CYP IAPT principles in CAMH services – values and standards

"Delivering With and Delivering Well"

Version 2

1.0 Introduction

The children and young people's improving access to psychological therapies project [CYP-IAPT] aims to improve the availability and effectiveness of mental health interventions for children and young people.

This transformation is being effected by:

> Training existing CAMHS staff, in targeted and specialist services, in an agreed, standardised curriculum of NICE approved and best evidence based therapies. This will also increase the range of evidence based treatments / interventions available.
>
> In addition, supervisors and managers will receive training on supervision, service change and development.
>
> Supporting the collection of a nationally agreed outcome framework on a high frequency or session by session basis for all contacts. This routine outcome monitoring [ROM] is actively used to guide treatment / intervention in a collaborative manner with young people and their families.
>
> This outcome data will also be used in the direct supervision of the therapist, to determine the overall effectiveness of the service and to benchmark services. Embedding outcome monitoring across the whole CAMHS will transform how they operate, and how they are commissioned.

2.0 Service Quality

CYP IAPT has brought together CAMHS providers from across the statutory and voluntary sectors. At the heart of the programme is a strong emphasis on creating a collaborative approach across these sectors in addition to that with service users. As a result, there is now widespread agreement that the values and qualities embodied by the CYP IAPT programme should be part of a wider drive for change in improving children and young people's access to timely and high quality mental health provision.

CYP IAPT's approach to service quality and accreditation is one that seeks to build on existing quality assurance mechanisms rather than further burden frontline agencies.

The CYP IAPT approach is one which enables not only services that have directly benefited from their engagement in the programme to demonstrate their adherence to its principles and standards, it also encourages and facilitates change across all services providing help to children and young people with their mental health difficulties.

This document sets out an overarching quality framework for CYP IAPT which identifies the key markers underpinning the values and qualities of the programme. These markers are currently recognised in the existing quality assurance and quality processes mechanisms: Quality Network for Community CAMHS (QNCC), Youth Wellbeing Directory with ACE-V Quality Standards (ACE-Value), Choice and Partnership Approach (CAPA) and the Child Outcomes Research Consortium (CORC).

3.0 Related Accreditations, Service Evaluations and Transformations

The Quality Network for Community CAMHS (QNCC)

QNCC is part of the Royal College of Psychiatrists' Centre for Quality Improvement. Established in 2005, the network sets comprehensive service standards for community based CAMH teams and reviews them through a process of self and peer review. There is an additional subset of standards for teams providing a crisis and/or intensive response. Teams demonstrate their compliance with the standards by providing evidence and collecting feedback from young people, families, staff and professionals from other agencies. The network also provides a framework for services to share best practice and learn from each other through regular national conferences and learning events, an email discussion group and the opportunity to be part of a peer review team. Services meeting enough standards can be accredited by the College. The CYP IAPT values and qualities included in this document will be featured in the QNCC standards and for a service to be accredited as excellent, they will need to demonstrate their compliance with all of these.
[www.rcpsych.ac.uk/communitycamhs]

Youth Wellbeing Directory with ACE-V Quality Standards

The Youth Wellbeing Directory is a free online resource providing information about child and adolescent mental health service providers across sectors, both large and small. The directory provides commissioners, referrers and service users with a way of searching for services both locally and nationally according to the ACE-V Quality Standards of Accountability, Compliance, Empowerment and Value. Providers who aim to improve the emotional wellbeing and/or mental health of children and young people up to the age of 25 (whether directly; or by supporting their families and caregivers) are able to register their service profile by providing information around the ACE-V quality standards. By registering, providers "put themselves on the map" as committing to these qualities and are able to demonstrate how they are embedding these qualities in their practice The searchable online directory offers a way for potential service-users, referrers and commissioners to collaboratively consider and compare service providers based on quality, and offers the opportunity for service providers to increase recognition of their work. The CYP IAPT values and qualities included in this document map to the ACE-V Quality Standards. [www.youthwellbeingdirectory.co.uk]

Choice and Partnership Approach (CAPA)

CAPA is a clinical service transformation model that brings together:

- Collaborative practice: the active involvement of young people and their families
- Goal setting with regular review involving the young person
- Demand and capacity ideas and Lean Thinking
- A new approach to clinical skills and job planning: skill mix layering

It is used widely in the UK, Ireland, Belgium, Holland, New Zealand, Australia and Canada in CAMHS,

Adult mental health, and Child and Adult learning disability. [www.capa.co.uk.]

Child Outcomes Research Consortium (CORC)

CORC is a grassroots collaboration of mental health specialists from services providing provision for children and young people with mental health and wellbeing difficulties across the UK and beyond. The collaboration has grown from 4 subscribing organisations in 2004 to over 70. Members collect information from children, young people and families on progress, outcomes and experiences of care received. A small central team of researchers and support staff analyse the pseudonymised data centrally and provide ongoing support and training to members. The data is collected, explained and interpreted with young people in mind and CORC members are committed to using this information to help them reflect on their service provision and to use data to help them improve practice. [www.corc.uk.net]

4.0 Values and Standards

These values can be clustered into those that services demonstrate

- in their interactions WITH young people and their families/carers and
- those that are then required to deliver services WELL.

Within each value is an observable behaviour/s that shows the value being enacted well and acts as the standard description for that value.

Evidence to present to meet the standards:
Following each criteria are suggested evidence that a service could present – it anticipated that any service who has recently undergone a quality improvement or service transformation using any of the above four methodologies will have complied evidence as part of this process. This can be utilised to evidence the Values and Standards set out in this document.

Each accreditation / evaluation / transformation organisation listed above has mapped to the standards in their improvement frameworks. All those organisations can support services in developing to meet these standards. The key contacts/websites are shown above.

Note: The term "Young people" is chosen, for the sake of brevity, to represent young people, children and their families and carers. It is also used to promote the involvement of families and carers, wherever possible, in all these values. The term clinician / practitioner describes staff who deliver interventions to young people and their families.

Delivering With

Section 1: Access and voice

1.1 Referral

Clear eligibility criteria and referral processes which are accessible and understandable.

Behaviour	Possible Evidence
Clear information in a variety of formats to help young people and others in contact with them to understand how and when young people can access a service e.g. open access services: phone or drop in, opening times / referral based services: a set of criteria and pathways	Leaflets, website, posters, social media links

1.2 Self-referral

A clear self-referral process is available for all young people (as is appropriate for that service and compatible with local commissioning guidance).

Behaviour	Possible Evidence
1. Information is available in a variety of formats to support young people to make direct contact 2. Clear procedures to ensure young people voluntarily agree to attend the service	Agency information Data on referral activity Feedback from young people Policy on website Numbers of self-referrals A YP story of self-referral

1.3 Access times

A young person and where relevant their parents/carers receive quick access to treatment (access times are in line with any locally agreed targets).

Behaviour	Possible Evidence
90% of young people wait no more than 6 weeks between Assessment and Treatment [or Choice to Partnership]	Published data Young people's feedback Procedures to enable urgent/fast access to appointments

1.4 Accessible settings

Young people are offered help in accessible and comfortable settings.

Behaviour	Possible Evidence

1. Young people are consulted on and offered appointments at times and in locations that suit them best e.g. early evening, youth/community-based centres 2. Young people are consulted on the design of or improvements to the service's premises and the physical environment, including its signage and information are consistent with the agency's values and principles	Feedback and evidence of young people's involvement and the response made Feedback from young people's Complaints and suggestions Opening times Young people's feedback

1.5 Service feedback

There are clear ways and simple to use means for a young person and/or their family to provide regular feedback or to complain. This feedback should be used in a meaningful manner.

Behaviour	**Possible Evidence**
1. Clear policy and processes for gathering young people's individual feedback on their experience of the intervention offered and the overall service. 2. Information about making suggestions or complaints about the service is available and displayed in accessible format(s) 3. Information is available to young people about the actions taken as a result of feedback, complaints and/or suggestions	Published data on young people's experience of the help available Website/leaflets/posters Records of suggestions and complaints and the outcome Website/leaflets/posters

1.6 Advocacy & Support

The availability of independent advocacy and support services are well signposted and young people and/or their families are supported to access the help available.

Behaviour	**Possible Evidence**
1. The agency provides clear information about all its available services to enable young people to understand the range of help available e.g. information, advice and other support services 2. Staff listen carefully to young people to understand their needs and ensure they are referred to the appropriate internal or external service (if differentiated) 3. The agency has effective links with and information about other external bodies relevant to young people's needs to enable effective referral and signposting	Website/leaflets Young people's feedback Data on young people's use of internal services Feedback from young people Agency contacts and knowledge of other local agencies Information systems to support referral and signposting

1.7 Transitions

The transition between services will be planned and supportive, with the young person's mental health kept in mind throughout.

Behaviour	Possible Evidence

1. Any transfer plan is discussed and agreed with the young person 2. Where young people agree to an external referral, clear information and processes are implemented to ensure young people actively agree to the exchange of personal information and the agencies to which it may be given	Examples Care Programme Approach (CPA) Policy on consent and information sharing

Section 2: Clinical / Intervention Collaboration

2.1 Initial assessments

Young people are offered an initial assessment without significant delay

Behaviour	Possible Evidence
An initial assessment / Choice is offered within 6 weeks for 90%of all non-urgent referrals	Service level data Parents/Child feedback

2.2 Holistic

Young people are offered an initial assessment that is fully collaborative and takes a complete view of their lives and mental health. This assessment should include family/carers and friends where appropriate.

Behaviour	Possible Evidence
1. Young people are offered clear and accessible information to help them understand the purpose of assessment and the information gathered 2. Assessment / Choice letters includes content concerning bio-psycho-social information and the young person's wishes 3. Information on the young person's experience of assessment / Choice is regularly collected 4. Staff are appropriately trained to enable young people to identify their needs, strengths and difficulties	Young person feedback Audit Collated assessment / Choice letters / random audit Young people's feedback Young people's feedback Training records

2.3 Information

Young people are helped to make informed choices.

Behaviour	Possible Evidence
Young people have access to age and developmentally appropriate information about possible and different interventions and services relevant to their mental health and emotional wellbeing	Website/leaflets /hand-outs Young people's feedback Signposting to relevant website

2.4 Goals

Clinicians involve young people (and where appropriate their parents/carers) in the setting of relevant shared goals.

Behaviour	Possible Evidence
1. These are noted in the initial assessment / Choice letter 2. Goal based outcome measures are used in 90% of cases 3. Young people have opportunities to feedback on the process of goal setting	Young person feedback Audit Letters

2.5 Interventions

A choice of approaches/interventions (including those of evidence based practice where relevant) are offered if possible, in line with client preference and goals, and chosen in partnership with the practitioner.

Behaviour	Possible Evidence
1. Intervention information is provided and discussed 2. Used in intervention decision	Young person feedback Audit Data on service/intervention take-up

2.6 Goal review

Where goals are set there is regular review and reflection on goals and progress.

Behaviour	Possible Evidence
A goal based outcome measure is used and reviewed with young people	Young people's feedback Published outcome data Notes audit

2.7 Routine outcome measurement

Young people are asked to give session by session feedback and are involved in reviewing progress, goals and outcomes.

Behaviour	Possible Evidence
At least 3 ROM are used for 90% of YP	Published outcome data Young people's feedback Notes audit

Section 3: Strategic/Service Collaboration

3.1 Strategic collaboration

Young people (and where appropriate their parents/carers) are involved in all decisions/plans that affect young people. This includes design, planning, delivery and reviewing of services.

Behaviour	Possible Evidence

Young people are offered a range of opportunities relevant to their needs to encourage and support their involvement and participation in various aspects of the service. Young People's feedback is shared with senior representatives at a Trusts/Organisation Board level and comments are acted upon	Website/leaflets Demographic data Reports and data on activities and their outcomes Forum minutes

3.2 Publication Collaboration

Any leaflets, websites or communications aimed at young people are developed in partnership with young people.

Behaviour	Possible Evidence
Agencies have a range of strategies to enable appropriate consultation with all the groups of young people its service is designed to meet	Profile of young people involved Feedback from young people Notes/reports Young person's forum

3.3 Training

Young people and carers are appropriately involved and supported in the design, delivery and/or evaluation of staff training.

Behaviour	Possible Evidence
A training plan describing how young people have been consulted on and involved in its delivery is available	Young people's feedback Training plan Staff feedback

3.4 Recruitment

Young people and/or their parents/carers are involved in and their views taken into account in the recruitment and appointment of anyone in the organisation who has contact with young people.

Behaviour	Possible Evidence
1. Young People are involved in developing recruitment policies and procedures 2. Young people are trained and supported to conduct staff appointments	Collated interview panels Feedback from young people, interviewees and staff

Delivering Well

Section 4: Leadership

4.1 Leadership team

That there is a leadership team representing multiple aspects of the service e.g. managers, admin and clinicians / practitioners.

Behaviour	Possible Evidence
There is a regular cycle of meetings involving all those who lead and manage different areas of the service to ensure collaboration in the design, review and delivery of the annual operational and other plans. Transformation is seen as a dynamic process.	Operational plan Data on targets Minutes of meetings

4.2 Team development

There are regular scheduled opportunities for staff to come together for team / service away days to build team relationships, facilitate learning and service development.

Behaviour	Possible Evidence
Each team has regular joint development time and opportunities Transformation is seen as a dynamic process	Team diary Leadership team minutes Away day notes / agendas Staff feedback

4.3 Training

There is an organisational commitment, resources and time made available for continuing professional development and training.

Behaviour	Possible Evidence
Each service has an annual training plan available	Submitted Staff feedback

4.4 Integrated services

There are effective relationships with key local organisations to ensure the holistic needs of young people are met in a timely and appropriate manner

Behaviour	Possible Evidence

1. Staff develop positive working relationships with external agencies to enhance the overall local service offer to young people 2. Staff share skills and knowledge to ensure the timeliness and relevance of services and interventions based on an understanding of young people's wishes and needs 3. Where relevant and agreed with young people, staff ensure an integrated approach with other agencies in the care offered to individual young people	Minutes of meetings Information on local services Referral protocols Referral data Young people's feedback Staff feedback Record of joint training events

Section 5: Workforce

5.1 Skill mapping

The service has mapped the skills of the individual team members and uses this to inform clinical interventions, training and recruitment.

Behaviour	Possible Evidence
1. Services map staff skills at least annually, through e.g. supervision, appraisal, the use of core competency frameworks 2. The information generated actively informs the delivery of its services, operational and training plans	Operational and strategic plans Training plan Recruitment Skills map SASAT

5.2 Interventions

Services offer an appropriate range of treatments, including those recommended by NICE and other evidence based interventions (where relevant).

Behaviour	Possible Evidence
Staff are competent to perform all aspects of their role and responsibilities, including NICE recommended treatments where relevant	Data on outcomes Young people's feedback Staff appraisal and feedback Training records

5.3 Job Planning

Clinicians / practitioners have a clear description of their roles, tasks and capacity for clinical casework, administration, team meetings and supervision.

Behaviour	Possible Evidence
1. All staff have a job description and individually agreed work plan / capacity plan 2. Work plans are regularly monitored and reviewed in supervision 3. The service has a collated team capacity plan	Work plans Staff feedback Team / service capacity plan

5.4 Supervision

There are time and resources for clinical and management supervision.

Behaviour	Possible Evidence
1. The agency has clear policies on the different functions of line and clinical supervision and staff have regular access to both. 2. Clinical supervision must be available to practitioners at least one hour per month 3. Management supervision is available to all staff 4. Supervision is delivered by staff with the appropriate clinical skills and training	Line and clinical supervision policies Notes of supervision Feedback from staff

5.5 Peer group discussion

There are regular opportunities for staff to participate in small group case discussion regarding goals and outcomes.

Behaviour	Possible Evidence
The service ensures time and resources are available for practitioners to discuss interventions on a regular basis	Information for practitioners on PGD meetings Feedback from staff Dates / frequency noted in leadership team minutes

5.6 Appraisal

Young people's/families' views of their experience of the clinical care delivered should be included in staff appraisals.

Behaviour	Possible Evidence
1. Appraisers are trained to use young people's feedback to help inform individual staff appraisal 2. Each appraisal involves some feedback from young people on their service experience plus a clinical experience of service review (i.e. direct feedback on specific clinical interactions)	Notes of appraisal Staff and supervisor feedback Submitted E.g. CAPA-ECQ [experience of choice questionnaire] 360 degree

Section 6: Demand and Capacity

6.1 Demand and capacity management

Services can describe their demand and capacity and have systems (IT and others) and process in place to monitor and respond to fluctuations.

Behaviour	Possible Evidence

1. There is a continuous record of referrals accepted by team and available assessment / treatment or Choice and Partnership capacity. 2 . The agency monitors: - all contacts made by young people; - all assessments and interventions offered and taken up 3. The agency uses this information to help plan and manage the service	Statistical data Notes of management meetings Maps of administrative systems to support process

6.2 Flow management

Services deploy their resources efficiently and effectively to minimise delays in the young person's care and involve full booking wherever possible.

Behaviour	Possible Evidence
1. The service regularly monitors and reviews: - all initial contacts made to the service - waiting times between initial contact and intervention 2. The service has procedures for assessing and fast tracking urgent needs 3. 90% Young people are fully booked (i.e. booked into a specific slot rather than placed on a waiting list) into treatment / Partnership at Assessment / Choice	Data on contacts and take up of assessments and interventions Service policy on managing urgent cases Young people's feedback Maps of administrative systems to support process

7.0 Authorship

This document was written by Dr Steve Kingsbury [Service Development Group], Barbara Rayment [Voluntary Sector], Dr Isobel Fleming [CORC], Peter Thompson [QNCC] and Dr Ann York [Service Development Group Chair] with contributions from Mark Hemsley [Young Person] and Catherine Swaile [CAMHS Commissioner]. The group would like to thank the National Accreditation Council and the Service Development Group for their additional contributions.

8.0 CYP IAPT Values and Behaviours Summary

Delivering With			
Section 1: Access and Voice			
1.1	**Referral**	Clear criteria and referral processes which are accessible and understandable.	
1.2	**Self-referral**	A clear self-referral process is available for all young people (as is appropriate for that service and compatible with local commissioning guidance).	
1.3	**Access times**	A young person and where relevant their parents/carers receive quick access to treatment (access times are in line with any locally agreed targets).	

1.4	**Access settings**	Young people are offered help in accessible and comfortable settings.	
1.5	**Service feedback**	There are clear ways and simple to use means for a young person and/or their family to provide regular feedback or to complain. This feedback should be used in meaningful manner.	
1.6	**Advocacy & Support**	The availability of independent advocacy and support services are well signposted and young people and/or their families are supported to access the help available.	
1.7	**Transitions**	The transition between services will be planned and supportive, with the young person's mental health kept in mind throughout.	
Section 2: Clinical / Intervention Collaboration			
2.1	**Initial assessments**	Young people are offered an initial assessment without significant delay	
2.2	**Holistic**	Young people are offered an initial assessment that is fully collaborative and takes a complete view of their lives and mental health. This assessment should include family/carers and friends where appropriate.	
2.3	**Information**	Young people are helped to make informed choices.	
2.4	**Goals**	Clinicians involve young people (and where appropriate their parents/carers) in the setting of relevant shared goals.	
2.5	**Interventions**	A choice of approaches/interventions (including those of evidence based practice where relevant) are offered if possible, in line with client preference and goals and chosen in partnership with the practitioner.	
2.6	**Goal review**	Where goals are set there is regular review and reflection on goals and progress.	
2.7	**Routine outcome measurement**	Young people are asked to give session by session feedback and are involved in reviewing progress, goals and outcomes.	
Section 3: Strategic/service collaboration			
3.1	**Strategic collaboration**	Young people (and where appropriate their parents/carers) are involved in all decisions/plans that affect young people. This includes design, planning, delivery and reviewing of services.	
3.2	**Information Collaboration**	Any leaflets, websites or communications aimed at young people are developed in partnership with young people.	
3.3	**Training**	Young people and carers are appropriately involved and supported in the design, delivery and/or evaluation of staff training.	
3.4	**Recruitment**	Young people and/or their parents/carers are involved in and their views taken into account in the recruitment and	

		appointment of anyone in the organisation who has contact with young people.	
Delivering Well			
Section 4: Leadership			
4.1	**Leadership team**	That there is a leadership team representing multiple aspects of the service e.g. managers, admin and clinicians / practitioners.	
4.2	**Team development**	There are regular scheduled opportunities for staff to come together for team service away days to build team relationships, facilitate learning and service development.	
4.3	**Training**	There is an organisational commitment, resources and time made available for continuing professional development and training.	
4.4	**4.4 Integrated services**	There are effective relationships with key local organisations to ensure the holistic needs of young people are met in a timely and appropriate manner	
Section 5: Workforce			
5.1	**Skill mapping**	The service has mapped the skills of the individual team members and uses this to inform clinical interventions, training and recruitment	
5.2	**Interventions**	Services offer an appropriate range of treatments, including those recommended by NICE and other evidence based interventions (where relevant).	
5.3	**Job Planning**	Clinicians / practitioners have a clear description of their roles and task with appropriate time allocated for clinical casework, administration, team meetings and supervision.	
5.4	**Supervision**	There are time and resources for clinical and management supervision. Individual supervision must be at least one hour per month.	
5.5	**Peer group discussion**	There are regular opportunities for staff to participate in small group case discussion regarding goals and outcomes.	
5.6	**Appraisal**	Young people's views of their experience of the clinical care delivered should be a key part of staff appraisals.	
Section 6: Demand and Capacity			
6.1	**Demand and capacity management**	Services can describe their demand and capacity and have systems (IT and others) and process in place to monitor and respond to fluctuations.	
6.2	**Flow management**	Services deploy their resources efficiently and effectively to minimise delays in the young person's care and involve full booking wherever possible.	

Appendix 1: References

Delivering With

Leadership

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Workforce

Self Assessed Skills Audit Tool produced by Public Health England: SASSAT http://www.chimat.org.uk/resource/item.aspx?RID=103044

CAMHS Workforce Guidance.pdf

Demand and capacity and flow management

York, A & Kingsbury, S. (2013). The Choice and Partnership Approach – A Service Transformation Model. Surrey; CAPA Systems Limited www.capa.co.uk

Capacity activity modelling guidance.pc

Delivering Well

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Importance of the trusted adult

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Children and Young People's Rights

The UN Convention on the Rights of the Child

Feedback and complaints

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Service User Participation

A range of online resources to support young people's involvement and participation
http://www.myapt.org.uk/