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Mental health personalised care framework: the modern care programme approach – annex B: considerations for children and young people

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Introduction

This document sets out the considerations to meet the specific needs of children and young people with mental health or emotional wellbeing difficulties when implementing the Mental health personalised care framework (https://www.england.nhs.uk/publication/mental-health-personalised-care-framework-the-modern-care-programme-approach/), across all its principles and actions. It should be read in conjunction with that framework.

For the purposes of this document, 'children and young people' refers to all those up to their 18th birthday.

The core principles and actions for delivery of personalised care in the Mental health personalised care framework for adults and older adults apply to children and young people also. However, significant differences in the needs of and networks of support for children and young people need to be considered when planning and delivering personalised care and support for them.

Up to 48% of mental health difficulties present before the age of 18 (Solmi et al, 2021 (https://www.bing.com/ck/a?!&&p=a706bc70ca235ee3356ff4e8fd7e56b2488c2243ac70524a0e088e9244869a16JmltdHM9MTc3NTYwNjQwMA&ptn=3&ver=2&hsh=4&fclid=273baea8-dfbc-6c3b-24f0-b81ede166d7b&psq=Solmi+et+al&u=a1aHR0cHM6Ly93d3cucmVwb3NpdG9yeS5jYW0uYWMudWsvYmI0c3RyZWFtcy9lMGM5NjZhMy1lZTllLTRkYmYtYTgwNS05NDdjMzU4ZjNlMGYvZG9) Ensuring that the Mental health personalised framework is also effective for children and young people will improve outcomes for them, both in the short-term and longer term as they move into adulthood.

The focus of this document is the whole pathway. It covers how personalised care planning and treatment should be integrated across all agencies involved in supporting a child or young person with their mental health, ensuring seamless pathways of care and improved outcomes.

This document, developed with experts by experience and clinical experts from a range of services across England, is for integrated care boards (ICBs) and providers of services supporting and treating children and young people with mental health difficulties. These services can be delivered in the NHS, the local authority, education and voluntary, community and social enterprise (VCSE) organisations and it is not unusual for a child or young person to access care from different providers over the course of a care or treatment pathway. It is also relevant to other support services such as housing, employment, police and youth offending services that, though often not directly involved in care planning on a regular basis, may be part of a child or young person's wider network of support.

Context

Children and young people live within and experience different contexts to adults. They likely live with their parents or carers who have a legal responsibility for ensuring that their needs are met and they are kept safe from harm and attend an educational setting on a full-time basis, again within a legal framework.

When they experience challenges with their mental health, a wider system around them than for adults will need to be involved to ensure they can access the most appropriate care and support; sometimes this will include the local authority, education and, for those who do not live with a parent or carer, their accommodation provider.

Mental Health Act 2025

The Mental Health Act 2025 (https://www.legislation.gov.uk/ukpga/2025/33/contents/enacted) needs to be considered when implementing the framework for children and young people.

This Act:

- requires care and treatment plans to be in place for children and young people who are detained
- requires local authorities and health boards to maintain a statutory register of children and young people who are neurodivergent and who are at risk of detention, to ensure that community support is prioritised over admission
- puts Care and Education Treatment Reviews (CETRs) on a statutory footing for children and young people with a learning disability or who are autistic

Considerations for children and young people

Effective implementation of the Mental health personalised care framework should enable children and young people's care and treatment needs to be considered across a range of dimensions, including mental health, health, social care, culture, socio-economics and education, to ensure a more joined-up, holistic approach to their care.

Given the expectation that the framework covers the whole child and young person mental health pathway, a multi-agency group will likely be needed to steer the framework's local implementation, one that includes all the agencies that this guidance applies to, notably the ICB, mental health and relevant health, local authority, public health, education, VCSE and learning disability and autism specific services. This includes:

- community services, inpatient and alternative to inpatient services
- CYP Neighbourhood, Families First Partnerships, Best Start in Life and Young Future Hubs and those involved in other initiatives to transform children and young people's mental health in communities; they should all be considered as partners
- for autistic children and young people and those with a learning disability, those responsible for the local dynamic support register (https://www.england.nhs.uk/long-read/dynamic-support-registers-and-care-education-and-treatment-review-code-of-practice/) and local keyworker service (https://www.england.nhs.uk/learning-disabilities/care/children-young-people/keyworkers/)
- services that impact on wellbeing and are determinants of health, for example housing, employment, police and youth offending services, as appropriate to the local context

A programme lead, ideally within mental health, should be identified to support implementation, including the adaptation of local policy and health and care plans, developing communication plans and considering other supporting structures such as electronic patient records.

Involving the whole pathway for children and young people adds complexity, but the benefits for their experience of care and outcomes will more than outweigh the initial resource required for comprehensive planning. It will minimise the experience of boundaries and repeat referrals across systems and limit the number of times children, young people and their families or carers have to retell their story. That said, development of a personalised care and support plan under the framework will need to be proportionate to the required needs of the individual child or young person and be in line with local policy and guidelines.

Communication

Wherever possible, children and young people need to be fully engaged in the process of establishing and reviewing their care plan (see involvement and consent below). Their communication preferences and needs will need to be established and documented early in the process and all communication tailored to the age and developmental level of the child or young person, including that provided using translation services.

The language used in communication with children and young person and their support network needs to be carefully considered. It can have a significant impact on their willingness to engage, both encouraging and hindering it. All communication should be sensitively expressed and diagnostic labels, which can be perceived in different ways, acronyms, jargon and complex terminology avoided.

Alignment with other plans and processes

Development of a care and support plan under the Mental health personalised care framework will need to consider and align to the following, where relevant for the child or young person:

- the safeguarding plan for children on a child protection plan; for this it will be necessary to liaise with children's social care
- other relevant plans and documentation to which the child is subject. The staff responsible for their production should be consulted. Examples are:
    - child in need or child protection plans
    - education, health and care plan (EHCP) for some children with special educational needs
    - some children with a learning disability or who are autistic may have been discussed at a CETR

Involvement and consent

Professionals should make every effort to communicate and co-design a child or young person's care and treatment plan with them directly, in a trusted environment, at a time that best suits them and in a way that is appropriate to their age and capacity. However, the needs and preferences of a child or young person experiencing acute difficulties may need to be ascertained through their parents, carers, advocates or keyworker, with them engaged later, and the situation will be similar for children who are too young to engage in this process.

Issues relating to consent and parental responsibility will depend on the legal status of the child or young person and this should be clarified and recorded.

Parental responsibility

Parental responsibility, as described in the Children Act 1989, refers to the legal rights, duties and authority a parent has regarding their child's upbringing, including decisions about medical treatments, as well as education and welfare. Nearly all children and young people will have at least one person with parental responsibility or an agency with this responsibility.

Who has parental responsibility for the child or young person needs to be established when treatment is being considered and, where there is more than one person or agency, whether parental responsibility is shared or one has the lead. For example, where parents are separated, one parent may have lead parental responsibility established through a family proceedings court. For children looked after by the local authority, the situation regarding parental responsibility and the process for obtaining any necessary consent to treatment will need to be

clarified.

A special guardianship order may be in place and there may be situations where a child's legally appointed guardian, person with a residence order or a local authority has responsibility for making healthcare decisions for a child.

Consent

Under the Mental Capacity Act 2005 (https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance/), 16 and 17-year olds in the UK are presumed to have the mental capacity to make decisions for themselves, including consenting to or refusing treatment. If they lack capacity, those with parental responsibility will be asked to consent to treatment. Best interests decisions must involve the child's family.

Children and young people under 16 years can also consent to treatment if they are considered to have sufficient cognition, judgement and understanding to fully appreciate what the treatment involves and its risks and benefits (known as Gillick competence (https://www.nhs.uk/tests-and-treatments/consent-to-treatment/children/)). The Code of practice: Mental Health Act 1983 (https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983) gives advice on the application of Gillick competence. Children and young people under 16 generally cannot refuse medical treatment if a parent or legal guardian has consented and the treatment is in their best interests.

Where there is concern that the person with parental responsibility is not acting in the best interests of a child or young person who is not Gillick competent, or that person is consistently absent, a safeguarding concern may need to be raised on behalf of the child or young person. In some cases, legal guidance may need to be sought.

Where no person with parental responsibility is available or contactable (for example, for unaccompanied asylum seeking children or some privately fostered children), then consulting the relevant local authority children's social care service is advisable.

Safety management and safeguarding

Assessing online use

Children and young people are increasingly active online.

Clinicians need to be competent in responding to changes in societal factors that can impact on risk. Importantly, they need to understand how use of digital cultures and technologies, the internet and social media can impact on children and young people's safety, both positively and negatively, and what reasonable measures they can take to educate the child or young person and their support network about relevant risks (see Principles for using digital technologies in mental health inpatient treatment and care (https://www.england.nhs.uk/long-read/principles-for-using-digital-technologies-in-mental-health-inpatient-treatment-and-care/)).

Young people's digital lives should be considered in their mental health assessment, with practitioners recognising both the potential helpfulness (social connection, combatting loneliness) and harm of online spaces (for example, those covering suicide and self-harm, hate and violence, sexual risks, gambling, eating and weight loss, some of which may be illegal). Local child protection and safeguarding policies should be followed where there are concerns that the child or young person, or another person, may be at risk of harm.

To aid the assessment and formulation, practitioners should consider the young person's vulnerabilities (including school and social exclusion) and protective factors, and why they engage with the digital material they do, as well as their digital skills. Practitioners may also wish to explore use of artificial intelligence (AI) and chatbots for mental health and wellbeing purposes.

Information on a child or young person's online use should be included in their safety management plan and reasonable measures taken to educate them and their support network about relevant risks.

Further information and advice can be found through:

- UK Safer Internet Centre: provides support and services to children and young people, adults facing online harms and professionals working with children
- Samaritans (https://www.samaritans.org/): connects people in crisis with trained volunteers who will always listen
- NSPCC (https://secure.nspcc.org.uk/?dontype=monthly&source=ppc-brand&gclid=e3177b5a08b519935e3212fca4586aa6&gclsrc=3p.ds&msclkid=e3177b5a08b519935e3212fca4586aa6&utm_source=bing&utm_medium=cpc&utm_campaign=BND_RG%: the only UK children's charity with statutory powers, which means it can take action to safeguard children at risk of abuse
- Childline (https://www.childline.org.uk/): a free, private and confidential service where a child or young person can talk about anything that concerns them

Assessing risk

It is recognised that care and safety planning often happens when anxiety is raised in a system about keeping a child or young person safe. Expert by experience groups describe how they do not feel the term 'risk and safety plan' is helpful to them as it does not recognise the complexity of their situations. Care planning will necessarily incorporate consideration of risk factors and how best to mitigate these, but they need to be considered as part of a holistic approach to the young person's needs rather than as standalone safety plans.

Assessment of risk should consider risk of harm to self, risk of harm from others, risk of harm to others and iatrogenic harm. Practitioners may vary in their confidence in assessing these different types of risk and understanding the contributory role of mental health or neurodevelopmental needs on individuals. In assessing risk, it is important to consider the information parents, carers and other agencies give as well as that from the child or young person.

It is essential that practitioners highlight any training gaps in delivering effective and safe care and have access to regular supervision from more senior staff within their organisation, including safeguarding leads to support safety assessment, formulation and planning. Access to consultation with more specialised services and practitioners can also support multi-agency shared formulation, care co-ordination and safety planning.

Where a child or young person presents a significant risk to others, local forensic child and adolescent mental health services (FCAMHS (https://integratedcare.gomocentral.com/content/20a7dccfcc38f2806bdeaaba2c21f065c7e8/web)) should be involved to provide guidance to the network, consultation with other professionals and, where indicated, an assessment of the child or young person. FCAMHS involvement should provide a detailed formulation, contextualising risk with understanding of an individual's mental health and any neurodivergent needs, experiences and wider social systems to inform development of the care and support plan and appropriate safeguards.

Local child protection and safeguarding policies should be followed to address any identified concerns about risk to the child or young person, or their risk to others.

Transitions

Children and young people navigating the mental health system are likely to have many transitions. The most challenging of these is typically the transition to adult services as the adult services as well as their criteria and thresholds may not mirror those for children and young people services.

National Institute for Health and Care Excellence guidance on planning transitions to adult services is available: Transition from children's to adults' services for young people using health or social care services (https://www.nice.org.uk/guidance/ng43), as is advice for children and young people: Moving on to adult mental health services (https://www.nhs.uk/mental-health/children-and-young-adults/mental-health-support/how-to-get-support/moving-on-to-adult-services/).

It is important to engage adult services early if a transition is likely so that the personalised care and support plan can be adapted to reflect the treatment offer going forward (at least 6 months).

There may also be transitions between wider services and agencies, which is why it is important to involve them in care planning or ensure they can access the current care and treatment plan to ensure treatment and care continuity.

Mental health providers of local children and young people and adult services should work together to align implementation of the Mental health personalised care framework to ensure consistency of language and approach support a young person's transition between these services.

Considerations for specific cohorts of children and young people

Co-occurring presentations

Mental health difficulties may co-exist with physical, learning and neurodivergent presentations. The mental health personalised care framework applies regardless of the primary presenting difficulty and diagnosis, but providers must ensure that reasonable adjustments are made for children and young people who have co-occurring needs. All relevant teams should be involved to ensure that care planning is holistic and takes into consideration the full range of needs across mental and physical health, education and care.

Across all presentations, there is growing recognition of the impact of trauma and complex trauma on the functioning and wellbeing of children and young people. Key children and young people's mental health services need to be trained and equipped to bring a trauma lens to their approaches to care.

Children Looked After

Children who are looked after may have particular care needs as they are more likely to have experienced negative life events and complex trauma. They are also more likely to have multiple agencies involved in their care. Therefore, a multi-agency approach to the Mental health personalised care framework is essential to ensure a shared understanding of that young person's journey (formulation) and needs, including care needs.

The responsibilities of NHS agencies are set out in the Care Planning, Placement and Case Review (England) Regulations 2010. Further guidance is provided in the statutory guidance on the planning, commissioning and delivery of health services for looked-after children (https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2). Every local authority will have a designated doctor and designated nurse for looked after children and it will be very helpful to liaise with these officers.

Children Looked After will have a care plan that is overseen by their independent reviewing officer and the Mental health personalised care framework should consider this plan. The named worker should liaise and communicate with the independent reviewing officer to inform the overarching care plan.

Parental responsibility for the child will depend on their legal status and who can consent to treatment for the child should be clarified with the local authority and recorded.

Children Looked After will, in most instances, live in settings where their primary carers do not have parental responsibility. However, with due regard to issues of consent as set out above, foster carers or residential staff will have a key role in supporting children with the actions of the mental health personalised care framework and in some cases they may have delegated authority to consent to treatment, the extent to which will be set out in the child's placement plan.

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