|  |
| --- |
|  |
| Exceptional Delivery Model (EDM) 17YCS - Approved Interventions Agreed Version 1.0 |
|  |
| **3 July 2020** |

# Introduction

A suite of EDMs are being published as part of the guidance for secure settings to guide them through construction of local RRMPs. This EDM is a brief guide on the high-level principles that must be incorporated into a local plan for each element of regime delivery. It is essential that the plan for reinstating an element of the regime does more than simply reintroduce the local procedures that pre-dated COVID measures. Each local plan must incorporate social distancing and cohorting measures, medical considerations, PPE and hygiene requirements (including regular hand-washing), as well as security and safety considerations. Each EDM will also guide secure settings on the most procedurally just way to stand up each regime element under continuing COVID restrictions.

Each secure setting must create a plan for every element of regime that is relevant to their category and function based on the guidance in its respective EDM. Mirroring the approach taken during the development of ERMPs, secure settings have local autonomy to determine the formal and contents of each plan or procedure they produce from the EDMs but the RRP they complete summarising their local recovery proposal will be based on a template provided.

This EDM has been developed jointly by policy and operational colleagues in conjunction with specific stakeholders relevant to each area. Each EDM breaks each regime element into a series of processes or areas. Under each one there are a set of baseline requirements which must be met by each secure setting. Every baseline requirement has an importance weighting from one (lowest) to three (highest) attributed to it, to assist secure settings in planning and sequencing activity required. Baselines are split into those that are mandatory and those that are desirable. Each baseline also has a “level of autonomy” attached. This describes the level of freedom a secure setting has over the design of the product/output required to satisfy each baseline.

**1.1 Regime Recovery Management Plans- RRMP**

YCS Children and Young People Secure Estate are required to develop local Regime Recovery Management Plans (RRMP) based on a suite of national guidance documents called Exceptional Delivery Models (EDM). Secure settings are being provided with high level guidance outlining the parameters they must work within but have autonomy to build their own bespoke plans based on what works locally. Secure settings will submit their RRMP together with a readiness assessment to their respective Prison Group Director (PGD). Further details are contained within the published National Framework on Regimes & Services.

## 1.2 Exceptional Delivery Regime Model: YCAB Approved Interventions

This EDM sets a framework of principles within which the children and young people’s secure estate must operate. STCs may not be required to comply with mandatory actions where the legislative framework or operating model is substantially different.

Of utmost importance is maintaining the physical safety and personal wellbeing of the children and young people in our care, and all staff looking after them.

To ensure risk of causing unintentional harm is minimised, group and individual interventions delivered as part of the YCS Interventions Model, have been rolled down to support HMPPS in adhering to Government guidance regarding physical distancing, (HMPPS Prison Exceptional Regime & Service Delivery, 2020). Small ‘family groups’ of young people must comply with physical distancing, with numbers in line with national guidance.

As the situation progresses, ways in which we can meaningfully engage with children and young people in our care, whilst meeting presenting and offending behaviour needs is under constant consideration.

Delivering group and individual interventions whilst maintaining physical distancing and safe systems of work (SSOW) is challenging and likely to undermine intervention integrity. Delivering a psychological intervention without integrity can at best do nothing, and at worse, cause harm. As such, YCS Psychology Services, via the YCS Central Interventions Management team (CIMT) have sought to develop a range of psycho-educational materials aligned with identified intervention needs amongst children in custody (NOMS Young People’s Group, 2014). This is being referred to as Psycho-education Material, to avoid confusion between this approach and the more robust approach taken in the YCS Interventions Model i.e. reduce any integrity threat to the Interventions Model during and beyond recovery. This approach is supported and approved by the Youth Custody Assurance Board (YCAB) and NHS England and NHS Improvement.

# Purpose

This guidance sets out the EDM for YCS Approved Interventions by supporting decision making to determine delivery mode of psycho-educational materials to children and young people within YCS. When developing this guidance, due consideration has been given to evidence based practice with children and young people in custody, and delivery options have aligned with the YCS Approved Interventions Operating Manual (YCS, 2019) where possible, to ensure effective and ethical practice. Where practice deviates from the Operating Manual, due consideration has been given to mitigations.

The information contained in the psycho-educational material takes a building blocks approach whereby it complements and dovetails with the psycho-educational information provided in the Inside Weekly magazine should it continue. The presentation and delivery style will also be familiar to any children and young people who have engaged in YCS Approved Interventions and/or the Custody Support Plan (CuSP).

This guidance aims to:

* Consider how best to provide psycho-educational materials to children and young people during COVID-19 in a way which best meets their individual needs, risks and vulnerabilities.
* Understand when psycho-educational materials should be used and with whom and how, with due consideration to prioritisation of need.
* Determine the required delivery criteria for staff facilitating psycho-educational sessions.
* Understand the background knowledge and skillset staff require when engaging children and young people in psycho-education.

Psycho-educational material is not intended to *replace* interventions; it is a way in which to provide children and young people with skills and tools to support them in learning about themselves and manage their emotions and behaviour during the current COVID-19 situation. As such, the psycho-educational materials are not designed to target treatment needs directly associated with offending, however they are designed to take a building blocks approach whereby engagement in future intervention work will build on learning from the relevant psycho-educational materials.

The psycho-educational materials have been developed into two options;

* Worksheets: These are DIY worksheets which can be completed by children and young people alone e.g. in their rooms. The DIY worksheets provide information about the treatment need, or “topic” (e.g. emotion management), examples of how this may apply to people in real life, and opportunity to consider how this applies to the child’s own life.
* Bite size modules: The modules are designed to be interactive and facilitated i.e. generate discussion and sharing of ideas. The modules can be facilitated with children and young people in small groups or individually. Sessions included in the modules are designed to be no longer than 45 minutes in length. This is both age appropriate and should align with COVID-19 regime restrictions.
* Delivery mode (worksheet or module) is dependent on the needs of the child and with due consideration to COVID-19 related regime constraints.

Assessments and 1:1 Interventions delivered by HMPPS Psychology Services Group (PSG)

* Although not considered as Approved Interventions, Psychology Assessment and 1:1 Intervention are important in supporting children and young people to engage and progress during custody, including through Approved Interventions.
* Psychology Interventions and Assessments are important in supporting vulnerable children and young people and ensuring the wider staff group have necessary information to provide effective support.
* During COVID-19, PSG in YCS have committed to work collaboratively as part of Multidisciplinary teams to ensure all support and activity is co-ordinated. This forms part of the wider Framework of Integrated Care.
* A key priority has been and remains, the support of those children and young people who are most vulnerable and as such will work closely with the Critical Case Pathway (CCP) in providing input and identifying priority activity.
* All Psychology activity above level 1 will be delivered in accordance with the site RMP and the PSG Defensible Decision Checklist will underpin all activity.

## 2.1 Delivery Principles

To support defensible decision making and integrity, the following principles should underpin the delivery of psycho-educational materials:

* Delivery must work alongside ERMPs, RRMPs and RMPs. Before any delivery commences, agreed policy compliant RMPs must be in place.
* Any delivery plans must be risk assessed and adhere to the subsequent SSOW
* Decisions and delivery must be overseen by the LIMT (or equivalent)
* Clinical oversight for case prioritisation and selection must be provided by HMPPS Psychology Services
* Selection of children and young people must be informed by current needs, risks, vulnerabilities and responsivity factors
* Staff skills must be proportionate to delivery mode to allow for assurance of practice i.e. evidence based matching of child or young person’s needs and staff competence
* Throughout delivery of psycho-educational material, there should be appropriate recording, reporting and sharing of information with the wider support team which is monitored by the LIMT.
* HMPPS Psychology Services must provide clinical guidance to staff throughout delivery.

Further detail is provided below to support sites in upholding these principles.

## 2.2 Decisions regarding delivery mode

At a site level, the CIMT should consult with the Programme Manager (or equivalent) to determine feasible delivery options based on COVID-19 regime restrictions, and staffing availability.

Once the range of options have been determined, decisions should be made about the delivery mode for each case. To ensure delivery mode meets the needs of the child, including safety considerations, decisions should be made by a multi-agency team including HMPPS Psychology Services (treatment manager) e.g. the LIMT or equivalent where the LIMT is not in place. Priority should be given to children and young people identified as at increased vulnerability due to COVID-19 (i.e. children and young people identified in the red zone and being monitored via the CCP). Decision should be recorded on the Defensible Decisions Log supplied by the CIMT. This should be submitted to the YCS Interventions functional mailbox monthly, along with the Programme Manager Interventions zip file, as per the YCS Approved Interventions Operating Manual (YCS, 2019).

## 2.3 Clinical Oversight

To maintain integrity and to support quality assurance (YCS, 2019), HMPPS Psychology Services must be involved in decision making about how children and young people should be approached to complete the work, by whom and when. HMPPS YCS Psychology Services must also provide Treatment Management support e.g. supervision of those delivering modules and guidance pre, during and post work (see section 4 for further detail).

# Prioritisation of children and young people

In accordance with Risk, Need and Responsivity principles (Andrews & Bonta, 1990), those children and young people who have presenting needs in custody should be prioritised. During COVID-19, as part of YCS Enhanced Support Services, a triage including Child & Adolescent Mental Health Services, HMPPS Psychology Services & Residential/Safeguarding at each site has identified children and young people considered elevated risk of vulnerability during COVID-19 regime. Each child has subsequently been zoned either Red, Amber or Green accordingly to vulnerability. This information and decision making should be used to consider and prioritise delivery mode. The Programme Manager (or equivalent) should seek advice from the secure setting Cluster Lead Psychologist.

Following prioritisation, consideration should be given to level of training, skills and knowledge of those delivering psycho-educational work withchildren and young people who will inevitably have varying needs and responsivity considerations.

# Delivery Staff

### 4.1 Staff Skills and Competence

Psycho-educational work is intended to be delivered by staff deemed to have the knowledge and skills to engage the child, and apply the material competently with appropriate clinical input and support. Staff from any discipline who have been sufficiently trained in how to engage effectively with individuals on a 1:1 basis or in a small group can deliver the bite size modules. Individuals with experience of delivering interventions (either group or individual) will be particularly suitable to deliver this material. However, regardless of skills and experience the CIMT and LIMT will together ensure all staff delivering psycho educational modules will have appropriate support thereby enabling effective delivery and protecting the integrity of the model.

The material has been developed as a ‘light-touch’ toolkit. However, to maintain minimum standards and integrity, delivery criteria are outlined below. This delivery criteria aims to support decision making in terms of staff who are more likely to have appropriate knowledge, experience, skills and competencies to deliver the material. For those staff tasked with delivering the psycho-educational work, support must be provided by the identified Treatment Manager to ensure clinical assurance.

Children and young people in custody can experience difficulties when engaging with staff regarding personal content for a range of reasons e.g. past experiences with staff, suspicion of authority, low motivation. As such, staff approach and style is really important in engaging children in meaningful discussion (Miller & Rollnick, 2012).

Some key features of interaction style which seem particularly beneficial in conducting work of this nature are drawn from the Motivational Interviewing evidence base (Miller & Rollnick, 2012) and are identified below:

* Shows understanding of and able to demonstrate pro-social modelling.
* Open, enthusiastic and engaging treatment style.
* Ability to build positive trusting relationships with children and young people.
* Demonstrates ability to utilise some Motivational Interviewing skills e.g. open questions, empathy, affirmations (even if have not had formal training)
* Has a motivational approach to working with children and young people e.g. demonstrates an ability to work collaboratively instead of being authoritative/confrontational
* Willingness to learn psychological theories that underpin interventions e.g. social learning theory
* Open to receiving feedback on practice
* Shows basic facilitation skills:
* Ability to remain neutral
* Active listening
* Ability to paraphrase
* Summarising
* Recording ideas e.g. brainstorming/chart listing
* Ability to synthesise key ideas/themes
* Keep group discussions on track
* Manage group dynamics

All staff facilitating psycho-educational material need to be clear with children and young people regarding the boundaries of confidentiality i.e. any information they disclose which; relates to criminal activity for which they are not convicted, the wellbeing or safety of other individuals or the secure setting, national security and/or the good order and security of the secure setting (when relevant) will be communicated immediately as per policy.

### 4.2 Staffing Options

Gold standard delivery of psycho-educational material would be staff who are:

* Interventions facilitators or Specialist Programme Officers who have delivered YCAB Approved interventions as part of the YCS interventions model

Where such staff are unavailable, or where demand is greater than can be facilitated by the above, consideration should be given to:

* Interventions facilitator or Specialist Programmes Officer who has been assessed as ready in Facilitating Change training but has not yet delivered interventions.

Where the above resource is exhausted, consideration should be given to:

* Conflict Resolution Practitioners who have completed Facilitating Change training i.e. received equitable training as those in bullet point two, with the addition of CR Practitioner training, which supports delivery of psychologically informed approaches.

Some sites will have recently recruited Intervention Facilitators or Specialist Programmes Officer who have not had the opportunity to complete Facilitating Change training due to COVID-19 related training restrictions. Depending on current skill and previous experience, the LIMT can apply to the CIMT for a clinical override, outlining relevant skills, experience and mitigations e.g. training up skill by the Treatment Manager.

### 4.3 Matching Child Need, Delivery Mode and Staff Skill

Whilst it is acknowledged that the psycho-educational material itself is low intensity and therefore low risk to deliver, to support integrity and prevent harm, it is important staff skills are proportionate to the child’s need, risk and vulnerability. As such, clinical decision making is required to maintain safe, ethical and effective practice. Selection of children and young people to engage must be done via the LIMT (or equivalent) and collaboratively with HMPPS Psychology services.

Table 1 below intends to support clinical decision making about prioritisation and delivery mode of psycho-educational work.

Table 1: Decision making considerations to assist in prioritising delivery mode

|  |  |  |  |
| --- | --- | --- | --- |
| Prioritisation of children and young people (per zoning colour) | Modality Considerations | Staff Considerations | Clincal Support Considerations |
| Red | Triage inc. CAMHS, Psych Services & Residential/Safeguarding at sites have identified children and young people considered elevated risk of vulnerability during COVID-19 regime (red cohort). These cases are monitored via the CCP. Such cases are likely to present with a level of complexity. It is likely that these children and young people will have an existing Short Term Assessment of Risk and Need (STARN) or an Enhanced Support Team (EST). Collaborative discussions should happen with professionals who form part of the child’s existing support network to determine suitability of intervention delivery and the mode of delivery (module or worksheets). There is an option for the psycho-educational module to be delivered on an individual basis to children and young people identified as ‘red’. Given complexity of need, risk and vulnerability, it may be that delivery of psycho-educational material is not sufficient or appropriate to enable the children and young people to manage the current Covid regime and situation. Additionally, due to the children and young people being in the red cohort, it may be that they have needs, risks and vulnerabilities which prevent them from meaningfully engaging in the material. In such cases, the EST should consider suitable alternatives or additional services. Psych Services will, where appropriate, complete a Psych Services Exceptional Delivery Plan (EDP) to inform decision making. | Interventions Facilitators or Specialist Programme Officers who have experience of delivering YCAB Approved interventions as part of the YCS interventions modelHMPPS Psychology Services | Staff member must have existing experience of delivering either group or individual interventions Individuals facilitating psycho-educational modules will be expected to complete session plans prior to delivering each session (template will be provided by Treatment Manager (TM). TM will then provide feedback and guidance regarding session plans prior to delivery.Discussions should continue to happen throughout the work with the child’s existing professional support network e.g. EST. |
| Amber | Those children and young people identified as ‘amber’ are likely to be known to healthcare & wellbeing teams, Psychology Services and other professionals in the establishment. Consideration should be given to the complexity of the individual risks, needs and vulnerabilities through discussion with Psychology services.This group of children and young people may benefit from completing the psycho-educational module individually, or as part of their ‘family group’, depending upon the presenting needs, clinical judgement should be applied to determine modality. Consideration should be given to suitability of children and young people completing worksheets in their room. Where specific responsivity issues arise, consideration can be given to staff facilitating children and young people to work through the identified worksheets.  | Module delivery Interventions facilitators or Specialist Programme Officers who have delivered YCAB Approved interventions as part of the YCS interventions modelPsychology ServicesIntervention facilitator or Specialist Programmes Officer who has been assessed as ready in FC training but has not yet delivered interventions Conflict Resolution Practitioners who have completed Facilitating Change training Worksheet delivery | Clinical support will be provided by TM with Guided Reflective Practice will be determined based upon the mode of delivery. |
| Green | Worksheets will be available to this group of children and young people for completion in their room.Where there is an opportunity to deliver the module to children and young people in their ‘family’ group, all children and young people are likely to benefit from this.  | All staff who have received Motivational Interviewing (MI) training will be able to support children and young people with worksheet queries. Module delivery in ‘family’ groups:Interventions facilitators or Specialist Programme Officers who have delivered YCAB Approved interventions as part of the YCS interventions modelPsychology ServicesIntervention facilitator or Specialist Programmes Officer who has been assessed as ready in FC training but has not yet delivered interventions Conflict Resolution Practitioners who have completed Facilitating Change training. | Check ins, in accordance with need. |

# 5. Integrity Assurance

## 5.1 Prior to delivery

Using an appropriate and available means in accordance with a risk assessment and subsequent SSOW (i.e. in person, via video, conference call or telephone call), a pre facilitation session should be held by the TM and should cover three core areas; Facilitation Style, Delivery Content & Responsivity Factors, and Agreeing Ongoing Support. Factors to include are detailed below:

Facilitation style:

* Recap/introduction of basic MI skills to support with facilitation style
* Understanding of importance/how to develop therapeutic alliance
* Understanding of facilitation techniques e.g. brainstorming/chart listing
* Effective behaviour management techniques

Delivery content and responsivity factors:

* Presenting problems and protective factors of the child (i.e. a treatment plan)
* Session aims including theoretical rationale. Staff delivering either the worksheet or the module ***must*** have read the module to ensure awareness of theoretical rationale.
* Session content and delivery method
* Planning of the session:
* For module delivery, this should include agreement of personal examples or scenarios to be used in session, consideration of how to deliver the session and any adaptations needed based on the child’s formulation, children and young people’s’s individual and group treatment goals, responsivity needs, previous sessions and any other relevant information. This should result in a clear and sufficiently detailed session plan being created using the HMPPS YCS Session Plan Template.
* For Worksheet delivery, clinical discretion should be applied as to whether a session plan is required.

Agreeing ongoing support:

* The TM and the staff member should determine a responsive and suitable method to conduct integrity and wellbeing checks.
* The TM should provide the staff member with ways to raise concerns, receive support etc.

## 5.2 During delivery

Once a child has been provided with a worksheet, or staff have commenced worksheet/module delivery, this should be reflected on the Defensible Decision Log.

To support effective delivery TMs must provide supervision i.e. Guided Reflective Practice (GRP). As such, PMs should ensure the TM can facilitate GRP with each staff member, in accordance with need as determined by the TM. This should be provided in small groups (max 6 children) or on a 1:1 basis.

The TM should support staff in updating/developing session plans, in accordance with the child’s needs.

After each delivered session, staff should complete a simple debrief form, noting what went well, what could be developed and progress made by the child/ren. This should be done using the **YCS Psycho-Education Post Session Debrief Form** and completed immediately after the session to support all learning and reflections being captured.

Staff member should update PNOMIS (or equivalent in non YOI) upon starting to deliver the worksheet/module, after each session, and upon conclusion of the work, including how outcomes have been communicated, being mindful of appropriate information sharing. These entries should focus on engagement, participation, motivation and session topic. This will support an integrated approach and raise awareness of that child’s progress.

## 5.3 Post delivery

Once staff have completed delivering the worksheet/module with a child/small group, this should be reflected on the Defensible Decision Log.

Upon completing of the Worksheet/module delivery, the TM should facilitate GRP to review what went well, skills they have developed and identify any ongoing areas of development.

The staff member should produce a summary of the child’s learning and any further goals, recorded on the **YCS Psycho-Education** **End of Module Summary Report**. This should be supervised by the TM and communicated to relevant stakeholders, including feeding into the review of the child’s formulation, to the child and support network e.g. CuSP Officer, YOT worker, Resettlement Practitioner.

Staff should also gain feedback from children and young people using the **YCS Psycho-Education Feedback Form** and share this with the Treatment Manager to enable the CIMT to gather participant views and make necessary adaptations.

# 6. Exceptional Delivery Regime Model

**Guide to weightings/prioritisation (mandatory tasks only)**

|  |  |  |
| --- | --- | --- |
| Value | Description |  |
| 3 | Highest– action required as a precursor to other tasks |
| 2 | Medium – action required as part of wider work |
| 1 | Lowest – action required once others have been completed |

**Guide to autonomy levels (mandatory tasks only)**

|  |  |  |
| --- | --- | --- |
| Value | Description |  |
| Total | Secure Setting has total autonomy to determine activity |
| Partial | Secure setting has partial autonomy – Liaise with CMT |
| Limited | Secure setting has limited autonomy and must deliver the programme as stipulated |

**NB: This table refers to delivery at Level 3.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level****(total, partial, limited)** | **Comments/Sources of information** |
| **Mandatory actions** |
| **1. General**  | **1.1** On behalf of the Governor, Programme Manager to take overarching responsibility for designing local plans, in liaison with the CMT. | **3** | **Partial**  |  |
| **2. Preparation: staff, children and young people,, location and materials** | **2.1** LMT to conduct a review of available accommodation that can be used to deliver psych-educational modules., involving local POA committees. | **3** | **Total** |  |
| **2.2** LMT to conduct a local review of existing intervention room Risk Assessments including access and egress for staff and the participants in and around the area.Consider if one-way systems or staggered movement could assist or be appropriate. Particular attention should be given to access for participants who are cohorted/shielded  | **3** | **Total**  | Where available the LMT should access the site based risk assessment to inform decisions around SSOW. |
| **2.3** LMT to conduct a local review of the layout of each individual and group room to factor in the need for physical distancing for the participants where necessary and staff. Particular attention should be given to the:- Numbers of participants (max 6 as per IAF)- Space between seats-Requirement for cleaning of room and equipment between use by different staff/participants as determined by local SSOW and risk assessment- Use of floor markings if appropriate- Signage regarding health and safety- Arrangements/ instructions for handwashing and/or application of hand gels- Arrangements/instructions for break times- Arrangements/instructions for access to toilets | **3** | **Total** | As above |
| **2.4.** LMT to conduct a local review ofthe arrangements for the safe issuing and cleaning of any materials. Particular attention should be given to:­- Arrangements for use of materials such as flipcharts, pens and hand-outs-Arrangements for use of video recording devices.  | **3** | **Total**  |  |
|  | **2.5** LMT to conduct a local review on the need for and availability of PPE for both children and staff and ensure there are adequate provisions where required. | **3** | **Total** | See Annex A – PPE Table |
| **2.6** As part of recovery planning, where YCAB Approved Intervention delivery recommenced, LMT to conduct a review of facilities available to conduct pre-course assessments and post-intervention reviews | **3** | **Total**  |  |
| **2.7** LMT to conduct a review of treatment managers and facilitator staff (on site and psychology services) and their ability to provide a service and the mechanism for this | **3** | **Partial** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level****(total, partial, limited)** | **Comments/Sources of information** |
| **3. Preparation security processes** | **3.1** LMT to **c**onduct a local review of existing individual and group room Security Risk Assessments focusing on the arrangements for the searching of participants, using PPE, and supervision of sessions | **3** | **Total** | Local Security Strategy  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level****(total, partial, limited)** | **Comments/Sources of information** |
| **4. Management Checks** | **4.1** LMT to conduct a local review of management checks by the Programme Manager to be updated to include additional checks on COVID controls. | **2** | **Total** |  |
| **4.2** LMT to conduct a review of all management checks required as part of the Operating Manual  | **1** | **Total**  | YCAB Approved Interventions Operating manual  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level****(total, partial, limited)** | **Comments/Sources of information** |
| **5. Stakeholder management**  | **5.1** Although all revisions to the arrangements for Interventions will besubject to consultation with recognised Trades Unions as part of the Establishment Regime Management Plan, a local internal stakeholder engagement plan must be developed to assist in communicating any revised working arrangements with staff, children, SMT & CMT via the relevant LMT link. This will also be shared with local TU. | **3** | **Total** | LMT minuted meetings and case allocation meeting minutes. |
| **6. Interventions Process** | **6.1** LMT (with support from CMT and Cluster Lead Psych, as required) to conduct a local review of the RAG rating for each child and young person, based on COVID-19 vulnerabilities to assist in decision making as to priorities | **3** | **Total** |  |
| **6.2** LMT to conduct a local review of the capacity to deliver psycho-educational materials and, when appropriate, YCAB Approved Interventions, including consideration of PPE, planning, staff availability and the impact of other services required by the children and young people, e.g. healthcare, access to exercise and visits. | **3** | **Partial** |  |
| **6.3** YCAB Approved Interventions Defensible Decision Log to be completed | **2** | **Total**  |   |
| **7. Staffing and training** | **7.1** LMT to conduct a review of available staff and their current skill level (e.g. bronze, silver of gold) | **3** | **Total**  |  |
| **7.2**  LMT to develop appropriate TM support plan as per EDM | **3** | **Total**  |   |
| **7.3** All Intervention Facilitator to complete CPD activity as directed by PM and CMT. | **2** | **Partial**  | LMT & CMT: CPD under development by the CMT |
| **8. Recovery Planning** | **8.1** Decisions about the reinstatement of YCAB Approved Interventions must be made in accordance with the alert levels and with consultation and agreement between the PGD, CMT, LMT and TUs | **3** | **Partial** | PGD, CMT, LMT. |

# Recovery Planning

The delivery of Psycho-Educational Modules and the eventual reinstatement of YCAB Approved Interventions, as per the YCAB Approved Operating Manual and Interventions Integrity Assurance Framework will be determined by the stage the secure setting is operating at.

|  |  |  |
| --- | --- | --- |
| **Stage** | **Conditions to operate at this Stage** | **Interventions Delivery**  |
| **5** | **Complete Lockdown** | **Custody** - as ‘Lockdown’, but with an active outbreak ongoing that is not being contained by level 4 lockdown. Staffing levels below minimum for the ERMP.  | No delivery of interventions or assessments |
| **4** | **Lockdown** | **Custody** – Significant number of infections within secure setting or site unable to implement compartmentalisation strategy. **National** – Significant number of establishments with new infections, which indicates that systemic risks are not sufficiently controlled. **Community** - High levels of community infection and transmission (Alert Level 4/5).Staffing levels able to deliver ERMP. | No new delivery of YCAB Approved InterventionsSome roll-down/maintenance of Interventions already started where safe systems of work (SSOW) allows this. Some delivery of critical psychological 1-1 interventions and assessments alongside PSG Defensible Decision Checklist completed with delivery staff, in accordance with the PSG EDP.Some delivery of Psycho-educational modules/workbook either as 1:1 or in Family Groups where appropriate, in accordance with vulnerability/need as directed by the LMT and CCP (see prioritisation below) and within SSOW. |
| **3** | **Restrict**  | **Custody** - All foundations set out above can be met. Assessment is that infection levels in the establishment, and community R rate are under control.**National** – Small number of secure settings with outbreak control teams in place. **Community** – At or transitioning to Alert Level 3 (epidemic in circulation) or below.Staffing levels sufficient to deliver activities set out in EDMs for this Stage, including partner services e.g. healthcare. | Reintroduce new delivery of YCAB Approved Interventions on a **1:1** basis and in Family Groups where appropriate to the children and young people’s need and within SSOW. Physical distancing and all other relevant measures should be maintained. No wing mixing to take place and no group size to exceed 6, as per IIAF.Increased delivery of Psycho-educational modules/workbook 1:1 or in Family Groups, in accordance with vulnerability/need as directed by the LMT and CCP (see prioritisation below)Increased delivery of Psychological 1-1 interventions and assessment alongside PSG Defensible Decision Checklist. |
| **2** | **Reduce**  | **Custody** - All foundations set out above can be met. No infection present in the prison, or very low levels where spread is contained.**National** – Infection present only in small number of prisons. **Community** – At or transitioning to Alert Level 2 (COVID-19 present, but transmission is low) or below. Staffing levels sufficient to deliver activities set out in EDMs for this Stage, including partner services e.g. healthcare. | Reintroduction of delivery of YCAB Approved Interventions in small/family groups basis, with physical distancing in place where required. Physical distancing and all other relevant measures should be maintained.Delivery of Psychological 1-1 interventions and assessment alongside PSG Defensible Decision Checklist. |
| **1** | **Prepare**  | **Custody** – No infection within secure setting. **National –** No known infections in prisons/young offender institutions.**Community** – At or transitioning to Alert Level 1 (COVID-19 not known to be present)Staffing levels near target and sufficient for normal regime delivery, including partner services e.g. healthcare. | YCAB Approved Interventions delivered via primary delivery methods without PPE or physical distancing.Standard Delivery of Psychological 1-1 interventions and assessment.  |

# Summary

This document provides an overview of adaptations HMPPS Psychology Services have made to the YCS Approved Interventions Model (YCS, 2019) to enable children and young people’s presenting needs and vulnerabilities to be addressed by psycho-educational materials during COVID-19 restrictions. Decisions about delivery should be made by the LIMT, with support from the CIMT where required. For further information, advice and guidance, please contact HMPPS Psychology Services functional mailbox: ycs.interventions@justice.gov.uk

# References

Andrews, D. A., Bonta, J., & Hodge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. Criminal Justice and Behaviour, 17, 19-52

Bens, I. (2017). *Facilitating with Ease!: core skills for facilitators, team leaders and members, managers, consultants, and trainers*. John Wiley & Sons.

Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of consulting and clinical psychology*, *61*(4), 561.

Her Majesty’s Prison and Probation Service. Prisons Exceptional Regime & Service Delivery. Retrieved from: <https://hmppsintranet.org.uk/prison-ersd/purpose/>

Ipsos, M. O. R. I. (2010). A review of techniques for effective engagement and participation. *London: Youth Justice Board*.

Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. Guilford press.

National Offender Management Service Young People’s Group. (2014). Interventions Needs Analysis: An analysis of the intervention needs of young people in custody.

Ross, E. C., Polaschek, D. L., & Ward, T. (2008). The therapeutic alliance: A theoretical revision for offender rehabilitation. *Aggression and violent behavior*, *13*(6), 462-480.

Youth Custody Service. (2019). Interventions Operating Manual: Youth Custody Service Assurance Board Approved Interventions.

Youth Justice Board. (2002). Key elements of effective practice. *London: YJB*.

Annex A – PPE Table



Annex B: Standard Lines

*When delivering and risk assessing this EDM please consider the following:*

* *The required provision of PPE, the application of social distancing and maintenance of infection control measures in accordance with PHE advice.*
* *the cumulative impact on movements of people into and out from the premises when implementing this EMD alongside others*
* *Any risk posed to vulnerable groups*
* *The application of NHS England core principles:*
* ***CONNECT:*** *The single biggest risk to mental well-being is isolation and disconnection from others. In the Secure Estate, given the increased risks of social isolation at this time, it is essential we maximise opportunities for relational connection, whilst maintaining physical distance.*
* ***Maintain Relevant Contacts:*** *Priority should be given to ensuring children and young people can maintain contact with family and Youth Offending Team worker.*
* ***Promote Physical Health:*** *Maximise personal and hand hygiene.*
* ***Provide as much fresh air as possible:*** *Maintain good physical and mental health by maximising physical activity and access to fresh air (in line with physical distancing guidance).*
* ***Structure the day & create routine:*** *Structure can be helpful especially when living with others, as it allows a sense of predictability and control. Establishing (or maintaining) a sense of routine is essential. Ensure regular timing for access to medication, including those who may have received a diagnosis of ADHD.*
* ***Ensuring there are activities to do:*** *The need for meaningful activity is paramount in protecting well-being and preventing challenging behaviour.*
* ***Allocate or maintain meaningful roles:*** *Where possible, allow young people to maintain or develop particular roles and responsibilities, either as individuals or groups. This may be as helpers, mentors, entertainers etc. Developing a respected role is important in maintaining purpose and belonging with others.*
* ***Promote openness:*** *Normalise anxiety and encourage children and young people to access support when they need it be particularly watchful over those that are withdrawn, quiet or find it difficult to ask for help.*
* ***Crisis plan:*** *Be pro-active in planning for those children and young people that you suspect may find periods of isolation or high stress particularly difficult. At each site the SECURE STAIRS multi-disciplinary team should be in place to identify and support those children who are most vulnerable. A Formulation and support plan will be critical in providing support.*
* ***Coordinated YCS and NHSE&I Response:*** *The Critical Case Panel has been extended to ensure support and advice is coordinated across the CYPSE via daily, weekly and monthly review processes in addition to the central Enhanced SECURE STAIRS team that has been mobilised across YCS, psychology and health.*