Inspecting Informing Improving

Services for young people and adolescents

Supplementary report to the national audit of specialist inpatient healthcare services for people with learning difficulties in England

August 2008

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Introduction

This is part of a suite of material that the Healthcare Commission has produced to support the findings from the national audit of specialist inpatient healthcare services for people with learning difficulties in England, carried out in 2007. The resulting report *A life like no other: A national audit of specialist inpatient health services for people with learning difficulties in England* was published by the Healthcare Commission in 2008.

Here, we provide supplementary details on the findings of the audit that relate specifically to specialist services for young people and adolescents (for the purposes of this report, adolescents are considered to be young people between 12 and 19 years of age). This should be read alongside the full report of the audit, which sets out the background, the aims and the method, and describes what will happen as a result.

Special considerations relating to adolescents and young people

Like any adolescents, young people with learning difficulties have specific needs that relate to their age and their development.

Young people are more vulnerable than adults, and it is important to recognise that the way that some services are organised can add to, and increase their vulnerability.

- Adolescents may ‘fall between’ the provision designed for children and that designed for adults. While the specialist healthcare services described here are specifically for this age group, many of the other key services they need (for example, social care, education, other healthcare) have different age-related criteria for accessing support, which require them to transfer between different professionals and agencies. For young people with complex needs, this can involve changing between the care of several different teams, dealing with ‘new’ referral processes and workers each time.
- There are few of these specialist services available locally, so some young people are placed far away from their families and friends, the community-based services they will need to support them later on, and those who commission their care.
- Organisations’ governance arrangements vary, but it is important to have good partnership working between those responsible for both children’s and adult services, as well as close working between those who lead on learning difficulties and mental health.

- Organisations must have specific systems to ensure that young people are safeguarded by services, and while they are in their care.

How we carried out the audit

The full methodology for the audit is explained in the main report *A life like no other*. In addition, we asked questions about safeguarding arrangements and practice for young people, and how many young people had looked after child status*. During our audit visits, we paid attention to how services supported young people's specific needs, such as arrangements for accessing learning opportunities. We also asked the boards of trusts to describe how they had addressed the standards set out in the *National Service Framework for Children, Young People and Maternity Services,* published by the Department of Health in 2004.

* A child has looked after status if they have been provided with accommodation for a continuous period longer than 24 hours, in circumstances set out in the Children Act 1989. It can also refer to a child who is placed in the care of a local authority under part IV of the Children Act 1989 (that is, under a care order).

Our findings

Number and type of services

A mapping exercise was undertaken for the national audit, which involved asking organisations across the NHS and the independent sector to identify, and provide details about, their specialist in-patient healthcare services for people with a learning difficulty. Any specialist in-patient healthcare services designated for children with a learning difficulty were excluded from this audit, as it aimed to identify only those services for adults, and those describing themselves as being for adolescents (between 12 and 19 years of age).

The audit was the first of its kind to be carried out in England, so there is no prior information with which to compare the data supplied to us following our requests. The results initially indicated that there were over 350 young people (under 19 years of age) using specialist in-patient healthcare services for people with a learning difficulty. More than 80 of these individuals were apparently aged between 12 and 15. Subsequent checks showed that several services had incorrectly included numbers of young people from a range of settings such as short break or day case care in their audit data, which could have artificially inflated the numbers, but there were still indications that a significant number of young people were not being supported in a designated specialist service for adolescents.

- **The exercise identified eight specialist in-patient healthcare services for adolescents across England.**
- **The capacity across these services was fewer than 100 beds.**
- **At the time of the audit, fewer than 50 young people (aged 12 to 19) were placed within them, implying that many specialist beds were not being used.**
- **The largest service could accommodate 12 young people in a single ‘unit’, and the smallest could accommodate three.**

Peer review visits to services for adolescents

As part of the audit, we visited six of the eight specialist services for adolescents* across four different organisations. Four of these services were provided by NHS trusts and two were provided by a private and voluntary healthcare organisation. All placements for young people were commissioned and fully funded by the NHS.

Among the auditors were peer reviewers with appropriate experience. In addition, young adults with a learning difficulty, or family carers of young people with a learning difficulty, were key members of every team.

The services described themselves as being specialist adolescent services, and/or:

- an assessment and treatment service
- a rehabilitation service (one service)
- a secure service (three services).

Because of the small number of services and the range of support they offered, it is difficult to make generalisations about young people's experiences and about the services themselves, but some themes did emerge:

- The vast majority of adolescents in these services were young men. Only two services would accept both young men and young women.
- The range of ages within services varied. Typically, staff reported that the criteria for the age range within their own service were 'developmentally appropriate' and were monitored on an ongoing basis.
- Just over half of the young people in NHS services and all those in independent healthcare services were detained under the Mental Health Act 1983. No service reported using the Children Act 1989 to detain young people in placements.

My needs

Young people who were admitted to specialist services had complex needs, typically with behaviour that challenged services. All services specified that the primary consideration for admitting a young person was their learning difficulty. Some service managers told us that they had refused referrals because the young person had not been clearly assessed as having a learning difficulty.

* We visited one other service, but found that it was a residential service for adults, managed by the Children's Directorate and was providing care alongside children's short break services.

Interviews with staff and evidence from some case files described several young people as having a developmental disorder, most often an Autistic Spectrum Disorder. Young people in specialist services also usually had mental health problems, such as bi-polar disorder. A much smaller number of young people had been reported as having issues relating to substance misuse at some stage before admission.

Several young people had traumatic histories and had experienced various forms of abuse. This was particularly the case for young people in secure specialist services.

The reasons for admitting young people to specialist services varied. Case notes often showed that it was because managing their behavioural needs had become difficult, and that it was not safe or sustainable for them to stay at their family home or in the community. Several young people had a history of offending behaviour and contact with Youth Offending Teams, or were felt to be at risk of offending in the future. A very small number of young people had been formally referred to specialist services by the criminal justice system for assessment or treatment.

None of the services that we visited admitted young people with significant physical needs. The reason they gave for this was because of safeguarding issues for very vulnerable young people and unsuitable buildings and environments. Some young people did have long-term health conditions, such as epilepsy or asthma.

Being an adolescent

Staff recognised some of the specific needs of young people, such as their sexual development and 'acting out', as a normal feature of adolescence. Staff also understood that it was important for young people to express themselves by wearing fashionable clothes and listening to their own choice of music.

Specialist services generally supported these needs well. Shopping with staff for clothes, music and other personal items was a popular activity for many of the young people.

Like many adolescents, some of the young people we met wanted to drink alcohol and smoke cigarettes. Staff were sensitive to this, but careful to meet their statutory obligations. All the specialist services for adolescents that we visited had policies around 'contraband' or restricted items, and young people told us that they understood these policies, for example, if or when they could smoke. It was less clear how young people were involved in deciding these policies.

However, the specialist services that we visited were not meeting some of the more fundamental needs of young people. For example, opportunities for socialising, developing independence on using money, and studying or working were too limited.

Summary of areas for recommendations

- **We made 10 recommendations relating to ensuring that care was centred around the young person and improving young people's access to activities appropriate to their age.**
- **Many of these recommendations focused on ensuring that all young people have access to appropriate education, and to social and mainstream opportunities.**
- **We also recommended that services should improve their links with external agencies, so that each young person can access more services, and that they should increase their awareness of the issues and care that relates specifically to young people.**

Help with my behaviour

Young people in specialist services for adolescents had particular needs for behavioural support.

All staff in the services that we visited received mandatory training and periodic updated training in managing behaviour. Their training promoted the use of de-escalation techniques before resorting to physical restraint. Some training addressed the specific needs and concerns around restraining young people, but several staff reported that many courses did not cover these issues.

Levels of physical restraint varied from service to service, but the bulk of incidents usually involved a small proportion of young people.

Seclusion was rarely used, and only secure services had designated facilities for seclusion.

No examples of mechanical restraint were reported or observed during visits.

There were no specific concerns about the use of pro re nata (PRN) medication, which can be given as and when required, rather than at a specific time, to manage behaviour. However, the use of PRN varied between services. Some services rarely used PRN at all, although they supported young people with very challenging behaviour. Case files sometimes showed a decreasing use of PRN over time for individuals, and there was a clear plan

for using PRN for the majority of young people. These are different, and more positive findings than for the use of PRN in services for adults with learning difficulties.

Young people didn't always feel that they understood how restraint was used. One young man told us how he didn't like to be held by staff and another claimed that he was restrained even though he was trying to defend himself from another service user.

Several staff reported that they were helping young people to be more aware of, and manage, their own behaviour. In general, the case files that we reviewed showed clear plans for managing young people's behaviour, such as considering their history, identifying signs of impending incidents, and telling staff how to help the young person to reflect on the incident afterwards.

Some services had reward programmes that encouraged positive behaviour in young people, such as attending classroom sessions or maintaining their personal hygiene. The rewards included trips to the cinema. However, not all young people had copies of plans for their reward programmes.

Summary of areas for recommendations

- **We made eight recommendations relating to supporting the behaviour of young people and managing incidents.**
- **The two main themes of these recommendations were that services should review their policy for physical interventions, including use of PRN, and that they should make sure that staff understand the trust's policies and procedures for managing behaviour and incidents.**

My choices

Independence and choice

Some young people told us that what mattered most to them were: relationships and family, having new and interesting experiences, and doing the same kinds of things that are important for all young people, such as using computer games and being able to choose where they go and when. But their choices were often limited.

Usually the only choices that young people could make were choosing their own clothes, listening to their own music and personalising their room. Within agreed boundaries, they could also choose what time they went to bed and got up in the morning.

Young people were not often involved with shopping for the food that they ate. Domestic or nursing staff typically did the shopping and prepared most of the meals. Some young people were involved in preparing food, but this was more likely to be part of a therapeutic programme than a routine experience.

There was a list of each young person's food preferences or special requirements in most kitchens in the specialist services. Individuals also sometimes took turns to choose a dish for the evening meal. However, there was little choice for those who did not like the food that was being offered.

Some staff reported that food was a common source of dissatisfaction, although we were told that few formal complaints had been made. Some young people felt that food choices were not tailored to their preferences, or that the food was not of a good quality. However, many did enjoy a take-away meal or ate out from time to time. Kitchen areas were usually kept locked, but young people were allowed supervised access. Most services had a selection of breakfast foods available and a 'tuck box' of snack food that young people could choose from – usually within limits set by staff.

Staff encouraged young people to do their own laundry, tidy their rooms and keep the unit clean. However, we were told that staff regularly cleaned the units. In one service, we saw staff cleaning while a young person sat and watched them.

Summary of areas for recommendations

- **We made 11 recommendations relating to improving young people's independence and choice.**
- **We recommended that services should review their locked door policy and consider giving young people greater opportunities for freedom of access.**
- **We also suggested that they consider ways to promote independence among young people, such as letting them hold their own money, letting them have more involvement in cooking their meals, and letting them plan their activities.**

Involving young people in their care

Services did not usually involve young people in developing their policies, although many services had begun to hold meetings where young people could raise issues that mattered to them. A member of staff from a different service often chaired these meetings, to provide a more independent forum.

Issues that were raised were fed back to the service manager or to senior team members to take action.

Summary of areas for recommendations

- **We made 12 recommendations relating to improving young people's involvement in their own care.**
- **Many of these recommendations suggested that services should adopt a more person-centred approach, and make documentation more person-centred.**
- **We also suggested that they audit or review their record-keeping, to make sure that young people's documentation is complete.**

My day

We saw many examples of good practice in engaging young people in a range of positive activities and experiences.

The staff who we interviewed appeared to be aware of the need to enhance young people's self-esteem and broaden their skills.

A few services had involved young people in the Duke of Edinburgh Award Scheme up to Gold Award level. They had enjoyed activities such as camping outside (in the secure courtyard), rock climbing and canoeing. Some services had taken every young person in their care on adventure holidays, without any adverse incidents, following careful needs and risk assessments.

Several other services had involved young people in planning day trips linked to their teaching sessions, or purchased season tickets for the local football team and took young people to matches. One young man played for a local five-a-side team.

Photographs of smiling young people enjoying these new experiences provided a positive and colourful display in many services.

My rights

Some services had a mix of young people who were detained under the Mental Health Act 1983 and those who were not detained. They did not report being refused access to parts of the service when they asked, and we did not see anybody being refused access, but some young people did say that they wished they could leave the service more often and go outside. Arrangements for leaving the service were often inflexible. For most young people, previous risk assessments had determined that an escort would be needed if they wanted to leave the service, and therefore these requests were dependent on the availability of staff and what other activities were happening in the service.

Service rules, such as locked door policies, were not flexible and may have been overly restrictive for some young people. No young people held keys to their own bedrooms or to other areas of the service.

Advocacy

Advocacy was not provided equally. Some young people received, and valued, good support from a designated and skilled advocate, but too many young people had no access to advocates at all.

A small minority of young people were supported by a Connexions worker from the local authority.

Summary of areas for recommendations

- **We made four recommendations relating to advocacy (often suggested for action by the board) and complaints. All of them focused on making sure that young people had access to independent advocates.**

Access to social care and education, and vocational support

Access to a named social worker was an issue for many young people. For a small minority, their solicitor had appointed an independent social worker because the ‘home’ (local) authority was not able to give support. Staff told us that the continuity of social care for some young people had been broken, as the young person had been transferred to adult social services and this had caused delays.

All of the specialist services that we visited provided in-house educational opportunities in classroom areas. Teachers gave regular sessions, and young people were typically supported in the classroom by staff from the specialist health service.

Links with local colleges and vocational training varied. Some secure services had organised plans for teaching their service users, and appeared to deliver a range of options to cater for different people's learning needs. This was usually in partnership with other local providers.

Access to healthcare

Generally, young people's health needs were well met, with systems in place to make sure that they could access primary care and receive specialist health input (such as speech and language therapy) without delay. However, young people did not always receive a comprehensive range of support to meet their needs. One service had opened and operated for months without a multi-disciplinary team in place. This meant that it could not offer young people help from psychology or occupational therapy.

Plans for the care of young people

Our findings around planning care for young people were similar to those for adults. Most services had not adopted a formal approach to involving the young person when they were planning their care. One young man told us he didn't understand why he was placed in the service.

While services reported that young people were always invited to meetings, case files showed little evidence of them attending. Plans for their care did not often reflect their views.

Not all young people were given information about the plans for their care that were in an accessible format, although they were more often offered copies of the plan for their care or notes from meetings. Several young people said they had not received a copy of the plan for their care, but knew it was held in the office.

Our audits found that there was no specific planning to support a young person's transition to a range of adult services, apart from when there were already plans to move individuals into placements for adults.

Me, and others

Relationships

Young people described few relationships with people outside their immediate family or services. There were limited opportunities for young people to socialise with people outside the service, particularly because education and recreation, such as football and swimming, was often delivered onsite or in other health service facilities.

Some young people told us that they missed their friends and wanted to see them more often, while others received visits from their friends. Although

young people were generally not permitted to have their own mobile phones, there was evidence of staff supporting them to make telephone calls to friends and other people. Calls were made from an approved list or with supervision, but young people did not tell us that this was an issue.

Friends and family

Each young person's needs and rights to maintain relationships with their families were normally well supported. Family carers were usually invited to case reviews, unless there were safeguarding issues. However, it was not clear whether young people were always asked if they approved of their parents or carers coming to their case review.

As many young people were placed a long way from home, they faced some challenges in maintaining contact with their families. In spite of this, many still enjoyed going home to visit overnight or at weekends. Secure services had very clear arrangements for leave and gave examples that demonstrated considerable efforts to enable home visits, with members of staff accompanying the young person if necessary. Some services organised financial support and even travel arrangements to help parents to visit their children if they could not leave the unit.

Many staff told us that family carers were free to telephone the service at any time for updates. Families frequently called in the evenings or at night, and policies for visiting appeared to be flexible. Most services provided private space for visiting family members, and were conscious of the safeguarding issues around visitors, particularly the protection of younger siblings. Staff were normally aware if parents and carers had learning or behavioural needs themselves, and a few gave examples of sensitive arrangements to support them appropriately.

Other people using the service

Young people made few comments to our audit team about each other. We observed some interactions between young people, such as when they were playing video games, going for a walk, or playing and joking together. However, more frequently young people were seen alone or interacting with staff.

My wellbeing

Safeguarding – adult and child protection arrangements

In the specialist services that we visited, young people appeared to be safe from harm and exploitation.

All managers were confident that their staff had undergone a Criminal Records Bureau check and were not allowed to work without clearance. However, managers usually received assurance from the human resources department, rather than seeing the evidence of clearance themselves.

Staff could tell us where the child protection policy was kept and knew who to report concerns to. The services' safeguarding and child protection leads were involved in staff training and reviewing incidents, and they had regular contact with the service team. Several managers and senior staff reported having constructive links with their local safeguarding children board.

All services reported that staff received mandatory training in child protection, and this was confirmed by training records and our interviews with staff. Access to more advanced training in child protection was an issue for one service. Here, staff were sometimes less clear about the Protection of Vulnerable Adults scheme, or which safeguarding route – adult or child – should be followed with the older adolescents.

The specialist services that we visited made few referrals for child protection. When they did, it was usually because young people had alleged an assault from another young person. There was evidence that incidents or causes for concern had been acted upon appropriately.

A small number of young people had specific child protection measures in place, such as restricted or supervised contact with family members or the use of safe venues for visits. We saw evidence in case files that these measures were being properly administered. On admission and following any period of leave, several specialist services routinely completed 'body maps' of young people to identify any external signs of harm.

Very few young people had formal looked after child status with the local authority children's services.

Services conducted risk assessments for individual young people. Records of these reflected a comprehensive range of circumstances and settings, and were well maintained. Assessments were particularly thorough for those in secure services. Not all risk assessments were truly person-centred, although some did record the young person's views and were tailored to their specific needs and circumstances. For example, some risk assessments reflected the young person's behaviour around more vulnerable people or their use of sexualised language.

Summary of areas for recommendations

- **We made two recommendations relating to safeguarding. Both involved services making sure that their staff receive appropriate training, with regular updates.**

Access to personal money

We saw that young people did not have secure storage in which to keep their own money. There was also little evidence in case files to show that services had formal plans to help young people to develop their skills with money.

Many young people received spending money from their families. In one service, staff helped those who didn't to earn money by involving them in a car washing service for local people and staff at the trust. Staff were sometimes unclear about benefit entitlements for the older adolescents, and believed that it was the role of the person's social worker to give financial advice and make arrangements for benefits.

All the young people who we met were encouraged to personalise their bedrooms, and many were proud to show us expensive items, such as record decks and DVD players, that they had bought for themselves.

Young people were not expected to pay for anything related to their treatment. Trips to the cinema and other activities were usually funded from an allowance in the service's budget. Managers reported having adequate funds for a range of activities. In some cases, they had enough for yearly holidays for young people in their care.

Environment

Some services were purpose-built and were spacious, airy and clean, with access to safe areas outside. These services were well equipped, with en-suite bathrooms, newly decorated bedrooms, and private areas for therapy and recreation. Several incorporated technology, such as climate control and programmable key fobs to give staff various levels of access around the service. However, young people had little involvement in the design or decoration of these facilities.

Other services were of an older design and construction. One was unsuitable for current requirements. It had an institutional appearance, was cramped, and offered little space for young people to find somewhere quiet to spend time. The furniture and décor was generally tired and in need of refurbishment.

All services had safe areas outside where young people could get fresh air.

All managers said that they intended to consult with young people in the future about decorating the premises and about what equipment to buy.

Privacy and dignity

Given the building and space constraints on some specialist services, staff generally gave examples of being sensitive to the need of young people to have private time. Most bedroom doors had peepholes, which had sliding covers on the outside in some services. Staff told us that they used peepholes

discreetly. Bathroom doors were not usually lockable, and some young people washed and dressed within sight of staff, due to concerns about risk. Most young people could use their bedrooms during the daytime and no young people told us that they had any issues about their privacy.

Summary of areas for recommendation

- **We made three recommendations relating to the privacy of young people and to their environment.**
- **The two main themes of the recommendations were that services should involve young people in decisions about refurbishment and decoration, and that they should review the opportunities to give young people quiet space.**

Culture and faith

Several specialist services described, or demonstrated during our visit, sensitivity and respect for young people's culture and faith. Some displayed posters, notices or other materials about a range of diverse beliefs and practices. These displays were sometimes devised or initiated by young people.

One specialist service had good links with a local imam, who mentored a young person and prepared CDs to enable him to practice his faith when he couldn't attend the mosque. Another service was regularly visited by a vicar, who had friendly and respectful relationships with young people from a range of backgrounds.

Health and safety

Service managers did not always report having a regular maintenance programme or budget, but none stated that repairs or refurbishment were subject to delays. We saw no causes for concern about the health and safety of young people during our visits.

Arrangements for leaving the service

Several staff who we interviewed were concerned about helping young people to find an appropriate way out of the service. Lengths of stay varied, but could exceed two years. Some staff and young people felt that they could get 'stuck' in specialist services, even if they were ready to move on. There were many reasons for this, including:

- A lack of appropriate places for young people to move to.
- Issues around the transition between children's and adult's social care and other essential services.
- Funding issues, which arose when a young person's family moved to another area.

While some staff described successfully moving young people on to community-based or work-based programmes, young people often 'graduated' to a designated service for young adults, occasionally on the same site, or to an adult service that was sometimes a more secure service.

Staff felt that the demand for specialist services for adolescents with a learning difficulty was increasing. They believed that the needs of these young people are becoming more complex – in particular, for young men with autistic spectrum disorder, because there were too few alternative services available to support them.

Several services that we visited reported that they had plans to expand their specialist inpatient care for young people.

Summary of areas for recommendations

- **We made four recommendations relating to managing admission and discharge.**
- **Our recommendations were based on services reviewing their criteria for admission and on working with partner organisations to facilitate discharges.**

Staff

Overall, the staff working in specialist services for adolescents with learning difficulties were enthusiastic and committed.

We saw many relaxed interactions between young people and staff, and it was apparent that most staff understood the communication and behaviour of young people. Many staff were young adults themselves, so could engage with young people about age-appropriate interests. Service managers were also generally committed to caring for the young people in their care.

However, in one service we observed inactivity among staff while young people got up very late in the morning. We saw other examples of inappropriate behaviour from young people that did not appear to be challenged by this team.

The majority of specialist services that we visited provided mandatory and more advanced training for staff. The range of training that staff undertook included various levels in the Learning Disability Awards Framework (LDAF)* and cognitive behavioural therapy, to football coaching. This reflected the broad range of needs of the young people in their care.

However, some services reported gaps in training for staff, such as in techniques for safe restraint that addressed issues specific to young people.

Staff received regular supervision and appraisal in most services. Service managers appeared to receive clinical supervision, most often from a senior nursing manager, with peer support from managers of other specialist in-patient services within the organisation. Service managers had additional time for operational supervision, most often with a senior 'business manager', who in turn reported to a director at board level within the organisation.

Service managers frequently described links with research staff or lecturers from universities and academic organisations, which they felt promoted professional and service development.

All services had systems to ensure that training and records were kept up-to-date.

Staffing levels appeared to be adequate and we identified few issues around the retention of staff. The turnover of staff was generally described as positive, as people typically left to pursue formal qualifications.

Recruiting new staff was not identified as a particular problem, although several managers told us that it could take a long time for new members of staff to start work because of the time it takes to complete a full Criminal Records Bureau check.

During periods when young people required more intensive support or closer observations, some service managers hired agency staff to help. However, normally they used their own staff on an overtime basis, or used an internal pool or staff bureau to provide additional cover. Service managers who hired agency staff were able to choose from an approved list of staff known to have appropriate experience and values for working with young people with learning difficulties. In the specialist services that we visited, agency staff were not left in charge, they had to complete an induction, had restricted duties, and were possibly partnered with a regular member of staff.

Service managers and organisations' human resources departments managed staff absences due to sickness well.

* LDAF was introduced to ensure that all staff in learning disability services could receive an accredited qualification. It has now been transferred to Skills for Care (SfC) and the new awards are known as Learning Disability Qualifications (LDQs), which are appropriate to people who work in learning disability services, although staff interviewed did not mention these.

Summary of areas for recommendations

- **We made seven recommendations relating to staffing issues.**
- **Many of these recommended that services develop a breadth of clinical skills across their teams, and to structure shifts to allow staff the time to have clinical supervision and mentoring.**
- **We also suggested that services should speed up the recruitment process for new staff.**

Monitoring services

Very few of the answers provided by the boards of trusts in our questionnaires made specific mention of efforts that they had made to address the needs of young people, or to engage with young people and their families or carers.

All specialist services that we visited participated in the Quality Network for Inpatient Care (QNIC), an annual peer-reviewed audit organised by the Royal College of Psychiatrists. Service managers showed us the reports and action plans that resulted from QNIC audits. However, it was less clear how boards used QNIC reports, in terms of responding with feedback to their services, raising issues at board level and supporting change.

In general, specialist services carried out little monitoring of outcome measures for young people. However, several services expressed an interest in developing better approaches to monitoring outcomes.

Commissioning issues

Services reported much variation in their involvement with the people who commissioned care for young people. Some commissioners had never visited the service, although staff stated that they were always invited to important case reviews. Action points and summaries of key meetings were always sent to commissioners who did not attend.

Contracts between secure services and the National Commissioning Group were generally seen as a positive development. Services hoped that contracts could lead to more standardisation of quality requirements and outcome information.

Conclusions

In *A life like no other*, we discuss all the key issues and themes from our national audit. Many themes related to services for both young people and adults. From the evidence in our audit, we believe that young people in specialist services for adolescents:

- are generally safe and protected from abuse
- have their health needs met overall, although not all of the services currently provide the type of support that can be provided by a multidisciplinary team
- are well-supported by the staff, who receive the mandatory training they need to help young people.

We also believe that:

- Young people need to have more independence and control over their lives and what happens within services. Some specialist adolescent services could do more to help young people to develop the skills that they will need to live in other, less restrictive environments. For example, supporting young people to learn how to shop, prepare their own food and manage their own money.
- Not all young people in specialist adolescent services are offered the range of fundamental experiences and support that they should have, such as socialising with friends and having learning and employment opportunities outside health settings. Outside agencies could be more involved in supporting young people and ensuring that they have access to such opportunities.
- Significant gaps in social care, advocacy and youth services are evident in many services. The contribution of these services is essential for individual young people and would support the implementation of truly person-centred planning.
- The boards of trusts make little reference to meeting the needs of young people in their planning and governance arrangements. Few had arrangements in place to listen to the voices of young people, their families or the staff who care for them.
- It was unclear from the information provided by services if all young people with a learning difficulty received inpatient healthcare in specialist services that are appropriate for their age.

Next steps

In our full report, we described in detail what actions we would take to promote improvement across specialist healthcare services for people with learning difficulties, and we described our expectations for others to address the issues that were raised. The following are some of these actions:

- We have followed up any immediate serious concerns with services to make sure that they have taken appropriate action. We will continue to monitor them.
- We are working with the specialist services that we visited during our audit to help them to deliver their action plans. Each service has put monitoring arrangements in place, so that their management boards can be assured that actions have been taken.
- We have used the information that we gathered during our audit to cross-check NHS trusts' self-declarations against core standards in our 2007/08 annual health check.
- In the light of concerns about the quality of learning disability services in our 2007 national audit, we gave a commitment to introduce, for the first time, a set of performance indicators as part of the 2008/09 annual health check that measures the performance of trusts. This was welcomed in our consultation, although respondents also recognised the limitations of existing national data. We are therefore only introducing a small number for 2008/09.
- In 2008/09, we will carry out a joint programme of work with the Commission for Social Care Inspection and the Mental Health Act Commission to assess the commissioning of services for people with complex needs aged over 16 years, for example people who challenge services or those with mental health needs. We will also assess the commissioning of services for young people during their transition to adulthood.
- We are including a selection of services for young people in a follow-up to our national audit, to take place in 2008.

Age appropriate services

The data provided for the audit by some services suggested that some young people may not have been supported in specialist in-patient health services that were appropriate for their age.

We have been assured by services that no adolescents in the younger age group (defined in our data collection as under 16 years old) were placed in adult settings. (In fact, some services had provided data in error - these errors varied but included submitting the number of young people receiving short break care, which distorted the overall picture, particularly for the younger age group).

The expectations around providing care that is appropriate to the age of the young person are clear. We have worked with other organisations to seek robust monitoring, reporting and safeguarding arrangements for young people with learning difficulties that are consistent with those for young people placed in adult mental health inpatient services.

The Department of Health has confirmed that the Mental Health Act (2007) amendment 131, relating to providing age-appropriate care, will apply to ***any*** young person under 18 years of age who is admitted for assessment or treatment of mental health disorders, whether voluntary, under parental authority or under the powers of the Act.

This applies as much to a young person under the age of 18 who has learning difficulties as it does to a young person without such difficulties. The amendment requires hospital managers to ensure that the environment is suitable for the individual child or young person's age (subject to need). The amendment allows for the admission of a person under 18 years old if there was an overriding need to place a child or young person with learning difficulties on an adult ward to keep them safe - for example if they were in crisis - but the Code of Practice is quite clear that this should only be for the briefest period while an age-appropriate bed is found. There will also be on occasions atypical cases where the young person's needs are best met on an adult ward. For example, a young person who is a few weeks away from their 18th birthday and needs a long period of treatment may be more appropriately placed in facility for adults rather than be placed briefly in a service for children and adolescents.

It is expected that all services must comply with Amendment 131 from April 2010.

We will be working with the team implementing the Mental health Act to ensure that organisations that detain people with a learning difficulty under the Act are fully aware of the requirements and the range of support and training currently being prepared.