Appendix 1

JTAI Good Practice Markers

Evidence of Good Practice	Organisation Evaluation	Evidence of Impact
The partnership takes effective action to use information about children's mental health needs in order to inform appropriate commissioning decisions or to strengthen governance of the quality and outcomes of service delivery.		
There is good evidence that consideration of the impact of adverse childhood experiences is helping to inform planning to meet children's needs.		
When children need a specialist service from the child and adolescent mental health service (CAMHS), they are able to access support quickly to ensure that children do not experience further harm.		
Children from diverse backgrounds receive a sensitive service from professionals. They demonstrate a good understanding of children's needs, particularly in relation to those arising from their culture, ethnicity, gender, sexuality or their emotional well-being and mental health.		
Joint commissioning across the partnership is supported by a needs-led strategy about the way these services are commissioned. Community and voluntary sector providers are not clear about how they fit into the local area's emotional well-being and mental health offer.		
Disabled children receiving appropriate services, such as positive behaviour support services, short break provision, paediatric and specialist therapies, in a timely way. Therefore, the impact of mental ill health on children is assessed and reduced to improve their emotional well-being and safety.		
Where there is drift and delay in children receiving appropriate services for their mental ill health there is evidence of effective challenge by professionals.		
Practitioners have caseloads which enable them to undertake meaningful and purposeful interventions which children which improves their emotional wellbeing.		
Within children's social care, schools and the YOT, there are examples of professionals working creatively and persistently to engage with children who are reluctant to engage, or whose circumstances make it difficult for them to engage, with professionals. Professionals are diligent in working to build trusting relationships with children who in many cases have experienced abuse, neglect, disruption in placements and significant loss in their lives.		

Practitioners demonstrate a good understanding of the impact of childhood trauma and the child's lived experiences on their emotional health and well-being. Children known to social care are being provided with services to support their mental health needs.		
There is an extensive range of training for practitioners which means that a skilled workforce is being trained in a variety of techniques, including specialist attachment-based training, assessment of parent/child interaction, and developmental trauma in childhood.		
All practitioners have access to clinical supervision to enhance and develop their practice, as well as to support them in the emotional impact of their work.		
There is a specific speech and language therapy service to young people known to the Youth Offending Team (YOT).		
There are regular opportunities for health partners to access good quality safeguarding advice from the Children and Families' Services.		
Referrals from partners help staff to identify whether children have needs relating to their emotional well-being and mental health.		
Where not provided on the referral, health information is routinely sought to contribute to decision-making at the Front Door for children requiring an early help service. Children are referred to early help services with a clear holistic evaluation of their needs.		
Information about children's outcomes discussed in the MASH is routinely shared with all health practitioners from whom information was requested. There is a high return of information requests to the MASH from GPs.		
Children living in long-term neglect receive appropriate and effective intervention. Sustainability is assessed and tested effectively, and where there is insufficient change appropriate interventions are provided which helps improve their lives and emotional well-being and mental health (children do not experience repeat periods of early help support or child in need planning without any significant change or intervention).		
There has been wide take up of mental health training offer such as THRIVE		
There is a wide range of provision to support children with their emotional health and well-being needs		
Children's health assessments for children in care are timely and inform their care plans.		
When actions in plans are not completed, for example actions from looked after children's health assessments, inspectors found evidence of effective challenge by independent reviewing officers to address this.		
There are timely decisions about placement and securing permanency for all children in care which has a positive impact on their sense of belonging.		
When children in care receive a service from CAMHS, they are provided with flexible and responsive support that is tailored to meet their individual needs. This includes more frequent visiting and support in line with the wishes of the child and their care staff, alongside re-offering		

specialist interventions at a time when children are ready to engage. CAMHS has provided additional guidance and training for care home staff in response to their concerns, and this helps to provide children with a consistent response when they need help and interventions.		
For children who have been involved with agencies for some time and who have complex needs, progress of plans to improve their health, well-being and safety are well monitored to ensure that children are making progress.		
Schools are strong and active partners in multi-agency working. Staff in schools recognise and understand the emotional and mental health needs of their pupils and worked closely with professionals to make sure that children get the services they needed.		
Co-location of mental health workers with Children and Families' Services have been enabled by the Clinical Commissioning Group and Local Authority.		
24-hour mental health service for children and young people reduces the number of young people being admitted to hospital or requiring a mental health act assessment.		
For children with very complex needs, there is a coordination of plans and an integrated plan that brings together all the risks and needs of the child. This means that all agencies have a clear and holistic picture of the complexity of children's lives.		
Senior leadership across the partnership is stable. Attendance and commitment to key strategic boards provide a robust multi-agency overview of children's mental health needs. The children and young people partnership system design group reports to the health and well-being board and maintains a strong focus on children's emotional well-being and mental health. An example of this work is the protocol agreed to inform practice to meet effectively the needs of children being discharged from hospital following an admission relating to their mental health.		
Joint commissioning is reflective of the well-developed partnership arrangements between strategic leaders. The joint strategic needs assessment has helped commissioners to understand the health needs of children, including the prevalence of poor emotional well-being and mental health. Pooled budgets enable effective joint decision-making about where resources should be directed in order to meet local needs.		
A wide and varied range of services from the community and voluntary sector (CVS) work well together to deliver targeted emotional health support for children. The intent is to focus on early intervention and prevent escalation to statutory services. Children and their families use these services when support is required to address their emotional and mental health needs.		
School-based interventions support approach to recognising and meeting children's needs at the earliest opportunity. All schools have a mental health lead. Training for pupils as peer listeners and school-based staff receiving mental health awareness training also supports this preventative approach.		
The growth and commitment of the trauma-informed practice network to become a trauma-informed city has recently been recognised, understood and supported by senior leaders and members of the health and well-being board and cabinet. This inspection identified the use of a trauma-informed approach in several services delivering support for children's mental health. These include the child and adolescent mental health service (CAMHS), the youth offending team		

(YOT), substance misuse services, police and the CVS. Inspectors noted an increasing use of a common language and practice. The trauma-informed approach is also beginning to influence commissioning intentions, and this is supported by the strong links between the health and well-being board and the community safety partnership.		
Partners are aware of the referral pathways to raise concerns for children. The co-location of agencies in the multi-agency safeguarding hub (MASH) generally supports timely and effective decision-making. However, the lack of a consistent presence of health and education decision-makers in the MASH means that some decisions lack appropriate input from these agencies.		
The co-location of the children looked after health team, CAMHS and the permanence social work team is effective in promoting information-sharing and joint planning to meet children's emotional well-being and mental health needs.		
Mental health specialists from CAMHS provide consultation to multi-agency professionals to support children's emotional well-being and mental health.		
The community mental health team, CAMHS and local policing teams actively work together to assess intelligence and information to develop local policing plans. Mental health practitioners support tactical policing decisions so that they are developed in the best interests of children experiencing mental ill health.		
When school nurses are supporting children, they are persistent in ensuring that the needs of children are met.		
The police's mental health delivery board oversees the response of local police to children experiencing mental ill health. The force encourages innovative practice, and this has resulted in a more child-centred approach through the introduction of a child-centred policing team.		
An effective liaison and diversion service within police custody suites means that children experiencing poor mental health receive prompt intervention during their time in custody.		
A street triage car delivered through the police, an approved mental health practitioner and the ambulance service provide a community-based response for children experiencing mental ill health. This prevents children from presenting to acute services and provides effective support at the earliest opportunity.		
Good multi-disciplinary work between CAMHS and other health services ensures that children receive well-planned care delivered by the most appropriate service. When children present in mental health crisis at the acute hospitals, the CAMHS outreach team (COT) provides a timely response, and all children are seen within 24 hours. The CAMHS outreach practitioner supports hospital ward staff to commence an assessment as soon as the child is well enough, and this means that appropriate intervention is offered at an appropriate time for the child.		
School staff promptly refer concerns for children when they are first identified. Schools provide key support for children when emotional or mental health needs are identified and complete comprehensive assessments when alternative education provision is required to meet children's needs.		
Senior leaders from all agencies within the partnership recognise the need for their workforce to have the right knowledge and understanding to support the emotional well-being of children		

experiencing mental ill health and with any additional needs. The local authority provides a varied range of learning and development opportunities that address children's mental health needs for all the workforce. YOT staff are provided with specific targeted training, for example skills training on risk management (STORM) that focuses on suicide and self-harm. Frontline staff in health providers access relevant training that focuses on safeguarding, child sexual exploitation and the impact of adverse childhood experiences on children's lives. Hospital staff have all received training on 'mental health first aid'.		
The police have invested in external training for 36 officers to become trauma-informed ambassadors. These officers have been allocated two additional days of training to disseminate their learning to their peers. The force has also trained enhanced crisis communicators in the control room to engage with callers (including children) who are suicidal, are threatening self-harm or are high-risk missing persons. Inspectors saw evidence of these skills resulting in police intervention and preventing serious harm.		
Regular reflective learning panels help the police to understand the standards of practice of the workforce. An additional two days per year training supports continual improvement.		
At the children's social care 'front door', practice is consistently stronger than when a child is already known to children's social care. Local authority assessments are timely, they mostly consider the impact of past experiences, provide a good analysis and they clearly record the child's voice.		
Assessments completed by health practitioners are mostly child-focused, and identify risks and needs.		
Professionals explore children's diverse needs that arise from their culture and religion. This enables professionals to work sensitively with children and their families to understand how to best provide support.		
Children are meaningfully and actively involved in consultation about the development of services and co-production of initiatives. An example of this was earlier this year when the 'Young Safeguarders' group took over the safeguarding children's board meeting. The young people identified their three areas of priority as mental health, suicide and knife crime. Each strategic leader of the board made a pledge to address these issues and improve practice. Strategic leaders told inspectors how powerful it was to hear children's views directly.		
The partnership responded swiftly to the findings of this inspection, firstly addressing the needs of a small number of children that were raised by inspectors. The partnership then reflected on its practice and has developed a new multi-agency case resolution protocol to be implemented with immediate effect. This will provide an agreed pathway for raising concerns when outcomes for children are not achieved.		