Yorkshire & the Humber

Children and Young People's

Crisis/Urgent and Emergency Mental Health Care Provision

Background & Context

Several definitions for crisis are available, but an overarching definition is: any situation which results in an adverse effect on a child or young person's mental state and emotional wellbeing and results in an increased risk to themselves or others. This may be underpinned by both mental health and social difficulties.

Building on Future in Mind and the Five Year Forward View for Mental Health, the Long Term Plan (LTP) and its associated Mental Health Implementation Plan, published in 2019, set out a series of ambitions for changes to children and young people's care. Amongst these was the expectation that by 2023/24 there will be 100% coverage across England of 24/7 age-appropriate mental health crisis care provision for all children and young people which combines crisis assessment, brief response and intensive home treatment functions, accessed via NHS 111. Intensive home treatment encompasses a range of models including outreach services, alternatives to admission and intensive community treatment. These comprehensive services may include blended models with inpatient care and/or existing adult team practitioners who are trained and competent in meeting the specific mental health needs of children and young people. When response is provided by adult mental health services, there must be an integrated approach with CYP mental health services including knowledge of community pathways and systems, as well as appropriate training in place to ensure the team has an understanding of the developmental and safeguarding needs of children and young people, and aspects such as challenging behaviour. Comprehensive crisis pathways are likely to include jointly commissioned and/or delivered services with non-NHS partners such as local authorities, police and voluntary services.

Expanding timely, age-appropriate, comprehensive crisis and intensive home treatment services will improve the experience of children, young people and their families. It will reduce pressures on emergency (ED) departments, paediatric wards and ambulance services and will reduce admissions to inpatient services and minimise length of stay by providing alternatives to admission and step down that are safe and effective. Comprehensive crisis pathways are likely to include jointly commissioned and/or delivered services with non-NHS partners such as local authorities, police and the VCSE. The Crisis Care Concordat reminds stakeholders that a mental health crisis should be treated with the same urgency and respect as a physical health emergency.

The LTP Mental Health Implementation Plan set out a trajectory for achieving the national coverage:

Objective	2019/20	2020/21	2021/22	2022/23	2023/24
CYP crisis - % coverage of 24/7 crisis provision for CYP	30%	35%	57%	79%	100%

To support the achievement of this ambition increased funding is being flowed into CCG baselines:

		Baseline Year	Year 1	Year 2 [FYFV MH ends]	Year 3	*Year 4*	*Year 5*
		18/19	19/20	20/21	21/22	*22/23*	*23/24*
Children and Young People's Community and Crisis	Central / Transformation	65	68	49	113	*150*	*218*
	CCG baselines	170	195	231	261	*319*	*383*
	Total	235	263	280	375	*469*	*601*

The combined three key functions of crisis services for children and young people are:

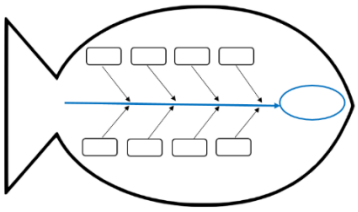
A comprehensive CYP crisis offer: key functions provided to CYP aged 0-18 years (17 and 364 days):

1. Crisis assessment within the emergency department and in community settings
2. Crisis assessment and brief response within the emergency department and in community settings, with CYP offered brief interventions
3. Intensive Home Treatment service aimed at CYP who might otherwise require inpatient care, or intensive support that exceeds the normal capability of a generic children and young people's mental health community team

Functions 1 and 2 – crisis assessment and brief response must operate 24/7
Function 3 – the intensive home treatment function should be available 7 days per week across locally determined extended hours

Purpose of this Document

In November 2019 the Yorkshire & the Humber Children and Young People's Mental Health Clinical Network held a learning and development event with a broad range of stakeholders. The aim was to co-create a *clear, consistent understanding of what the delivery of high quality children and young people's (CYP) crisis care* in Yorkshire & the Humber should look like in line with the Long Term Plan. The event also explored where the biggest challenges to delivery lie and what the potential solutions might be. Having a co-created vision is intended to support areas develop and transform their crisis services, no matter where they are starting from, by reducing variation and providing insight into the various elements which when combined deliver a comprehensive and high quality CYP focussed service.

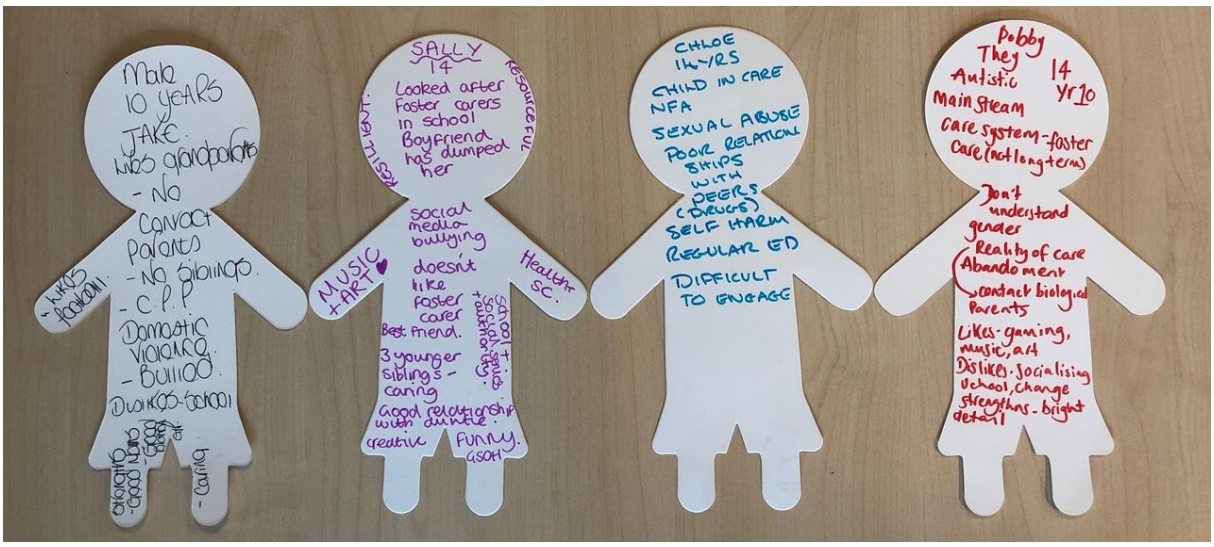


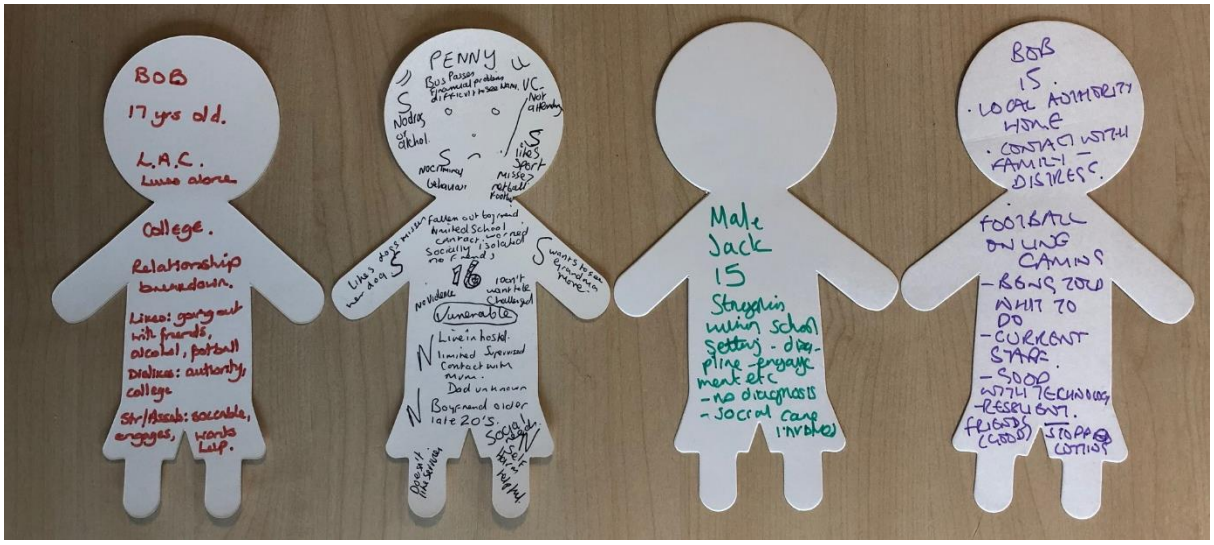
The *What Does Good Look Like Fish* was developed throughout the day by attendees. This quality improvement tool provided focus and structured conversations around the various elements which contribute to delivering effective care to children and young people experiencing a mental health crisis.

The fishbone topics are:

1. Data and Quality Metrics
2. Team Models & Workforce
3. Interface with the Wider System
4. Access & Pathways – assessment & brief response
5. Access & Pathways – Intensive Home Treatment and post-crisis support
6. Addressing Inequalities & Participation
7. Technology
8. Environment

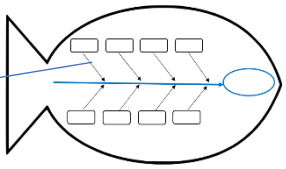
It is noted that whilst the wider determinants of mental health and preventative work are acknowledged within a wider system context, *the scope of the What Does Good Look Like Fish event is the delivery of 24/7 crisis assessment, brief response and intensive home treatment services*. In relation to each of the fishbone topics delegates were asked to identify and validate what does good like, and most importantly what adds value from a child or young person's perspective. Keeping in mind their different circumstances and needs will help ensure the best outcomes for each child or young person. During the event delegates were asked to consider what good looks like from a young person's standpoint:





Combining background research, existing guidance and the production of the *What Does Good Look Like Fish*, the following sections are a breakdown of essential considerations for developing a comprehensive 24/7 crisis provision for children and young people. Each 'fishbone' should *not* be considered in isolation as there are cross-cutting themes throughout which come together to create the whole.

1. Data Quality & Metrics



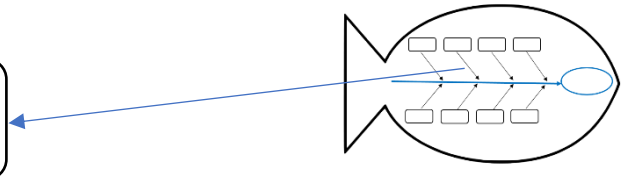
Context: Across health and social care having high quality, accessible data has a significant contribution to how effectively services can be delivered.

Key Deliverables

- ✓ All partners should be empowered to understand the data with a consistency of language.
- ✓ Data that supports effective triage should be in place and obtained, reassuring the child or young person that the team understands their situation, know what the options available are and have processes in place to enable systems to talk to each other.
- ✓ There should be a central source of easily accessible and relevant published data and guidance relating to crisis care to enable strategic planning. This can include who to target, where the need is and where the pathway may need improvement.
- ✓ Services must flow complete and accurate data to the national Mental Health Services Dataset and/or Emergency Care Dataset as relevant.
- ✓ Systems should work towards a common set of outcomes and commission accordingly.
- ✓ The views and experiences of children and young people must be included in any data reports/reviews to ensure *quality* and outcomes are not overpowered by activity and performance data. This should include a common experience question/metrics commonly agreed across providers and used consistently for improvement opportunities, such as the Friends and Family Test and Experience of Service Questionnaires (ESQ).
- ✓ Use of clinical outcome measures must be embedded into services, used for both supporting a child or young person and service improvement.
- ✓ System wide data and information should be pooled and used to underpin the continual development of services to ensure they are responsive to the needs of children and young people with *regular* reviews at service, board and system levels. This must include health inequality information to ensure *all* have the best possible outcomes.
- ✓ System wide data should also include where possible an understanding of where/what self-help information children or young people are accessing and to determine 'peak times' of need.
- ✓ Emergency Department data should be collected to understand both those who attended for a mental health crisis and those who were admitted for a mental health crisis.
- ✓ "Clinical Response Priority and location should be recorded for all referrals to teams providing the functions of urgent and emergency support, advice & triage and assessment (including brief follow-up) for people of all ages." NHS Digital.
- ✓ There should be openness and transparency throughout, i.e. from strategic levels to individual frontline staff, of what is being measured and what the KPIs are and how finances are aligned to this.
- ✓ Processes should be in place to ensure a high quality 'knowledge transfer' when a young person transitions into adult care or other service, including a mental health passport.

Commit to working together to share data and information.

2. Team Models & Workforce



Context: By 2023/24, all areas are expected to have 24/7 age appropriate crisis services for children and young people in place, including crisis assessment, brief response and intensive home treatment. This may include blended models with inpatient care and/or existing adult team practitioners who are trained and competent in meeting the specific mental health needs of children and young people under 18. Blended approaches must reflect the importance of multiagency working and ensure that all colleagues across providers (e.g. health, education, social care, emergency services) have the right knowledge, competencies and confidence to work effectively and collaboratively across organisational and professional boundaries.

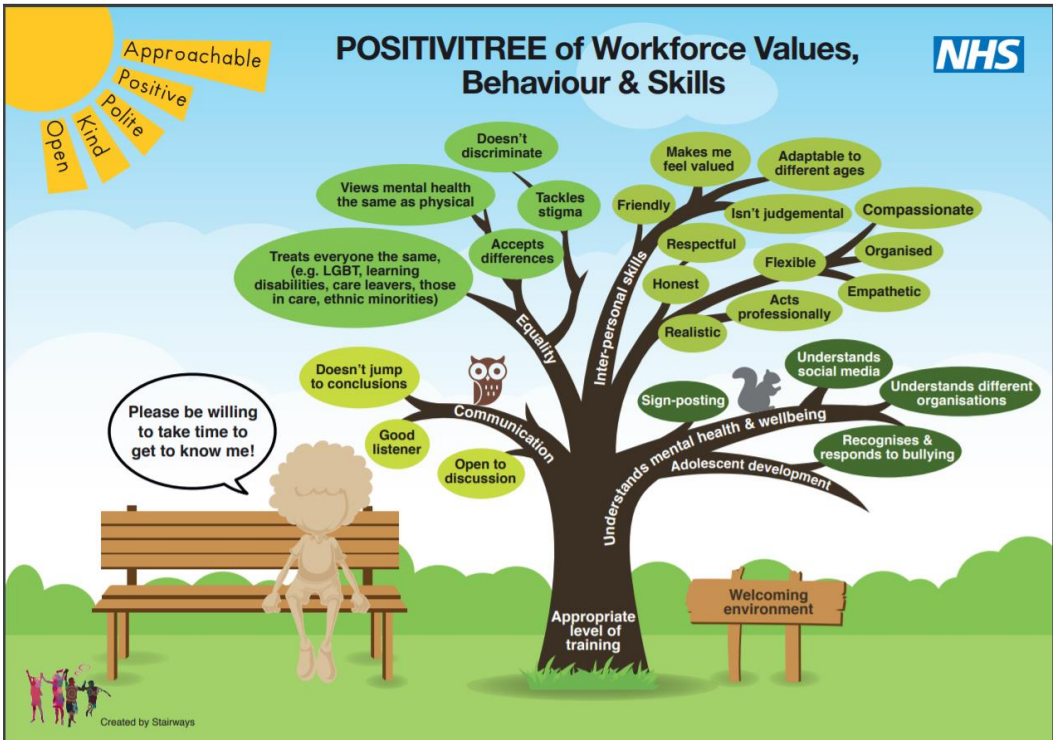
A mental health crisis can occur at any time but often occurs out of hours, and at weekends or during bank holidays, when daytime support is not available.

Key Deliverables

- ✓ The crisis service should be staffed by a multi-skilled workforce who can understand and meet the diverse needs of children and young people.
- ✓ The team model must include 24/7 coverage for a crisis assessment and brief response, and 7 day a week coverage for intensive home treatment.
- ✓ The team model and accompanying workforce design should be undertaken as part of a broader whole system children and young people's workforce strategy development and reviewed alongside HEE's Stepping Forward to 2020-21 and work along with Primary Care Networks.
- ✓ The crisis service should be underpinned by bespoke, clear job adverts and descriptions.
- ✓ Bringing in expertise from a broad range of backgrounds is essential for ensuring the best outcomes for children and young people, with opportunity for professional development and career progression built in, such as developmental band 5 into band 6 posts.
- ✓ Core roles within a crisis service should include nursing, psychiatry and psychology.
- ✓ Core roles could additionally be supported by social work, youth work, family support work, Emergency Department liaison, health care support workers, foundational workers and occupational therapy which will broaden depth of the holistic support offered to a child or young person.
- ✓ Where appropriate the expertise of parents and carers should be drawn upon and developed as they can offer a valuable source of support and form part of the ongoing care.
- ✓ Opportunities to develop U&E MH Care peer support workers who can work across in-patients and the community should be capitalised on.
- ✓ A designated 'trusted professional' or 'trusted core team' should be in place *throughout* for each child or young person for consistency and to avoid the need for them to repeat their story multiple times.
- ✓ Team models should be matched against local demand with the ability to 'flex' Intensive Home Treatment out of hours as necessary.
- ✓ The workforce should be supported to be digitally literate.
- ✓ The intensity of working in a crisis service must be recognised and the workforce actively supported to be resilient.
- ✓ Sufficient admin and business intelligence support should be built into the model.
- ✓ High quality and effective supervision should be in place along with regular succession planning for the whole team.

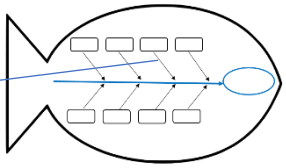
Provide opportunities for people to develop new skills.

- ✓ Effective triage by a skilled band 6+ should in place, which includes knowledge of the wider local system, ability to risk assess and develop a risk management plan, have a systemic overview, e.g. of the family environment and be able to undertake a physical assessment.
- ✓ A robust clinical model with appropriate staffing should be co-developed by both specialist mental health in-patient providers, Provider Collaboratives and crisis services to ensure there is a seamless pathway, appropriate staffing and quick access to a bed if necessary and avoided delayed discharge.
- ✓ Consistent training should be in place across Yorkshire & the Humber that specifically looks at the needs of a child or young person in crisis and is available across professions at appropriate levels. This could include simulation training.
- ✓ All staff should use the core capabilities frameworks for supporting autistic people and/or people with a learning disability which are relevant to those in working in any sector.
- ✓ Where services are blended with adult teams, including all-age mental liaison services in Emergency Departments, particular attention should be given to ensuring the quality and comprehensiveness of the response is not unduly varied between in-hours and out of hours.
- ✓ Regular workforce audits should be undertaken to evaluate staffing levels, skills mix and competencies.
- ✓ All staff should emulate the behaviours and values that children and young people deserve:



- ✓ Team models and workforce should meet clinical standards, such as NICE Guidance CG155: Psychosis and schizophrenia in children and young people: recognition and management Section 1.5 Referral in crisis and challenging behaviour, NICE Quality Standard QS102: Bipolar disorder, psychosis and schizophrenia in children and young people and NICE Guidance CG16: Self-harm in over 8s: short-term management and prevention of recurrence.
- ✓ Development of a crisis service should include adherence to the Quality Network for Community CAMHS Service Standards.

3. Interface with the Wider System

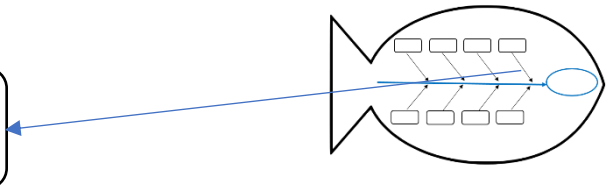


Context: It is important for all three elements of a crisis service (crisis assessment, brief response and intensive home treatment) to collaborate with the system around the child or young person. Crisis and suicide prevention are noted but the focus of this section is the service delivered during and after a crisis and has strong cross-over with sections 4 and 5.

Key Deliverables

- ✓ Services should be co-designed by partners from health, education, social care, voluntary services, the police, ambulance services, NHS England Specialised Commissioning and children and young people so that pathways are seamless, and duplication is minimised. This includes the emerging Provider Collaboratives.
- ✓ Thresholds/criteria between service should be aligned to ensure *all* children and young people receive the level of care they need and are not bounced around or allowed to fall through gaps.
- ✓ Police and ambulance response time targets must be taken into account when developing pathways with safe transport available that is appropriate for a child or young person; this may include crisis services considering have their own transport supported by triage nurses.
- ✓ Multi-agency working with clearly defined roles and responsibilities should be in place to ensure the root cause(s) and wider needs of children and young people are addressed.
- ✓ Recognition of the needs of parents and carers should be given, and links made with adult mental health support when appropriate, including self-help, peer support and face-to-face interventions.
- ✓ Care and management plans should include reference to education settings but should not place a burden or undue responsibility on them.
- ✓ Education settings should be engaged with to ensure they understand what a crisis service is in place to deliver, compared to less intensive services, and how it can be accessed. This should be aligned with their broader understanding of mental health by using the In It Together SEMH Competency Framework.
- ✓ Easily searchable website information should be available which provides a single portal for children, young people, families and professionals with clear, easy read information on what a crisis is and how a service(s) can be accessed, including NHS 111. This should be advertised across local communities.
- ✓ Physical or virtual 'drop-in' hubs or safe zones should be available to children and young people.
- ✓ Close relationships and in-and-out transition processes must be in place with specialist mental health in-patient providers (i.e. Tier 4) to provide continuity for a child or young person and this may include a designated 'trusted professional' or 'trusted core team' throughout their pathway.
- ✓ Services should be empowered to keep up to date with national policy developments, taskforce and reviews and have joint learning opportunities across the system to enable them to quickly respond to improve quality.
- ✓ Multi-agency panels should be in place who have oversight of young people with very complex needs and supported by joint governance meetings.
- ✓ The crisis service should not sit in isolation from the rest of the system and system/service resilience should take into account 'peak times' and academic vacation periods.
- ✓ Careful consideration should be given to ensuring an appropriate as the involvement of multiple services may overwhelm a person.

4. Access & Pathways – assessment & brief response



Context: Key functions provided to CYP aged 0-18 years (17 and 364 days) include 1) Crisis assessment within the emergency department and in community settings and 2) Crisis assessment and brief response within the emergency department or in community settings, with CYP offered brief interventions. These two functions must operate 24/7.

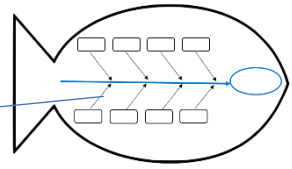
With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week.

Key Deliverables

- ✓ A service specification, consistent across an STP/ICS, which is backed up with robust frameworks, SOPs, protocols, guidelines and roles and responsibilities, backed up by QNCC Service Standards.
- ✓ Self-referral and assessment that is user friendly and non-judgemental should be available to children and young people are both known and unknown to services. How to access this should be easily found and well-advertised across communities.
- ✓ If an in-patient admission cannot be avoided it should be close to home, timely and able to offer appropriate assessment and treatment.
- ✓ Protocols for effective triage should be in places to ensure a flexible response based around the need of the child or young person, including 'someone to talk to' and de-escalate if appropriate.
- ✓ Have mental health nurse(s) in Ambulance service clinical hubs/control rooms, who are able to access crisis teams and divert children or young people away from Emergency Departments.
- ✓ The response should take into consideration the root cause(s) of the crisis and the wider context, such as education and home life via a full bio-psychosocial assessment.
- ✓ Team members should be responsive and open to ideas from children, young people and their families, taking a whole family approach.
- ✓ Multi-agency working with clearly defined roles and responsibilities should be in place to ensure the assessment and brief response take into account the wider needs of *all* children and young people with a care and management plan co-produced to reflect this.
- ✓ The needs of parents/carers should be taken into consideration when developing a care and management plan.
- ✓ The quality of assessments and outcomes should be regularly reviewed with processes in place to identify and share learning to improve quality across Yorkshire & the Humber. Children and young people should be involved in this process.
- ✓ Standardised assessment* protocols should be in place to ensure consistency which are co-produced with children and young people and subject matter experts.
- ✓ The assessment and brief response should be provided in a timely manner, in line with any recommendations from the U&E MH Care Access Standard review.
- ✓ The assessment and brief response should be easily accessible to police staff with robust processes for handover in place.
- ✓ Ways to undertake physical and psychological assessments away from Emergency Departments, by multi-skilled practitioners, should be considered as this is often not a suitable environment for a child or young person in distress.

* Mental Health in Emergency Departments is a toolkit which includes examples of ED triage/assessment forms.

5. Access & Pathways – Intensive Home Treatment and post-crisis support



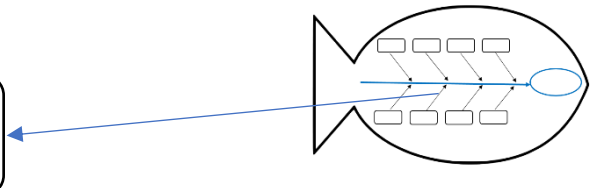
Context: Key functions provided to CYP aged 0-18 years (17 and 364 days): Intensive Home Treatment service aimed at CYP who might otherwise require inpatient care, or intensive support that exceeds the normal capability of a generic children and young people's mental health community team. The intensive home treatment function should be available 7 days per week across locally determined extended hours (i.e. does not have to be 24/7, unlike the crisis assessment and brief response).

Intensive home treatment encompasses a range of models including outreach services, alternatives to admission and intensive community treatment.

Key Deliverables

- ✓ A service specification, consistent across an STP/ICS which is backed up with robust frameworks, protocols, guidelines and roles and responsibilities so children and young people can have confidence in the service helping them. This should be developed in conjunction with by QNCC Service Standards.
- ✓ Services should ensure there is clear communication with children, young people and their families about post-crisis support and what Intensive Home Treatment will involve. This should form part of their care and management plan.
- ✓ Services should ensure they take time to get to know the child or young person, their triggers, strengths and ways to de-escalate.
- ✓ Team members should be responsive and open to ideas from children, young people and their families, taking a whole family approach.
- ✓ Extended hours and location for Intensive Home Treatment should be flexible and reflect the circumstances of the individual child or young person and their family/carers.
- ✓ A range of therapies should be offered that children and young people can choose from.
- ✓ The Intensive Home Treatment team should provide evidence-based treatment with clear adherence to the model, such as DBT and MST.
- ✓ The Intensive Home Treatment team should be able to undertake a trauma informed approach to their interventions.
- ✓ The role of education should be taken into account when delivering Intensive Home Treatment and advice on post-crisis support, including social prescribing opportunities.
- ✓ If an in-patient admission cannot be avoided it should be close to home, timely and able to offer appropriate assessment and treatment.

6. Addressing Inequalities & Participation

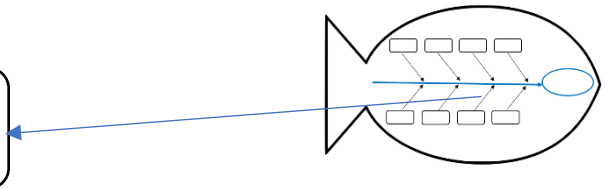


Context: It is important for a crisis service to meet the diverse needs of *all* children and young people who need support.

Key Deliverables

- ✓ Development of crisis care provision should be child and young person centred, involving them in every stage from design to ongoing evaluation.
- ✓ When care is delivered it should be explained in as much detail as the child or young person can take in at that point in time and expanded upon if necessary when they are ready to take in further information.
- ✓ Information should be available as and when children and young people wish to access it according to their own time and space and in their preferred format.
- ✓ Extended hours and location for Intensive Home Treatment should be flexible and reflect the circumstances of the individual child or young person and their family/carers.
- ✓ Crisis services should be given the time and space to understand the population covered (including working with Public Health) and appreciate how to adapt their interactions. This includes understanding faith groups and cultural backgrounds as well as particularly vulnerable ones such as LGBTQ+, children who are looked after and those who are homeless.
- ✓ Crisis services should understand the range of local support services available (e.g. health, social care, voluntary and education) and be able to liaise with/signpost to these as appropriate.
- ✓ Consistent pathways and responses should be in place across Yorkshire & the Humber with shared learning in place to ensure *all* children and young people's crisis services deliver the same outcomes and variation is kept to a minimum. Pathway reviews should also explore those who aren't accessing services and what the barriers might be, so an action plan can be developed.
- ✓ Budgets and co-commissioning opportunities should be reviewed to establish seamless pathways.
- ✓ Aside from working with children and young people to design services they could be considered as part of the workforce, e.g. peer support groups, education setting champions, young inspectors and communication experts.
- ✓ Mechanisms for learning from experiences of children and young people should be in place to boost prevention by identifying trigger points, review 'thresholds' and if the service met their needs and understand where in the community services are accessed.
- ✓ Capture the views of children and young people by using inclusive language (pre-checked by young people).
- ✓ All areas should ensure there is a clear transition process in place once Intensive Home Treatment has finished so appropriate treatment and support can continue as necessary (this includes transitioning to non-NHS based services). A 'shared language' or 'dictionary' between services will support this.
- ✓ Crisis responses should take a holistic view and be multi-agency according to physical, emotional and social needs of each individual child or young person.
- ✓ Multi-agency responses should be disussed with young people, so they understand who does what.
- ✓ Use all interactions as opportunities to destigmatise mental health and positive, open conversations.

7. Technology



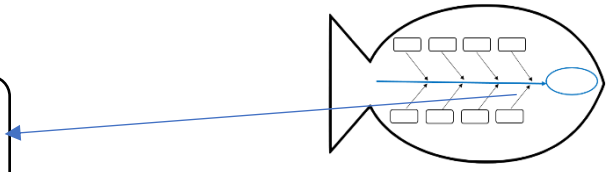
Context: Use of technology can increase crisis response efficiency and the quality of user experience during and after a mental health crisis.

Use of technology should always comply with Information Governance and General Data Protection Act compliance and any other relevant organisational protocols. Implementing new technology should be underpinned by robust technology assessment principles, including a systematic approach which attempts to anticipate the consequences of its introduction in all possible domains it is likely to interact with so as to ensure that it enhances rather than hinders care and meets its aims.

Key Deliverables

- ✓ The introduction and use of technology should be undertaken by a workforce which is enabled to be digitally literate.
- ✓ Consideration should be given to how technology can support timely and accurate hand-over between agencies throughout a pathway, e.g. between blue light services and specialist community teams, and how this can be fed into a care and management plan held by a young person and/or their family.
- ✓ Wherever possible integrated systems should be sought out so relevant information is easily accessible (including when professionals are working remotely) and consistent across agencies with a common language/understanding. Co-commissioning, Whole Pathway Commissioning and Provider Collaboratives can enable this.
- ✓ Technology that is children and young people facing should be flexible and take into account any possible barriers to access and use, such as language, disabilities and age. Assumptions around access to technology should be avoided and restrictions of use within education settings remembered.
- ✓ Children and young people should be offered both a digital and paper-based care and management plan that they have co-produced with the crisis team.
- ✓ Apps and websites can be used to support others in the child or young person's circle, such as family, friends and education settings, with their understanding and ability to appropriately support a crisis situation and ongoing management.
- ✓ Easily searchable website information should be available which provides a single portal for children, young people, families and professionals with clear, easy read information on what a crisis is and how a service(s) can be accessed, including NHS 111. Working with local children and young people and Google analytics can assist in determining what terms are used within search engines and how to ensure the correct, local response is returned.
- ✓ After a crisis event services should consider using technology, such as SMS, to 'check-in' with a child or young person and/or their family to ask 'how are you today?'. This will help build a sense of being cared for and keep lines of communication open in between intensive home treatment sessions.
- ✓ After the end of Intensive Home Treatment services can use apps or website to seek user feedback to drive quality improvement.

8. Environment



Context**:** The environment, facilities and location in which the crisis assessment, brief response and intensive home treatment are delivered can have a significant impact on the outcomes for children and young people.

The child or young person's social situation, e.g. home life, and type of therapy required will contribute to determining the best environment for their care. Alongside this, to ensure the safety of all involved, risk management and lone working protocols should be in place and adhered to.

Wherever possible a child or young person should be supported within their home environment to avoid an in-patient admission (NICE Guidance CG155). Much of what can be done in hospital settings can be achieved in the community throughout the pathway.

The following principles apply to all environments in which a child or young person will be supported, from assessment to delivery of intensive home treatment, including; Emergency Departments, community settings, clinical and non-clinical settings, places for legal detainment and alternative provisions, e.g. safe havens.

Key Deliverables

- ✓ The location should be in a place where the child or young person is comfortable, according to their preference, but balanced with practicality and in adherence to risk management protocols to ensure the safety of all involved. Teams may wish to develop a 'catalogue' of suitable environments.
- ✓ The environment should enable the child or young person to feel they are able to talk openly and honestly.
- ✓ A warm, comfy, clean, uninterruptable, safe, compassionate environment will contribute to making the child or young person feel comfortable and able to express themselves.
- ✓ The location should be accessible to both professionals and children and young people, taking into consideration factors such as rurality and public transport links.
- ✓ The environments should be age appropriate and reflect the diverse backgrounds which children and young people come from.
- ✓ Environmental considerations must be taken into account when supporting children and young people with autism and/or ADHD or learning difficulties with appropriate adaptations made to ensure the safety and comfort of both professionals and the child or young person.
- ✓ The selected environment will vary depending upon what needs the child or young person has and will be determined at the point of assessment and development of a care and management plan.
- ✓ Regular reflection on the suitability of the chosen environment should be undertaken by both professionals and the child or young person; if it isn't working look at other options and adjust accordingly but with minimal disruption.
- ✓ The team delivering care should be flexible and not unduly influence the choice of environment according to their preference, rather according to the needs and wants of the child or young person.
- ✓ Feedback should be sought from children and young people to evaluate the suitability and effectiveness of the environments in which the service was delivered, and findings used to inform future care. Evidence of change as a result of feedback should be provided back to children and young people.

- ✓ Safe havens and short stay options should be considered as alternatives to admissions with a consistent approach across geographies, developed with children and young people with a holistic social and health care approach. Consideration to ways to discourage and prevent children and young people from a safe haven when it is against their best interest should be given and developed into protocols.
- ✓ Community settings are defined as settings that are not in a traditional hospital or acute setting such as in schools or drop in centres.
- ✓ New models of delivering physical and psychological assessments away from Emergency Departments by multi-skilled practitioners should be considered as this is often not a suitable environment for a child or young person in distress.

And Finally…

On behalf of Stairways, the Yorkshire & the Humber Children and Young People's Mental Health Clinical Network would like to thank all our partners who contributed to developing this resource. Having a broad range of perspectives ensures the best possible outcomes for the children and young people we are caring for. We hope this vision of What Good Looks Like is useful as a central guide for local areas and STPs/ICSs as they develop their crisis services.

If anyone would like further information or support, please contact the Clinical Network team via laura.whixton@nhs.net.