

**Healthcare Specification for services for Children and Young People (under 18s) in Secure Settings:  
Emotional health and mental health needs**

**CYPSS Standard 5: Mental health and Neurodisabilities Care and Intervention**

<http://www.rcpch.ac.uk/cypss>

**The Overarching specification should be read and incorporated in any tender,  
alongside this document**

**Relevant  
outcomes  
frameworks**

**Children and young people’s health outcomes framework(Jan 2014)** <https://www.gov.uk/government/news/phe-publishes-children-and-young-peoples-health-outcomes-framework> Tool available at: <http://fingertips.phe.org.uk/profile/cyphof>

**Report of the children and young people’s health outcomes forum-Mental Health Sub Group (July 2012**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216853/CYP-Mental-Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216853/CYP-Mental-Health.pdf)

**NHS Outcomes Framework(2013-14)**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/256456/NHS\\_outcomes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf)

Domain 1	Preventing people from dying prematurely <i>Indicator/outcome</i> • <i>1.6iii Mortality in children and young people</i>
Domain 2	Enhancing quality of life for people with long term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury <i>Indicator/outcome</i> • <i>31vi PROMS for children and young people with mental health problems</i>
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

**Public Health Outcomes Framework(2013-16)** <http://www.apho.org.uk/resource/item.aspx?RID=111721>

Domain 1	Improving the wider determinants of health
Domain 2	Health improvement <i>Indicator/outcome:</i> <ul style="list-style-type: none"> <li>• <i>Hospital admissions and A&amp;E attendances for accidental and unintended injuries, and non-accidental injuries, neglect and maltreatment in children and young people</i></li> <li>• <i>Prevalence of drinking and substance misuse in children and young people</i></li> </ul>
Domain 3	Health protection
Domain 4	Healthcare, public health and preventing premature mortality <i>Indicator/outcomes:</i> <ul style="list-style-type: none"> <li>• <i>Mortality in children and young people(link to NHS Outcomes Framework Domain 1)</i></li> <li>• <i>Suicide</i></li> </ul>

**Outcomes**

- The safeguarding of emotional wellbeing and improvement of the mental health and emotional wellbeing of young people in the setting who are experiencing emotional and mental distress;
- The prevention or reduction of morbidity associated with mental health and learning disability;
- The reduction in risk of potentially harmful behaviour linked to the mental health and wellbeing of young people, both to themselves and to others;
- High quality child and adolescent mental health services (CAMHS) are provided for young people and their families;
- High level support is available to aid the young person's transition to adult services where appropriate;
- Collaborative working is demonstrated in the delivery of mental health and learning disability services across all healthcare services including with the Governor/Director/Manager of the secure setting;
- A comprehensive follow up assessment looking at a broad assessment of needs and risks (including substance use, mental health, risk to self and others) in order to formulate a bespoke, comprehensive intervention plan where care is

	<p>co-ordinated, and sequenced according to risk/need.</p> <ul style="list-style-type: none"> <li>• There is a comprehensive healthcare plan for each child/young person that contains reference to all aspects of their health (substance misuse, mental health, physical health etc), that clearly follows the CHAT assessment and that the interventions required are added to the young person’s sentence plan (where appropriate);</li> <li>• Continuity of care is planned for young people both entering and leaving secure settings through named health leads or through Care Programme Approach co-ordination, including appropriate discharge planning and onward referral to community CAMHS;</li> <li>• All staff contribute to supporting and improving the mental health and well being of all young people as detailed in the secure setting’s comprehensive mental health and neurodisability strategy.</li> </ul>
<b>Performance Indicators</b>	➤ Intentionally blank at this stage
<b>Service principles (Aims and Objectives)</b>	<p>The development of a whole establishment approach to health and wellbeing: maximising opportunities to support the child/young person to address their needs including increasing awareness of mental health issues and services across the secure setting;</p> <p>Attention should be paid to the clear duties that the secure setting has to the children in its care: to safeguard and promote their welfare, to promote their good health and emotional well being, and to take account of their specific needs as children;</p> <p>Attention should be paid to the specific duties that Local Authorities have towards looked after children (LAC) in secure settings, including those placed in secure accommodation: to safeguard and promote their welfare; to make use of relevant services for these children in the same way that a parent would; to take into account the wishes and feelings of children and their parents and to have regard to children’s religion, racial origin and cultural and linguistic background before making any decision about them;</p> <p>Individual care and treatment plans should reflect national clinical guidance;</p>

	<p>Services that are provided should be driven by an assessment where the unique needs and risks of the individual are recognised and interventions should be sequenced according to the risk/need and coordinated;</p> <p>The child's rights should be respected and they should be given choices about their care;</p> <p>Data collection relating to mental health needs, interventions <b>and outcomes</b> should be collected in the setting; Commissioners should systematically require, and providers provide, activity and outcomes data for the purpose of contract monitoring and contribute this to any national audit process as well as case studies and quality audits. Healthcare providers will be expected to submit data in line with national requirements to measure throughput as well as quality;</p> <p>Consideration should be given to ensuring that links are made between those providing psychosocial substance misuse interventions and those providing mental health interventions<sup>1</sup>;</p> <p>There should be effective information sharing systems in place between those providing mental health interventions and those providing other types of interventions in the secure setting, as separation of record keeping prevents a truly holistic service<sup>2</sup>;</p> <p>There should always be consideration of the continuing mental health pathway. Services before and after the restriction of liberty are important;</p> <p>Young people and their families should be engaged by involving them in designing and evaluating the services that are on</p>
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<sup>1</sup> 'Many young people in the YJS who misuse alcohol or drugs also have mental health problems, but responses to dual diagnosis are poor.'(HM Govt (2008) *Drugs: Protecting families and communities. The 2008 drug strategy* (<http://drugs.homeoffice.gov.uk/drug-strategy>).

<sup>2</sup> 'Failure to share information about vulnerable children and young people can reduce the opportunity to meet their health and well-being needs and can expose them to risk of harm'.*Healthy Children, Safer Communities, DH 2009*

	<p>offer, the way that they are delivered and their accessibility and relevance. Services should work with families, as far as possible, to optimise family functioning;</p> <p>Where possible, and where appropriate, it should be possible to show how the health services provided link to ‘reducing re-offending’ targets;</p> <p>Services must be provided in a way that allows capacity and capability to respond to changes in health need or from changes to national health policy;</p>
<b>Details on the establishment (secure setting capacity etc)</b>	➤ For commissioner to fill in
<b>Data on need</b>	➤ For commissioners to fill in (via SystemOne or local data collection systems in the absence of SystemOne)
<b>Service description</b>	<p>The mental health needs of children (all those under 18 years) in secure settings are known to be considerable, severe and complex, with rates of psychosis, self-harm and suicide well above those of other children. There are high rates of looked after children with histories of abuse, neglect and trauma and experience of separation and loss. There are complicating factors of substance misuse, neurodisabilities and learning difficulties, and of the children’s distress and anxiety at being locked up and away from home<sup>3</sup>.</p> <p>The service should deliver a year round child and adolescent mental health service (CAMHS) which meets the emotional and mental health needs of children and young people accommodated within the secure setting, incorporating plans for both in hours and ‘out of hours’<sup>4</sup>, based on clinical need.</p>

<sup>3</sup> Promoting mental health for children held in secure settings, DH 2007

<sup>4</sup> After 5pm and at weekends

**Core expectations for meeting the emotional and mental health needs of children under 18 years.**

The principles underpinning the National Service Framework remain relevant. Commissioning needs to encompass services for all four tiers of the comprehensive CAMHS outlined in the Children's National Service Framework's delivering of universal, targeted and specialist mental health services. The children are entitled to service provision that is **at least** equivalent to that available for children living in the wider community, within the constraints of the secure environment. Social vulnerability factors of the cohort such as bereavement, loss, homelessness, abuse, being a young parent, experience of bullying/harassment and exposure to domestic violence should be considered in assessing the level of mental health service provision required.

Strategic planning and commissioning of CAMHS are particularly important for children held in secure settings given their vulnerability and the opportunity that now presents itself for addressing their unmet health and welfare needs. The service should be designed to enable rapid assessment of previously undiagnosed mental health issues and overall emotional wellbeing, due to the short time frame that may be available in which to effect this.

Staff working in CAMHS for children in secure settings should be trained in child and adolescent development and mental health. The multidisciplinary team should have expertise in the neurodevelopmental disorders and learning difficulties/disabilities that children in secure settings can present with.

The CAMHS team should facilitate regular multidisciplinary meetings on mental health with the secure setting's Governor/Director/Manager, attended by the full range of staff including those outside healthcare, for example: staff from substance misuse services, residential services and in safeguarding. These meetings should be used to discuss children and young people at high risk of self harm or suicide, those on the waiting list to receive mental health interventions and those for whom there are emerging concerns. CAMHS staff should also be part of any health promoting meetings and activities to promote health across the setting.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/199952/National\\_Service\\_Framework\\_for\\_Children\\_Young\\_People\\_and\\_Maternity\\_Services\\_-\\_Core\\_Standards.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf)

The four tiers of CAMHS cover early intervention, mental health promotion, prevention and treatment for the full range of mental health needs and care after discharge from a secure placement, including transfer to inpatient or adult services. In secure settings, responding to children's mental health needs and any neurodisabilities is crucial to meeting their overall needs. An important guiding principle is about commitment to children's welfare as well as to their containment.

The primary level of CAMHS requires a whole setting approach and would include:

- Age appropriate information available to the young person;
- Mental health awareness training should be available for staff across the secure setting (not just healthcare staff);
- Participation in health promotion activities across the secure setting;
- Expert contribution to case reviews (where possible);
- Promoting access to activities likely to benefit their emotional health and well-being (physical exercise, art etc);

The CHAT (Comprehensive Health Assessment Tool) should be used as a reception health screen for all children and young people entering the secure estate to assess individual health need and for those needing a full mental health assessment within CHAT timeframes. The data from CHAT can also be used as a starting point for population of a health and well-being needs assessment for the secure setting. The data from these assessments will enable data collection across the secure estate for children and young people that can be used to better inform the commissioning of health services in future. There should be a plan in place to ensure that staff who will need to access CHAT are trained to use it and that new staff can be trained up as part of their induction when other staff move on.

Clear pathways and referral processes should be in place for both urgent and non-urgent referrals/advice, which are agreed by all those needing to use them and which are understood across the disciplines working in the setting. This can include processes for self referral.

It should be clear to young people what the CAMH service comprises of and who to talk to about it, in a format that is accessible to those with low literacy levels, whose first language is not English or who have other learning or communication difficulties.

## Exclusions

- Court reports are not within scope of this specification and need to be agreed and budgeted for as part of a separate process.

### ***The service provided should meet the following standards:***

- **Healthcare standards for Children and Young People in Secure Settings (2013):**  
<http://www.rcgp.org.uk/~media/Files/CIRC/Child-and-Adolescent-Health/RCGP-Healthcare-Standards-Secure-Settings-Report-June-13.ashx>

**The full standard for Mental Health and Neurodisabilities Care and Intervention (Standard 5) is detailed in full below.**

To meet all **Standard 5** *Mental health and neurodisabilities care and intervention:*

<b>Mental Health and Neurodisabilities Care and Intervention</b>
<b>5.1 Each secure setting has a comprehensive mental health and neurodisability strategy outlining the contributions of all staff to supporting and improving the mental health and well-being of young people.</b>
5.1.1 The strategy incorporates a multi-disciplinary approach and is part of the secure setting's health strategy (see 9.1).
<b>5.2 The secure setting has access to, and receives support from, a multi-disciplinary Child and Adolescent Mental Health Service (CAMHS) team appropriate to the needs of the young people.</b>
5.2.1 The secure setting receives consultation, advice and training from a CAMHS team.
5.2.2 There is timely access to dedicated CAMHS psychiatric and psychological input; and through CAMHS access to other professionals input including occupational therapists, primary mental health workers and forensic CAMHS.



	<p>5.2.3 There is a named lead mental healthcare professional responsible for overseeing mental health provision within the secure setting.</p>	
	<p><b>5.3 Before intervention begins, mental health and neurodisability need is assessed (see 1.5), a healthcare plan is developed (see 2.2) and consent is sought (see 2.3).</b></p>	
	<p><b>5.4 A range of evidence-based interventions is offered and delivered according to individual needs.</b></p>	
	<p>5.4.1 Care of young people on medication, with a diagnosis of serious mental illness and complex cases (taking account of accumulating or multiple needs which may not individually meet thresholds) takes place within the Care Programme Approach (CPA). The CPA is continued for those young people subject to CPA on entry to the secure setting.</p>	
	<p>5.4.2 Pharmacological treatment is delivered in accordance with clinical guidelines and local protocols and prescribing of psychoactive drugs is audited annually, including drugs for attention deficit hyperactivity disorder and antidepressants.</p>	
	<p>5.4.3 Practitioners actively engage parents/carers in care and interventions where appropriate.</p>	
	<p>5.4.4 Practitioners support young people to take responsibility for their actions and nurture their independence as part of their therapeutic plan.</p>	
	<p>5.4.5 Specific interventions are offered for managing severely difficult behaviour.</p>	
	<p>5.4.6 Specific interventions are offered for managing sexually disinhibited and harmful behaviour.</p>	
	<p><b>5.5 A range of evidence-based neurodisability interventions is offered and delivered according to individual needs.</b></p>	

	<p>5.5.1 This includes interventions for:</p> <ul style="list-style-type: none"> <li>• traumatic brain injury</li> <li>• speech, language and communication difficulties</li> <li>• attention deficit hyperactivity disorder</li> <li>• learning disabilities and educational needs; and</li> <li>• autistic spectrum disorder</li> </ul>	
	<p><b>5.6 Young people at risk of self-harm or suicide are provided with individual care and support.</b></p> <p>5.6.1 Personal factors or significant events which may be a trigger to self-harm are identified in the young person's healthcare plan and discussed with officers/care staff.</p> <p>5.6.2 A range of evidence-based interventions is offered and delivered to address the underlying causes of self-harming behaviour.</p> <p>5.6.3 All incidents of self-harm or attempts to self-harm are recorded and routinely referred to the named safeguarding lead.</p> <p>5.6.4 Information is effectively shared between healthcare staff and staff across the secure setting to reduce the risk of self-harm.</p>	
	<p><b>5.7 Young people with serious and complex problems are transferred (under the Mental Health Act 2007 (England and Wales). If clinically indicated to inpatient units that meet their individual needs with effective continuing care.</b></p>	

	<p>5.7.1 The supporting CAMHS team is aware of the referral criteria and process for access to the Adolescent Forensic Mental Health in-patient Service, and have the contact details for their closest unit so potential referrals can be discussed at the earliest opportunity.</p> <p><b>Guidance:</b> England; ‘Procedure for the Transfer from Custody of Children and Young People to and from Hospital under the Mental Health Act 1983 in England’ Department of Health 2011</p>	
<p><b>Dependencies</b></p>	<ul style="list-style-type: none"> <li>• Health commissioners and providers need awareness of the requirements of the relevant legislation and guidance governing particular secure settings e.g. STC Rules 1998, National Minimum Standards for Children’s Homes, Legal Aid Sentencing and Punishment of Offenders Act 2012; Prison Service Orders/Instructions (applicable to Young Offender Institutions but not to other settings) and YJB National Standards for Youth Justice Services (see references below) in relation to this specification;</li> <li>• Prescribing should be based on national guidance but may need to be adapted for use in a secure setting where medicines are open to abuse or where they may pose a high risk of overdose.</li> </ul>	
<p><b>Rights of the Child</b></p>	<p><b>The United Nations Convention on the Rights of the Child (UNCRC)</b> should underpin the specification.</p> <p>This is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children’s rights to expression and receiving information.</p> <p>Children have said that they need:</p> <ul style="list-style-type: none"> <li>• Vigilance: to have adults notice when things are troubling them</li> <li>• Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon</li> </ul>	

	<ul style="list-style-type: none"> <li>• Stability: to be able to develop an on-going stable relationship of trust with those helping them</li> <li>• Respect: to be treated with the expectation that they are competent rather than not</li> <li>• Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans</li> <li>• Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response</li> <li>• Support: to be provided with support in their own right as well as a member of their family</li> <li>• Advocacy: to be provided with advocacy to assist them in putting forward their views</li> </ul>
<p><b>Safeguarding children and young people (Working Together to Safeguard Children, 2013)</b></p>	<p>Effective safeguarding arrangements in every local area should be underpinned by two key principles:</p> <ul style="list-style-type: none"> <li>• Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part; and</li> <li>• A child centered approach: for services to be effective they should be based on a clear understanding of the needs and views of children.</li> </ul> <p>Safeguarding is everyone’s responsibility.</p> <p>Everyone who works with children..... has a responsibility for keeping them safe. No single professional can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.</p> <p>All those working with children should be alert to risk factors and signs and symptoms of child abuse, and follow local safeguarding procedures where there is cause for concern. Schools have a duty to safeguard and promote the welfare of their pupils. Working Together to Safeguard Children (DfE 2013) sets out how organisations should work together and the actions to be taken when abuse or neglect is known or suspected.</p> <p><a href="http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf">http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf</a></p>

**USEFUL LINKS AND GUIDANCE**

<p><b>Relevant overarching legislation links to health services for children and young people</b></p>	<ul style="list-style-type: none"> <li>• <b>Working Together to Safeguard Children (2013)</b>  <a href="http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf">http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf</a> <p>-Compliance with <b>Children Act (2004) Section 11</b> duty to co-operate to improve well-being and to safeguard and promote the welfare of children.</p> <p><b>-Section 11 of the Children Act 2004</b> places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.</p> </li> <li>• <b>Healthy Child Programme 0-5 (2009)</b>  <i>Pregnancy and the first 5 years</i>  <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf</a> </li> <li>• <b>Healthy Child Programme 5-19 (2009)</b>  <a href="http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf">http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf</a> <p>-Young people 11-16 Healthy Child Programme schedule-universal and progressive programme provides an evidence based programme detailed as a good practice outline.</p> <p><b>NB Guidance for children with Special Educational Needs is currently under development and will need to be considered when published.</b></p> </li> </ul>
<p><b>Relevant Inspection Frameworks for secure settings:</b></p>	<p><b>HMIP Inspections for Young Offender’s Institutions framework:</b></p> <p>Her Majesty’s Inspectorate of Prisons is an independent statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.</p>

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel Inhuman or Degrading Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy prison. The four tests of a healthy prison are:

Safety: children and young people, particularly the most vulnerable, are held safely;

Respect: children and young people are treated with respect for their human dignity;

Purposeful activity: children and young people are able and expected to engage in activity that is likely to benefit them;

Resettlement: children and young people are prepared for their release into the community and helped to reduce the likelihood of re-offending.

Under each test HMIP makes an assessment of outcomes for children and young people and therefore of the establishment's overall performance against the test. In some cases this performance will be affected by matters outside the establishment's direct control which need to be addressed nationally.

- **Joint Inspections for Secure Training Centres.**

**The existing standards for Ofsted, CQC and HMIP inspection of Secure Training Centre's (STCs) are available at:**

<http://ofsted.gov.uk/resources/inspections-of-secure-training-centres-framework-for-inspecting>

These existing standards will be revised and updated when convenient following consultation, resulting in a revised framework. The new standards framework will include a separate health section. The intercollegiate healthcare standards for children and young people in secure settings and how the STCs are meeting these standards will be considered within the inspection evaluation.

- **Ofsted Inspections for Secure Children's Homes with YJB places and welfare only homes:**

The inspection judgements and what they mean:

	<p>Outstanding: a service of exceptional quality that significantly exceeds minimum requirements</p> <p>Good: a service of high quality that exceeds minimum requirements</p> <p>Adequate: a service that only meets minimum requirements</p>
<p><b>References for commissioners</b></p>	<p>To identify emotional and mental health needs and to avoid underestimating the needs of young people in the secure setting it may be helpful to group findings (about the extent and range of needs) in relation to their severity, in the way that child and adolescent mental health services are organised. This would result in recording your findings under these headings:</p> <ul style="list-style-type: none"> <li>• Lower - level needs (universal - and not necessarily requiring a response from a specialist mental health practitioner)</li> <li>• More serious needs, including specific disorders (targeted)</li> <li>• Serious and complex needs (specialist)</li> <li>• <b>Template for Health Needs Assessment (secure setting for children and young people specific)</b>  <a href="http://www.chimat.org.uk/yj/na/template">http://www.chimat.org.uk/yj/na/template</a></li> <li>• <b>Promoting mental health for children in secure settings. A framework for commissioning services (2007)</b>  <a href="http://www.ryantunnardbrown.com/wp-content/uploads/2012/11/MH-Commissioning-Framework.pdf">http://www.ryantunnardbrown.com/wp-content/uploads/2012/11/MH-Commissioning-Framework.pdf</a></li> <li>• <b>Healthy Children, Safer Communities (2009)</b>  <a href="http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109772.pdf">http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109772.pdf</a></li> <li>• Mental health problems in children do not manifest themselves as clearly as they do in adults. They can emerge in ways that are less easily defined or diagnosed – for example, through behaviour problems, emotional difficulties, substance misuse or self-harm. This can lead to underestimates of the extent of mental health problems in certain groups of children and young people. The mental health needs of young people in the YJS overall are three times</li> </ul>

greater than for their peers in the general population, with increasing severity and complexity of need for those in custodial settings.

**Evidence of Need about the Health and Well-being of Children and Young People in contact with the Youth Justice System (Ryan, Tunnard February 2012)** [www.chimat.org.uk/resource/view.aspx?RID=111768](http://www.chimat.org.uk/resource/view.aspx?RID=111768)

- **Securing Excellence in Commissioning for Offender Health (2013)**  
<http://www.england.nhs.uk/wp-content/uploads/2013/03/offender-commissioning.pdf>
- **Preventing suicide in England. A cross government outcomes strategy to save lives (2012)**  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf)
- **The Legal Aid Sentencing and Punishment of Offenders Act 2012 (LASPOA)** simplified the previous remand framework. All children now 12-17 are subject to the same remand provisions and all remanded children treated as looked after by the local authority designated by the court when remanded securely. More details can be found here: <http://www.justice.gov.uk/youth-justice/courts-and-orders/legal-aid-sentencing-and-punishment-of-offenders-act-2012>
- **The STC Rules 1998** see 23 and 24 at <http://www.legislation.gov.uk/ukSI/1998/472/contents/made>
- **National Minimum Standards for Children's Homes**
- <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00030-2011>
- **YJB Standards for Youth Justice Services**  
<http://www.justice.gov.uk/downloads/youth-justice/yjb-toolkits/victims/national-standards-youth-justice-services.pdf>



