are made in care this is discussed with the young person themselves and their parent/carer, in line with the Duty of Candour agreement.	**7.4.4**	**1**	**When serious mistakes are made in care, this is discussed with the young/person and their parents/carers, an apology is given and actions taken as appropriate to mitigate the outcome of the mistake and/or prevent its recurrence. Any safeguarding concerns that have arisen through the incident should be raised and processed in line with policy.**	**Standard wording updated**	**24.2**
7.4.5	**1**	Staff members, young people and parents/carers who are affected by a serious incident are offered post incident support. *Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.*	**7.4.5**	**1**	Staff members, young people and parents/carers who are affected by a serious incident are offered post incident support, **as soon as reasonably and practically possible.** *Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.*	**Standard wording updated**	**21.3**
			7.4.8	**2**	Those in leadership roles are visible and present in the team and actively role model and promote an open learning culture. They are confident and competent in both listening and following up in line with freedom to speak up principles.	**New Standard 4th Edition**	

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					Guidance: Staff know that incident reporting, learning from incidents and responsiveness to feedback are leadership priorities. If staff raise concerns they are confident their leadership will address it.		
7.5.5	1	**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:** Recognising and communicating with young people with cognitive impairment or learning disabilities.	**7.5.5**	1	**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:** **Cognitive impairment, learning disability and autism, including awareness of neurodiversity and how to interact appropriately with autistic people and people who have a learning disability**	**Standard wording updated**	**22.1e**
7.5.9	2	Young people and parent/carer representatives are involved in delivering and developing training.	**7.5.9**	2	Young people and parent/carer representatives are involved in delivering and developing training. ***Guidance: Young people and parents/carers should have experience of using a similar service.***	**Guidance added**	**22.2**
7.5.11	1	Staff receive eating disorder-specific training to be able to support the physical needs of young people. *Guidance: This will include specific*	**7.5.11**	1	Staff receive eating disorder-specific training **relevant to their post** to be able to support the physical **and emotional** needs of young people.	**Standard wording updated**	

		training on refeeding and dietary needs			*Guidance: This will include specific training on refeeding and dietary needs.*		

7.6.2	1	Frontline staff are consulted on relevant management decisions such as developing and reviewing operational policies.	**7.6.2**	1	Frontline staff are consulted on relevant management decisions **such as service developments** and developing and reviewing operational policies.	**Standard wording updated**	
7.6.4	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 the team feel do not require discussion can be allocated before the meeting.*	**7.6.4**	1	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews. **This is minuted and recorded in documentation.** *Guidance: Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.*	**Standard wording updated**	5.2

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			The environment complies with current legislation on accessible environments. *Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.*	8.1.3	1	The environment complies with current legislation on accessible environments. *Guidance: Relevant assistive technology equipment, **such as handrails,** are provided to meet individual needs and to maximise independence.*	**Guidance wording updated**	17.3
8.1.3	1							
8.2.3	2		If it is and a preference for the individual and for family work/consultations, Practitioners are equipped and supported to offer treatment using digital technology				**Standard removed**	
8.3.4	2		Low-stimulation environments are available to meet the needs of young people who require them, including designated quiet areas *Guidance: Rooms may be multi-functional if necessary, although young people with additional needs must be able to access quiet spaces. 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.*	8.3.4	2	Low-stimulation environments are available to meet the needs of young people who require them, including designated quiet areas. *Guidance: Rooms may be multi-functional if necessary, although young people with additional needs must be able to access quiet spaces. 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 **young people with** learning disabilities.*	**Guidance updated**	

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8.3.5	1	There is an alarm system in place (e.g. panic buttons or personal alarms) and this is easily accessible for young people, parents/carers and staff members.	**8.3.5**	1	**There is a system by which staff are able to raise an alarm if needed.**	**Standard wording updated**	**17.5**
9.1.4	2	There is a mechanism for CAMHS to highlight system-wide commissioning gaps, especially around complex cases e.g. sensory impairments, severe learning disability and complex physical needs.	**9.1.4**	2	There is a mechanism for CAMHS to highlight system-wide commissioning gaps**, for example the needs of autistic children and young people and those with a learning disability. There is a local response to meeting these young people's needs.** **Guidance: For example, in England this would be on the local dynamic support register, and would be in line with the CETR/DRS policy or local equivalent.**	**Standard wording updated** **Guidance added**	
9.2.1	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	**9.2.1**	2	The following groups are involved in and consulted on the development of the commissioning strategy: Young people and families who may access the service. **This should include young people and families from diverse backgrounds, autistic young people and young people with a learning disability;**	**Standard wording updated**	

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		People from diverse backgrounds, whether or not they are patients of the service CAMHS staff, including frontline staff Local community groups and partner agencies			CAMHS staff, including frontline staff; Local community groups and partner agencies		
9.2.6	**2**	The team use quality improvement methods to implement service improvements.	**9.2.6**	**2**	The team is actively involved in quality improvement activity.	**Standard wording updated**	**24.4**
9.2.7	**2**	The team actively encourage young people and parents/carers to be involved in QI initiatives.	**9.2.7**	**2**	The team actively encourage young people and parents/carers to be involved in Quality Improvement (QI) initiatives. *Guidance: This could include current, or past young people and parents/carers.*	**Standard wording updated** **Guidance added**	**24.5**