

Healthcare Specification: CYPSS Chapter 9 Substance Misuse Care and Intervention

Secure Settings for Children and Young People

(Under 18s)

NHS England and NHS Improvement



Healthcare Specification for Services for Children and Young People (Under 18s) in Secure Settings

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Emily Nicol at Emily.nicol@nhs.net.

Introduction

Healthcare Specification for Services for Children and Young People (Under 18s) in Secure Settings:

CYPSS Standard 9: Substance Misuse Care and Intervention Alcohol. Smoking. Drugs.

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

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

Relevant Outcome frameworks	NHS Outcomes Framework Domains and Indicators https://files.digital.nhs.uk/80/C2138A/nhs-out-fram-ind-nov-18-pub-sched.pdf	
	Domain 1	Preventing people from dying prematurely Indicator/outcome <ul style="list-style-type: none"> 1a.ii Potential years of life lost (PYLL) from causes considered amenable to healthcare - Children and young people
	Domain 2	Enhancing quality of life for people with long term conditions <ul style="list-style-type: none"> 2.3.11 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
	Domain 3	<ul style="list-style-type: none"> Helping people to recover from episodes of ill health or following injury
	Domain 4	Ensuring people have a positive experience of care <ul style="list-style-type: none"> 4.8 Improving children and young people’s experience of healthcare
	Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm
	Public Health Outcomes Framework https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750626/Table_of_PHOF_updates_November_2018.pdf	
	Domain 1	Improving the wider determinants of health
	Domain 2	Health improvement Indicator/outcome <ul style="list-style-type: none"> Hospital admissions and A&E attendances for accidental and unintended injuries, and non-accidental injuries, neglect and maltreatment in children and young people
	Domain 3	Health protection
Domain 4	Healthcare, public health and preventing premature mortality Indicator/outcomes: <ul style="list-style-type: none"> Mortality in children and young people (link to NHS Outcomes Framework Domain 1) Suicide 	
N.B. The terms “child” or “children” will be used throughout this specification to include all children and young people under 18 years of age.		
Outcomes	The secure services have overarching outcomes that align with the outcomes for children’s substance misuse services in the community: <ul style="list-style-type: none"> Reduction in the harm caused from the use of alcohol, smoking, and drugs by children; 	

- Improvement in the health, social and family functioning of children.

There are a number of sub-outcomes under each of these which will be measured by the provider and will be included in reporting arrangements to be determined by the commissioner, for example, annual/bi annual/quarterly/monthly reports.

Outcome: Reduce the harm caused from the use of alcohol, smoking and drugs by children

Sub outcomes:

- Children are supported to become alcohol, smoking and drug free;
- Children are supported to reduce their use of alcohol, smoking and drugs;
- Children have a greater knowledge of the harm caused by alcohol, smoking and drugs;
- Children are supported to address risk taking drug use;
- Prevention of blood borne viruses through access to hepatitis screening and vaccination.

Outcome: Improve the health, social and family functioning of children

Sub outcomes

- Children will have improved mental and physical health and well-being;
- Children with ongoing substance misuse treatment needs on discharge will have a co-ordinated handover to specialist substance misuse services within the community, new secure setting or adult secure setting as appropriate;
- A reduction in the number of repeat presentations to treatment in the six month period post discharge;
- A reduction in the risk of potentially harmful behaviour linked to the substance misuse of children, both to themselves and to others, building resilience and prevention of any escalation of drug/alcohol related risk and harm;
- To prevent children becoming substance dependent adults;
- Each secure setting has a comprehensive substance misuse strategy outlining the contributions of all staff to reducing the risk of substance related harm for children;
- Each service should deliver any substance misuse initiatives and interventions within the context of other needs a child may have and in tandem with other educational strategies and care. Therefore it is important that substance misuse work is integrated within the overall care plan and Comprehensive Health Assessment Tool (CHAT) discharge plan.
- Co-developed holistically informed multi-factorial formulation (the child's story) incorporating the risk assessment, developed for every child (to include information from CHAT and, where indicated, a neuropsychological assessment) to facilitate shared understanding of the issues that led to admission into the secure estate;

Indicators of Performance

Indicators of performance:

Indicator	Description
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	D07K01	The % of children who are current smokers on admission who are offered smoking cessation support or treatment
	D07K02	The % of children receiving a targeted drug or alcohol specific intervention
	D07K03	The % of children receiving a specialist drug or alcohol treatment intervention (psychosocial or clinical)
	D07K04	The % of children with an Audit PC completed on disclosure of regular alcohol use at admission
	D07K05	The % of children new admissions and transfers in with possible signs of dependence/withdrawal (drug or alcohol)
	D07K06	The % of children new admissions and transfers in who have been monitored for substance clinical need in line with CHAT guidance (COWS/CIWA/ Ar/CIWA B)
	D07K07	The % of children receive pharmacological treatment for dependence/withdrawal from drugs or alcohol
Service principles (aims and objectives)	<p>The children are entitled to service provision that is at least equivalent to that available for children living in the local community. The service provision within the secure setting aims:</p> <ul style="list-style-type: none"> • To deliver a safe, effective, personalised and comprehensive integrated substance misuse service to meet the health needs of the population of the secure setting in partnership with other healthcare providers, the senior management within the secure setting, education providers, care staff, Youth Offending Teams, community health and substance misuse services and local authority children's services; • To provide efficient, equitable and economical services that are prioritised on the basis of need and risk management; • To ensure that the secure setting receives continuity of substance misuse services that are clinically safe, delivered in accordance with relevant national and local quality standards and operate within the secure setting structures for the management of risk; • To deliver tailored packages of age appropriate substance specific early intervention and more structured treatment interventions, to address identified need, prevent an escalation of drug/alcohol related risk and prevent any progression to adult dependency; • To develop a whole establishment holistic approach to address the needs of children, working with healthcare, education and secure setting staff to build resilience and support continuity of care and effective reintegration into the community as a core principle of all interventions; • To develop a whole establishment approach to health and wellbeing, maximising opportunities to support the child, to address their health needs including awareness of substance misuse health issues and services across the secure setting. • A comprehensive substance misuse strategy will be in place outlining the contributions of all staff to reducing the risk of substance related harm to children¹. This strategy should state a clear understanding with regards to administering and dispensing medication and link in with the medicines management policy.² 	

¹ CYPSS Standards 9.1

² CYPSS Standards 6.4

- Individual care and treatment plans should be guided by a psychologically-informed and multi-factorial formulation, developed with the child, family/carers and multi-agency professionals to ensure a shared understanding and collaborative working. Any treatment/interventions should reflect national clinical guidance, current evidence bases and should be sequenced and co-ordinated according to the risk and need.

Attention should be paid to the clear duties that the secure setting has to the children in its care: To safeguard (see the Overarching Specification) and promote their welfare, to promote their good health and emotional wellbeing, and to take account of their specific needs as children;

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/carers and to have regard to children's religion, racial origin and cultural and linguistic background before making any decision about them;

Service design should incorporate consideration of the whole substance misuse care pathway, before and after being placed in a secure setting;

“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”³.

There should be consideration of continuing substance misuse care pathways after transition from the secure setting to ensure any gains made are sustained in a meaningful way. Transition and sustainability of any changes facilitated should be considered from the first day of a child arriving at the secure setting;

The child's rights should be respected and they should be given choices about their care.

Providers should request, encourage and support children, families/carers and communities to use their knowledge, experience and insight to design and evaluate the services that are on offer, the way that they are delivered and their accessibility and relevance, using a co-production approach. Services should work with families/carers and systems around the child, as far as possible, to optimise family and system functioning.

Data collection relating to substance misuse needs, interventions **and outcomes** should be collected in the secure setting:

³ Healthy Children, Safer Communities, 2009

	<ul style="list-style-type: none"> • Providers should submit activity and outcomes data to commissioners on a regular basis for the purpose of contract monitoring. This reporting should be through SystmOne based on the Children and Young People's Indicators of Performance (CYPIPs); • Providers should also contribute data to the national audit process as well as case studies and quality audits e.g. NDTMS (National Drug Treatment Monitoring System). Healthcare providers will be expected to submit data in line with national requirements to measure throughput as well as quality; <p>There should be effective information sharing systems in place (see the Overarching Specification) between those providing substance misuse interventions and those providing other types of interventions in the secure setting as separation of record keeping and poor communication make it impossible to provide a truly holistic service⁴.</p>
Details on the establishment (secure setting capacity etc.)	For commissioner to fill in
Data on need	For commissioner to fill in (via SystmOne or local data in absence of SystmOne). Commissioners will need to think about local arrangements and 'localising' these sections to suit the needs of commissioning and the secure setting. Commissioners must take shared ownership of this document locally.
Service description	<p>Strategic planning and commissioning of substance misuse services are particularly important for children held in secure settings given their vulnerability and the opportunity for addressing their unmet health and welfare needs. 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.</p> <p>There is often an overlap between substance misuse, mental health and learning disability problems. <i>"Many young people in the youth justice system (YJS) who misuse alcohol or drugs also have mental health problems, but responses to dual diagnosis are poor."⁵</i></p>

⁴ Healthy Children, Safer Communities, DH 2009

⁵ HM Govt (2008) Drugs: Protecting families and communities. The 2008 drug strategy

Consideration should be given to ensuring that links are made between those providing psychosocial substance misuse interventions and those providing mental health interventions and the need for a joint care planned approach and multiagency care plan review. Children should receive care from a multidisciplinary team that works together to ensure that children's co-occurring conditions are supported in a holistic way.

The healthcare provider should deliver a year-round substance misuse service providing consultation, advice and training from specialist substance misuse staff.

It should be clear to children what the substance misuse 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. The substance misuse provision should proactively seek to engage with children at times and in venues across the estate that suits the needs of the child, making reasonable adjustments where appropriate, thus deformatising the substance misuse offering.

The substance misuse team should, where appropriate and possible, attend regular multidisciplinary meetings with staff from across the secure setting including those outside healthcare, for example, care staff, casework, education and safeguarding. The meetings should review the formulation based care planning, understanding of the child and the current active interventions and progress made. Where attendance at the multidisciplinary meeting is not possible the substance misuse team should liaise with the multidisciplinary team to share relevant information for the child's formulation. The substance misuse team should also be able to review the formulation and formulation based care plan on a shared record for information and action.

The CHAT (Comprehensive Health Assessment Tool) should be used as a reception health screen for all children entering the secure estate to assess individual health need and identify those needing a full substance misuse assessment within CHAT timeframes⁶. Substance misuse CHAT Assessments which miss the CHAT timeframes are recorded and reported back to the commissioner. The data from CHAT can also be used to populate a health and wellbeing needs assessment for the secure setting. The data from these assessments will enable data collection across the secure setting 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.

As part of the CHAT, information from other assessments will be incorporated into the health screen and assessment.

All children sentenced or remanded will follow the Youth Offending Service (YOS) process that includes assessment, intervention and evaluation of outcomes with each young person having a YOS case manager. It is important that the staff of the Young People's

⁶ CYPSS Standards 4.1.2

	<p>Substance Misuse Service (YPSMS) works with the Youth Offending Team (YOT) and have an understanding of the process and its relation to the substance misuse service, assessment whilst in custody and on discharge.</p> <p>Staff need to be aware of:</p> <ul style="list-style-type: none"> • Any obvious substance misuse need that is uncovered through the YOT assessment and post court report; • Exposed substance misuse need and ongoing problems during the sentence by making sure they attend DTO meetings; • And take part in the transition/resettlement process. <p>Following CHAT reception screening, children requiring immediate access to pharmacological support should be provided with appropriate clinical interventions or moved to an appropriate placement where detoxification can safely be undertaken. Those children not deemed to be at immediate risk should receive a full assessment within CHAT timeframes (five days) and have access to further evidence-based support/interventions as required based on identified need. A robust care plan for discharge should be started as soon as the child is admitted to the setting to ensure appropriate continuity on transition to the community, another secure setting or the adult secure estate.</p>			
<p>Core expectations for meeting the health needs of children under 18 years (i.e. standards)</p>	<p>An up to date health and wellbeing needs assessment of substance misuse needs. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/331622/Health_Needs_Assessment_Toolkit_for_Prescribed_Places_of_Detention_Part_1.pdf</p> <p><i>The service provided should meet the following standards:</i> Healthcare Standards for Children and Young People in Secure Settings (2019): https://www.rcpch.ac.uk/sites/default/files/2019-06/rcpch_healthcare_standards_for_children_and_young_people_online1.2.pdf The full standard for Substance Misuse Care and Intervention (Standard 9) is detailed in full below.</p> <table border="1" data-bbox="248 1018 1951 1396"> <tr> <td data-bbox="248 1018 1951 1090"> <p>Standard 9 Substance Misuse Care and Intervention.</p> </td> </tr> <tr> <td data-bbox="248 1090 1951 1329"> <p>9.1 Each secure setting must have a comprehensive substance misuse strategy outlining the contributions of all staff to reducing the risk of substance related harm for children. This strategy should be reviewed annually. (See 12.1.3). 9.1.1 The strategy incorporates a multiagency approach and is part of the secure setting's health and wellbeing strategy. (See 12.1). 9.1.2 There is a written drug testing policy which clearly differentiates drug testing for the purpose of management and discipline from drug testing as part of a therapeutic plan and includes requirements for clearly communicating the purpose of any drugs test to the child.</p> </td> </tr> <tr> <td data-bbox="248 1329 1951 1396"> <p>9.2 The secure setting has access to, and receives support from, a substance misuse team appropriate to the needs of the children.</p> </td> </tr> </table>	<p>Standard 9 Substance Misuse Care and Intervention.</p>	<p>9.1 Each secure setting must have a comprehensive substance misuse strategy outlining the contributions of all staff to reducing the risk of substance related harm for children. This strategy should be reviewed annually. (See 12.1.3). 9.1.1 The strategy incorporates a multiagency approach and is part of the secure setting's health and wellbeing strategy. (See 12.1). 9.1.2 There is a written drug testing policy which clearly differentiates drug testing for the purpose of management and discipline from drug testing as part of a therapeutic plan and includes requirements for clearly communicating the purpose of any drugs test to the child.</p>	<p>9.2 The secure setting has access to, and receives support from, a substance misuse team appropriate to the needs of the children.</p>
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	<p>9.2.1 The secure setting receives consultation, advice and training from substance misuse specialists, including on new psychoactive substances and any other emerging substances, to ensure that staff are aware of signs that could indicate a child is experiencing problems with drugs or alcohol.</p> <p>9.2.2 There is a lead for substance misuse responsible for overseeing substance misuse provision in the secure setting.</p> <p>9.2.3 There is a clear protocol which clearly states the roles and responsibilities of substance misuse specialist staff and other healthcare staff and details expectations around information sharing and transitions/handover. (See 13.1).</p> <p>9.3 Children have access to substance misuse education, prevention activities and advice and information to reduce the risk of substance related harm.</p> <p>9.3.1 A universal drugs education programme is in place covering legal and illegal drugs and substances (including alcohol, tobacco, and solvents). (See 6.5).</p> <p>9.3.2 For children requiring an individualised programme of support there is a targeted substance misuse programme that is up to date and has clear learning objectives and outcomes that are informed by children’s needs and the current evidence base.</p> <p>9.4 Before intervention begins, substance misuse need is assessed (see 4.5) and a healthcare plan is developed (see 5.2).</p> <p>9.5 A range of evidence-based substance misuse interventions are offered and delivered according to individual need.</p> <p>9.5.1 A range of psychosocial and pharmacological interventions, from harm reduction to abstinence, is offered with a focus on strengthening protective factors in order to improve resilience.</p> <p>9.5.2 Pharmacological interventions are only offered alongside concurrent psychosocial support and mental health interventions to provide comprehensive care.</p> <p>9.5.3 Effective stop smoking interventions should be offered to children who smoke. (See 7.9).</p> <p>9.5.4 Practitioners actively engage parents/carers in care and interventions, where appropriate.</p>	
Dependencies	<p>Health commissioners and providers need awareness of the requirements of the relevant legislation and guidance governing particular secure settings such as The Youth Offender Institution Rules 2000, The Secure Training Centre Rules 1998 and National Minimum Standards for Children’s Homes (See references below).</p> <p>Prescribing should be based on national guidance but may need to be adapted for use in secure settings where medicines are open to abuse or where they may pose a high risk of overdose. There should be clear documentation regarding prescribing and if departing from national guidance, a clear rationale must be recorded.</p>	
Rights of the Child	<p>The United Nations Convention on the Rights of the Child (UNCRC) 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 amongst other matters.</p>	

	<p>Children have said that they need:</p> <ul style="list-style-type: none"> • Vigilance: To have adults notice when things are troubling them; • Understanding and action: To understand what is happening; to be heard and understood; and to have that understanding acted upon; • Stability: To be able to develop an on-going stable relationship of trust with those helping them; • Respect: To be treated with the expectation that they are competent rather than not; • Information and engagement: To be informed about and involved in procedures, decisions, concerns and plans; • Explanation: To be informed of the outcome of assessments and decisions and given reasons when their views have not met with a positive response; • Support: To be provided with support in their own right as well as a member of their family; • Advocacy: To be provided with advocacy to assist them in putting forward their views.
<p>Safeguarding children (Working Together to Safeguard Children, 2018)</p>	<p>Effective safeguarding arrangements in every local area should be underpinned by two key principles:</p> <ul style="list-style-type: none"> • Safeguarding is everyone’s responsibility: For services to be effective each professional and organisation should play their full part,; • A child centred approach: For services to be effective they should be based on a clear understanding of the needs and views of children. <p>Safeguarding is everyone’s responsibility. 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. Working Together to Safeguard Children (HM Government 2018) sets out how organisations should work together and the actions to be taken when abuse or neglect is known or suspected.</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf</p> <p>Safeguarding children in the secure setting is of critical importance. Secure settings must have current safeguarding policies and procedures in place, which are subject to appropriate monitoring and review by a Safeguarding committee and are legislatively compliant. (See the overarching healthcare specification, and Standard 2).</p>

Useful links and guidance

Relevant legislation/ links to Substance Misuse Care and Needs

- **Working Together To Safeguard Children (2018)**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf
- **Children Act (1989)**
<https://www.legislation.gov.uk/ukpga/1989/41/contents>
- Ensure compliance with **Children Act (2004) Section 11** duty to co-operate to improve wellbeing and to safeguard and promote the welfare of children.
- **Section 11 of the Children Act 2004** places duties on a range of organisations and individuals to ensure their functions, and any service that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.
- **Healthy Child Programme 0-5 (2009)**
Pregnancy and the first five years
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf
- **Healthy Child Programme 5-19 (2009)**
Young people 11-16 Healthy Child Programme schedule- universal and progressive programme provides an evidence based programme detailed as a good practice outline.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf
- **Health Child Programme 0-19: Health visitor and school nurse commissioning**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686928/best_start_in_life_and_beyond_commissioning_guidance_1.pdf
- **Special educational needs and disability code of practice: 0-25 years.**
Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities (2015)

	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND Code of Practice January 2015.pdf</p> <ul style="list-style-type: none"> • Guidance for health services for children and young people with Special Educational Needs and Disability (SEND) (2018) https://www.england.nhs.uk/wp-content/uploads/2018/07/send-health-services-children-young-people.pdf • Mental Health Act (1983) https://www.legislation.gov.uk/ukpga/1983/20/contents • Mental Health Act Code of Practice (1983) https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983
<p>Relevant Inspection Frameworks for secure settings</p>	<p>Alongside the Healthcare Standards for Children and Young People in Secure Settings (2019) (www.rcpch.ac.uk/cypss) providers also need to ensure compliance with the relevant inspection framework for the secure setting i.e. YOIs, STCs and SCHs. The relevant inspection framework should be frequently reviewed as part of all multi-disciplinary team meetings to address recommendations and ensure all areas for improvement are being progressed. Each secure setting is inspected on an annual basis.</p> <p>HMIP Inspections for Young Offender’s Institutions framework: https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2019/03/INSPECTION-FRAMEWORK-2019.pdf</p> <p>Her Majesty’s Inspectorate of Prisons is an independent statutory organisation which reports on the treatment and conditions of those detained in young offender institutions.</p> <p>HMIP inspects Young Offender Institutions for children under age 18 annually. HMIP works jointly with other inspectorates such as the Office for Standards in Education, Children’s Services and Skills (Ofsted), Care Quality Commission (CQC) and the Royal Pharmaceutical Society. This joint work ensures expert knowledge is deployed on inspections and avoids multiple inspection visits.</p> <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. HMIP is one of several bodies making up the NPM in the UK.</p>

All HMIP 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 particularly the most vulnerable, are held safely;
- **Respect:** Children are treated with respect for their human dignity;
- **Purposeful activity:** Children are able and expected to engage in activity that is likely to benefit them;
- **Resettlement:** Children 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 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.

Further detail of the criteria under each of these tests for Young Offender Institutions for children under age 18 can be found online.

<https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2018/11/Childrens-Expectations-FINAL-261118-2.pdf>

Joint Inspections of Secure Training Centres.

The inspection framework for Secure Training Centres (STCs) is available at:

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

Please note the STC inspection framework is currently under review. A new framework will be published in April 2019.

The inspection of Secure Training Centres is undertaken jointly by Ofsted, HMIP and CQC in consultation with the Youth Custody Service for England and Wales, and the Ministry of Justice. Each Secure Training Centre in subject to an annual inspection in accordance with a service level agreement with the Youth Custody Service and Ministry of Justice, acting on behalf of the Secretary of State for Justice.

The timing of an inspection is influenced by an assessment of:

- Outcomes of previous inspections;
- Advice or information provided to the inspectorates by the Secretary of State, the Ministry of Justice and/or the Youth Custody Service;
- Other relevant information received by Ofsted, HMIP or CQC.

Where there are significant concerns about a Secure Training Centre between the annual inspections, an additional inspection may be carried out if requested by the Ministry of Justice and/or Youth Custody Service.

The inspection framework includes evaluation criteria for the following areas::

- To describe the characteristics of good in the judgement of overall effectiveness, taking into account:
 - Safety of children

- Promoting positive behaviour
- Care of children
- Achievement of children
- Resettlement of children
- Health of children
- Effectiveness of leaders and managers.
- The experiences and progress of children in all areas of their lives are central to the inspection.

Inspectors use the descriptors of good as the benchmark against which to grade and judge performance.

Inspectors will make their judgements on a four-point scale:

1. Outstanding
2. Good
3. Requires improvement
4. Inadequate.

Ofsted Inspections of Secure Children's Homes:

Ofsted uses the Social Care Common Inspection Framework (SCCIF) for the inspections of Secure Children's Homes.

<https://www.gov.uk/guidance/social-care-common-inspection-framework-sccif-children-s-homes-including-secure-children-s-homes>

For full inspections of secure children's homes, Ofsted will be assisted by an inspector from CQC in Ofsted's evaluation of health services provided for children. For interim inspections of secure children's homes, Ofsted may request the assistance of a CQC inspector if there are health related matters where the inspection would benefit from CQC's input. CQC is responsible for regulating registered healthcare providers.

Inspections under SCCIF make judgements on overall experiences and progress of children, taking into account:

- How well children are helped and protected;
- The effectiveness of leaders and managers;
- Outcomes in education and related learning activities.

Inspectors will use the descriptions of what "good" looks like as the benchmarks against which to grade and judge performance.

The areas of required evidence and what "good" looks like is set out in chapter 5 of the SCCIF

Inspectors will make their judgements on a four-point scale:

1. Outstanding
2. Good
3. Requires improvement

	<p>4. Inadequate.</p> <p>Inspections of Secure Schools At the time of creating these specifications the inspection framework for Secure Schools was not yet confirmed.</p>
<p>References and background for commissioners</p>	<p>The Children and Young People Secure Estate National Partnership Agreement (2018) https://www.england.nhs.uk/publication/the-children-and-young-people-secure-estate-national-partnership-agreement/</p> <p>Healthy Children, Safer Communities (2009) http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109772.pdf</p> <p>Securing Excellence in Commissioning for Offender Health (2013) http://www.england.nhs.uk/wp-content/uploads/2013/03/offender-commissioning.pdf</p> <p>The Legal Aid Sentencing and Punishment of Offenders Act 2012 (LASPOA) simplified the previous remand framework. All children aged 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</p> <p>The Young Offender Institution Rules 2000 http://www.legislation.gov.uk/uksi/2000/3371/contents/made</p> <p>The Secure Training Centre Rules 1998 http://www.legislation.gov.uk/uksi/1998/472/contents/made</p> <p>The Children's Homes (England) Regulations 2015 http://www.legislation.gov.uk/uksi/2015/541/pdfs/uksi_20150541_en.pdf Guide to the Children's Homes Regulations including the quality standards https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/463220/Guide_to_Children_s_Home_Standards_inc_quality_standards_Version_1.17_FINAL.pdf</p> <p>National Standards for Youth Justice Services http://www.justice.gov.uk/downloads/youth-justice/yjb-toolkits/victims/national-standards-youth-justice-services.pdf</p>

	<p>PHE Guidance young people commissioning support 2019 to 2020: principles and indicators https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators</p> <p>PHE Better care for people with co-occurring mental health, and alcohol and drug use conditions https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services</p> <p>Drug misuse and dependence: UK guidelines on clinical management: How clinicians should treat people with drug misuse and drug dependence problems. https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management</p> <p>NICE PH52 (Young People’s specific needle exchange guidance) https://www.nice.org.uk/guidance/ph52</p> <p>Practice Standards for young peoples with substance misuse problems (CCQI 2012) http://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf</p> <p>Human Rights Act (1998) https://www.legislation.gov.uk/ukpga/1998/42/pdfs/ukpga_19980042_en.pdf</p> <p>Equality Act (2010) https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf</p> <p>Care, Education and Treatment Reviews for Children and Young People- Code and Toolkit (2017) https://www.england.nhs.uk/wp-content/uploads/2017/03/children-young-people-cetr-code-toolkit.pdf</p>
<p>Relevant legislation/ links to Substance Misuse Care and Needs</p>	<p>NATIONAL STANDARDS Service delivery will be in line with clinical criteria described by Public Health England, including:</p> <ul style="list-style-type: none"> • Relevant NICE guidance • Drug Misuse and Dependence – UK Guidelines on Clinical Management (2017) • A Guide for the Management of Dual Diagnosis for Prisons (2009) • Care Quality Commission Standards • Prison Health Performance and Quality Indicators • Relevant National Services Frameworks

