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Young people admitted to adult inpatient wards

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1 Introduction

The National Service Framework for Children, Young People and Maternity Services (DH 2004) highlights the importance of ensuring that “children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.

The letter also reminds services to ensure that the safeguards set out in Section 11 of the Children Act (2004) are in place whenever young people under 18 years of age are admitted to adult psychiatric wards.

The MHA (2007) which revised the Mental Health Act (1983) with effect from 3 November 2008 makes some significant changes to the law relating to the admission and treatment of children and adolescents in psychiatric hospital. Notable changes include:

- The amendment of s.131 - in the case of patients aged 16 or 17 years who have the capacity to consent to their admittance to hospital for treatment for mental disorder on an informal basis, they may consent (or may not consent) to such arrangements and their decision cannot be overridden by a person with parental responsibility for them.
- The introduction of special provisions regarding Electroconvulsive therapy (ECT) treatment to under-18 years old, so that no such treatment can be given to an informal or detained person aged under 18 without a second opinion doctor (SOAD) certification that it is appropriate.

Section 131A of the revised Mental Health Act creates a duty upon managers to accommodate children and young people who are admitted under the Act or under any other legal power in an environment suitable for their age, subject to their needs. This duty took effect from April 2010.

Note on language: All people under the age of 18 are legally defined as a child, however throughout this document we will refer to children aged 16-18 as young people.

2 Why we need this policy

2.1 Purpose

- The Trust is committed to safeguarding and promoting children's welfare and therefore complying with the above requirements.

- This policy informs Trust services what they must do in order to ensure compliance when young people are being considered for admission to adult psychiatric wards.
- All patients are entitled to have their Human Rights upheld by those providing their care. Considerations to ensure protection of human rights will form part of all care and interventions delivered under this policy. Particular attention should be paid to those with protected characteristics to guard against conscious and unconscious bias and discrimination.

2.2 Objectives

The objective of this document is to provide a framework that:

- Directly informs practice described in a ward or team's operational policies.
- Safeguards and promotes the welfare of the young person who requires admission to hospital for their mental health care.
- Ensures that the positive or negative impact on the young person is taken into account.
- Ensures the young person has access to appropriate care and treatment, in an environment suited to their age and development.
- Support the delivery of meaningful admission to a person-centred service within a complete system of care, including the wellbeing and social inclusion of the service users and their carers/family.
- Supports the provision of accessible information to service users and/or their carers/families.
- Ensures that users of the service are:
 - Admitted to the service in a respectful, professional, and courteous manner.
 - Given appropriate information about their treatment and the care they will receive from the service.
 - Fully involved in the decision-making process and able to make informed choices about their care, wherever possible to ensure that harm minimisation approach is used throughout.
 - Treated fairly, equally and have their diversity, privacy and dignity respected and their needs met throughout

2.3 Trust Strategic Goals

This policy will ensure a clear clinical approach to the management of under 18-year-olds on an adult inpatient setting and is guided by the Trust Strategic Goals:

Goal 1: we will co-create high quality care. Therefore, people who use our services and their carers will experience:

- A timely response with help when it's needed

- Consistently patient-centred care, with positive outcomes
- Involvement in planning and personalising care and opportunities to help improve services

Goal 2: we will be a great employer. Our colleagues will:

- Feel pride in what we do and the impact of our work
- Be supported and empowered to do our job well
- Feel safe to challenge, innovate and celebrate

Goal 3: we will be a trusted partner. Together, with our partners, we will:

- Deliver integrated services and improve population wellbeing
- Reduce health inequalities
- Offer training, job and career opportunities

3 Scope

3.1 Who this policy applies to

This policy applies to all occasions when a young person under the age of 18 years is admitted to an adult psychiatric ward within the Trust or the designated Adult Learning Disability in-patient department. It provides instructions and guidance for clinicians and practitioners working in existing services.

3.2 Roles and responsibilities

Role	Responsibility
Deputy Chief Executive	• Ensuring that this policy is implemented.
General Managers	• General Managers for Children & Young People's Services, Adult Mental Health Services and Adult Learning Disability Services are responsible for ensuring that the policy is adhered to within their areas of accountability and subject to review at regular intervals
Modern Matrons/Service Managers/Team Managers	• Ensuring the policy is adhered to within their areas of accountability.
Clinical staff	• Clinical staff within the scope of the policy is responsible for implementing this policy within their service areas.

4 Policy

4.1 Underlying principles for service delivery

Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services (AMH) and Adult Learning Disabilities Services (ALD) should follow these underlying principles when caring for young people:

Principle	Description
1	Young people should receive mental health care in an environment that is developmentally, clinically, and socially appropriate and not always based on age. For example, clinicians assessing a young person near to their 18th birthday should consider the potential length of stay required in an inpatient ward to avoid unnecessary transitions of care which may be disruptive to their care needs.
2	Young people should receive treatment and care in the least restrictive setting possible that best suits their needs
3	Safeguarding and promoting the young person's wellbeing is the primary focus
4	Young people and their families should be involved in the decision-making process, kept fully informed about their care and treatment, and their views and wishes should be taken into account having regard to their age and understanding ¹
5	Communication and working relationships between CAMHS and AMH and ALD should be maintained to ensure: • continuity of care. • access to specialist advice; and • a supported and facilitated transfer of young people between the services. All teams will work in harmony around the specific mental health care needs of any young person rather than to specific service-related thresholds or boundaries.
6	Young people requiring inpatient mental health care should be cared for in inpatient facilities as close to their home as possible

4.2 Adult Wards designated for admitting 16-to-17-year-olds.

Geographical Area	Hospital	Ward
Tees	Roseberry Park Hospital, Middleborough	• Stockdale Ward -Male • Bilsdale Ward – Male • Bransdale Ward – Female • Overdale Ward- Female

Durham and Darlington	Lanchester Road Hospital, Durham West Park Hospital	• Farnham Ward - Male • Tunstall Ward – Female • Maple- Male • Elm - Female
North Yorkshire	Ayckbourn Unit, Cross Lane Hospital, Scarborough	• Danby Ward – Male • Esk Ward – Female
York and Selby	Foss Park Hospital, York	• Minster Ward- Male • Ebor Ward- Female

¹ It is good practice to involve parents/carers. However, young people aged 16–17 are within the scope of the Mental Capacity Act (MCA 2005) and are therefore presumed to have capacity to make decisions unless there is reason to believe otherwise, and an assessment of capacity will be required. Children under 16 years are not considered to be competent to make their own decisions in terms of emotional maturity, intellectual capacity, and mental state i.e. not Gillick competent, unless an assessment of competence determines that they are. Children assessed as competent and young people with capacity are also able to make decisions about the use and disclosure of information they have provided in confidence. If the child or young person lacks competence/capacity (through age or illness) then it may be appropriate to seek consent from a person with “parental responsibility” regarding some treatment decisions, but this does not include consenting to a deprivation of the young person’s liberty.

4.3 Adult Learning Disabilities Services Inpatient treatment units for admitting 16-to-17-year-olds.

At the point of referral, the Adult Learning Disabilities Services (ALD) across all localities will liaise to decide which unit/environment is most appropriate to meet the needs of the individual taking into consideration:

- the locations of the units and the person’s home/family; and
- the needs of other service users; and
- the most suitable environment to meet the individual’s needs.

Managers and staff have a duty to ensure that the environment is conducive to this age group, and that staff understand their needs in line with National Standards.

Other inpatients on the adult ward or ALD ward are monitored to ensure there is no inappropriate contact with the young person. See section 4.4 for further details.

4.4 Young people under 18 years of age

4.4.1 Young people under the care of Adult Mental Health Services

Whilst the National Service Framework (NSF) recommends that services should be organised around the 18th birthday of a young person, this is a guide. The NSF also recommends that provision is flexible, integrated, and appropriate to a young person's needs whatever their age. Good transitional arrangements and good relations between services are essential. (Refer to the Transitions Procedure Child and Adolescent to Adult Services / Primary Care).

Often, but not always, young people under 18 years of age will be known to local CAMHS Teams. The young person may also specifically request to be admitted to Adult Mental Health Services. If this was the case, the clinician undertaking the assessment should make a clinical judgement on whether the young person's needs, and development stage require care to be more appropriately provided by Adult Mental Health Services. Also, in some instances where the young person presents in the weeks before their 18th birthday and it is clear that they have a severe and enduring mental disorder that is likely to require prolonged care, a clinical decision may be made to admit to Adult Mental Health Services to meet their ongoing clinical needs and avoid unnecessary transitions.

The Mental Health Act (MHA) states that children and young people admitted to hospital for mental health treatment should be accommodated in an environment that is suitable for their age. The Code of Practice highlights the "clear difference between what is a suitable environment for a child or young person in an emergency situation and what is a suitable environment for a child or young person on a longer-term basis."

Admission to an adult ward must only happen in exceptional circumstances, where this is considered suitable for the person. If a patient under 18 years of age is admitted to an adult ward for longer than 48 hours, the hospital managers must inform the internal Quality Governance Team.

Exceptional circumstances may include whereby a patient displays sudden distress and disturbance which threatens patients, other patients and/or staff safety. In such circumstances a risk assessment will have taken place and a decision to seek temporary transfer to adult services (where felt to be clinically and developmentally appropriate) will be made by medical and nursing staff. This decision will be recorded in the care notes.

If an assessment by Adult Mental Health Services has confirmed the appropriateness of this arrangement, the adult consultant psychiatrist will lead the medical intervention, but CAMHS may be asked to continue to provide advice and support.

Flexibility around whether CAMHS or working age adult services should take prime responsibility for care of a young person is encouraged. Flexibility would also include both services working together where appropriate. After either service has completed an assessment a discussion can take place as to the most appropriate care provision and also the choices of the young person. A record of any decision should be recorded in their notes with the clinical rationale for any decision. Clinical staff from local Crisis CAMHS team should attend within 24 hours of admission to the ward to discuss the young person's needs and contribute to care planning processes. Clinical staff from local Community CAMHS teams

should attend relevant Adult Ward meetings within 72 hours of admission to contribute to the formulation and care plan process.

Young people with suspected psychosis should be referred to the Early Intervention Team (EIP) on admission. EIP accept referrals from 14 years and above, however under no circumstances should a young person under the age of 16 years be placed or admitted to an adult psychiatric ward.

Where a young person is under the care of CAMHS or further assessment is felt to require inpatient care, first consideration should always be to seek an appropriate CAMHS bed as close to the young person's home as possible.

The decision to transfer or directly admit a young person to an adult psychiatric ward must involve a CAMHS consultant psychiatrist or deputy and the duty psychiatrist for the adult psychiatric hospital where the child is being considered for placement.

The decision to admit to one of the Trust's adult psychiatric wards will only be made after less restrictive options have been considered and discounted, e.g. support at home from local community-based services.

The likelihood of harm to the young person and others created by admitting the young person to an adult psychiatric ward must also be judged to be less severe than the risks already identified if the young person remains in the community. This will include consideration of the profile of the patient population in the Adult ward area.

Admissions to Adult Mental Health wards or Adult Learning Disability inpatient units will initially be via clinical discussions between CAMHS and AMH and ALD Services, both in and out of hours. Bed Managers should be contacted to discuss the need for admission (during bed management operational hours). Matrons and Service Managers should be notified who will escalate the next working day to the Chief Nurse and Quality Governance Team tewv.cqc@nhs.net. If an admission has taken place out of hours, the Tactical On Call Manager should also be involved in discussions regarding bed availability.

Young people admitted to adult psychiatric wards must have their welfare safeguarded and promoted as set out under section 11 of the Children Act (2004). The following points should be followed:

1. Current inpatients are risk assessed to ascertain whether the young person can be admitted safely to the adult ward.
2. Single rooms with an en-suite must be used by young people.
3. The young person will be nursed on within eyesight observations in a proportionate manner unless there are *exceptional* circumstances which may adversely affect their mental health, for example extreme paranoia. The decision not to nurse the young person on within eyesight observations must be agreed within the MDT and fully risk assessed. The decision not to nurse the young person on within eyesight

engagement and observation should be reviewed as clinically indicated but at a minimum on a 24-hour basis.

4. All staff members in contact with young people have an Enhanced Disclosure and Barring Service.
5. CAMHS medical support will be provided from Community CAMHS Teams or On Call Psychiatrist out of hours.
6. For those young people under CAMHS, skilled support from CAMHS staff will be provided as agreed on a case-by-case basis.
7. Other inpatients on the adult ward or ALD unit are monitored to ensure there is no inappropriate contact with the young person.
8. The young person can access age-appropriate recreational activities, and communal living spaces within the ward area.
9. If the young person is in full-time education, plans are made for the continuation of education during or after the admission.
10. Access to age-appropriate statutory Advocacy is available.
11. Other agencies can become involved in providing support.
12. Care coordination remains the responsibility of the team with overall responsibility for care. This may be the local CAMHS or Early Intervention in Psychosis Team or Adult Team if the young person is close to their 18th birthday.
13. Where appropriate local CAMHS or Early Intervention in Psychosis Team will be involved in the planning, discharge and after care of young people.
14. General Manager for the local CAMHS service to be informed of any admission.
15. Whether detained under the MHA or not, the CQC should be notified, via the Mental Health Legislation Team (MHLT) of any admission that reaches 48 hours and an Inphase completed. The [statutory notification form can be found on this link](#).

It is recommended that adult psychiatric wards use a care plan checklist (see Appendix 2) to ensure that the above points have been considered and that follow-up actions have been planned and recorded.

The local CAMHS or Early Intervention in Psychosis Team will take the lead in liaising with the relevant school health team, where required.

4.4.2 Medical responsibility

For most young people aged 16 to 17 years on an adult in-patient unit the CAMHS consultant psychiatrist or Approved Clinician will retain medical responsibility for the young person during his or her period of care on an adult psychiatric ward. There should be close and continued liaison between the CAMHS consultant psychiatrist and the relevant adult consultant psychiatrist in order to share expertise of ward-based care and the management of young people and document the rationale for any decisions that are made.

Sometimes, and after discussion involving the consultant psychiatrists, the Service Managers and the young person and their family, the adult consultant psychiatrist may accept sole medical responsibility for a young person. This may be when the young person

has expressed a desire to remain under the care of adult services or it is deemed to be most appropriate to be served by an adult consultant psychiatrist. Any decision must be guided by what is in the interests of the young person and their family and be clinically appropriate and the rationale for this clearly recorded.

For requirements for staffing on Adult designated wards and training, please refer to Appendix 3.

4.5 Children under 16 years of age

A child under 16 years requiring in-patient psychiatric care must always be cared for in a specialist CAMHS facility as close to their home as possible. Targets set by the government in 2006 underpin a key principle of good practice that **under no circumstances should a young person under the age of 16 years be placed or admitted to an adult psychiatric ward**. Sometimes in very exceptional circumstances and due to the severity of their illness, a child under 16 years of age may not be able to be accommodated within the local CAMHS inpatient facility due to bed availability. In this situation, the best place for this young person to be accommodated and supported must be promptly considered. This will include other appropriate Health placements or consideration of Local Authority placements. In these exceptional circumstances, and where a child under the age of 16 years cannot be admitted to a local CAMHS Inpatient facility, the care team should contact the **Modern Matron / General Manager to discuss with Integrated Care Board (ICB) for alternative provision**. To assist a prompt commissioning process and the transfer process by the care team, preparatory work should take place wherever possible to help identify possible alternative provision. Such provision should take into account the principles of care and service delivery as set out above in Section 4.1. On call staff can also be involved in discussions out of hours to ensure a more appropriate placement is found for young people under 16 years (including where appropriate Social Services Emergency Duty Team). **If a young person under the age of 16 years cannot be transferred immediately to a CAMHS facility when an admission to hospital is required, then this must be escalated to the Care Group Director and Chief Nurse in working hours or On Call Director out of hours to ensure a safety plan is identified. This circumstance is a notifiable patient safety incident and staff will be required to report this on Inphase as a ' Serious' Incident. The Trust Safeguarding team will need to be notified at the earliest opportunity.**

The referring consultant psychiatrist would retain medical 'link' responsibility for the young person during his or her period of care at an alternative provision. As a consequence there should be regular and continued liaison between the CAMHS consultant psychiatrist and the relevant alternative provision consultant psychiatrist.

If a young person is placed in an out of area adolescent inpatient bed, clinicians from the young person's local Community CAMHS team should remain engaged/engage with the young person/carers and alternative provider and be involved in reviews and planning or discharge or transfer back to local services as appropriate. Community CAMHS Services should liaise with local CAMHS Inpatient Services/Modern Matron if transfer to a local

inpatient bed is required. Liaison with Commissioners and Case Managers will also be required.

4.6 Assessment in a 136 facility for under-18-year-olds

Please refer to the TEWV policy [Section 136 Policy](#)

A child or young person (under 18 years of age) may NOT be taken to a place of safety which is a police station.

4.7 Escalation process for CAMHS patients in a 136 facility for under 18-year-olds.

4.7.1 SECTION 136 MENTAL HEALTH ACT ESCALATION FLOW

Abbreviation Codes:

Responsible Medical Professional (RMP)

Approved Mental Health Professional (AMPH)

Associate Medical Director (AMD)

General Manager (GM)

In Working Hours (IWH)

Out of Hours (OOH)

Director of Operations (DoOps)

	Timeframe	YES (action to be take)	NO (action to be taken)
If the assessment or has not commenced at this time point follow the described action.	4-hour point (adult) 2 hours for a CAMHS patient	Seen by RMP and (AMPH), (RMP only if no (AMD) present. No admission required, arrange follow up if required, process ends	S136 Coordinator to re-contact AMHP and RMP and establish Estimated Time of Arrival (ETA)
If the assessment or has not commenced at this time point follow the described action	7-hour Point (adult) 4 hours for a CAMHS patient	Admission required – suitable bed being sourced. Inform GM of pending CAMHS admission.	Assessment still not commenced - IWH escalate to AMHP Lead and/or ACD/GM for CAMHS patient OOH escalate to TEWV tactical on-call manager
If the assessment or has not commenced at this	12-hour Point (adult)	Admission required - No suitable bed sourced – escalate to GM in working	Assessment still not commenced - IWH

time point follow the described action	6 hours for a CAMHS patient	hours or tactical on-call manager out of hours.	escalate to AMHP Lead and/or AMD/GM Clinical Director /GM for CAMHS patient. Inform DoOps OOH escalate to TEWV tactical on-call manager.
If the assessment or has not commenced at this time point follow the described action	16-hour Point (adult) 10 hours for a CAMHS patient	Admission required - No suitable bed sourced – escalate to GM in working hours or tactical on-call manager out of hours.	Assessment still not commenced – escalate to on-call Director
If the assessment or has not commenced at this time point follow the described action	18-hour Point (adult) 12 hours for a CAMHS patient	Admission required - No suitable bed sourced – escalate to CGD or On-call Director OOH	If RMP has examined person and cannot assess due to their presentation – s136 may be extended for up to a further 12 hours
If the assessment or has not commenced at this time point follow the described action	24-hour Point S136 MUST end unless extended	Escalate to CGD or on-call Director OOH	
If the assessment or has not commenced at this time point follow the described action	36-hour Point Extended S136 MUST end	Escalate to CGD or on-call Director OOH	

5 Related Documents

[Transitions Protocol Child and Adolescent to Adult Services / Primary Care](#)

[Code of Practice MHA 1983 \(2015\)](#)

[Rapid tranquilisation policy](#)

6 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.

- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- Routine training or guidance on this policy will be provided to relevant staff during local induction and within safeguarding training delivered by the trust and local authorities.

6.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All clinical staff Band 5 and above including Medics and Allied Health Professionals	Safeguarding Level 3	e-learning – 3 hours pre-reading material – 2 hours face to face training - 3 hours	Every 3 years
All clinical band 4 and below who have contact with service users of any age.	Safeguarding Level 2	e-learning – 4 hours	Every 3 years
All non-clinical staff i.e., corporate, housekeeping	Safeguarding Level 1	e-learning	Every 3 years
Registered Nurses	Mental health Act legislation training	Introduction to Mental Health Act and Mental Capacity Act Consent/Capacity/Treatment	3 hours 2 yearly
Registered Nurses, Consultants, Resident doctors and pharmacy.	Guidance on pharmacological interventions for young people	E – learning Annual Medicines Management Module	Yearly

7 How the implementation of this policy will be monitored

	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Routine audit/monitoring of compliance with this policy will be part of normal	Ward Manager/Modern Matron/General Managers	Care Group Subgroup Boards

	operational management responsibilities.		
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8 References

1. Department of Health (1999) National Service Framework for Mental Health.
2. Department of Health (2004) national Service Framework: children, young people and maternity services.
3. CQC (2024) Children and young people in adult psychiatric units. [Children and young people in adult psychiatric units – notification form - Care Quality Commission](#)
4. Department of Health: Mental Health Act 1983 Code of Practice 2015
5. Department of Health (1999) National Service Framework for Mental Health.
6. Gleave, R (2007) SHA Chief Executives Letter Gateway Number 8390. London: Department of Health.
7. HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*. London: Department for Education and Skills.
8. NHS Executive (2000) *Safety, privacy and dignity in mental health units*. Leeds: Department of Health.
9. Royal College of Psychiatrists' Centre for Quality Improvement (2009) *Safe and Appropriate Care for Young People on Adult Wards*.
10. 2004, Children Act 2004, c 31.
11. 2005, Mental Capacity Act 2005, c 9.
12. 2007, Mental Health Act, c 12.

9 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	07 October 2025
Next review date	07 October 2028
This document replaces	CLIN-0080-v2.2 Young people admitted to adult inpatient wards policy
This document was approved by	Clinical networks: CAMHS 07 August 2025 ALD 15 August 2025 AMH 25 September 2025

This document was ratified by	Executive Directors Group
This document was ratified	07 October 2025
An equality analysis was completed on this policy on	12 July 2025
Document type	Public
FOI Clause (Private documents only)	n/a]

Change record.

Version	Date	Amendment details	Status
2	05 Jul 2017	Full revision	Withdrawn
2.1	20 Feb 2020	4.4.1 para.3 added	Withdrawn
2.1	02 June 2020	Review date extended from 05 July 2020 to new date of 05 January 2021	Withdrawn
2.1	15 Dec 2020	Review dated extended to 31 March 2021.	Withdrawn
2.1	March 2021	Review date extended to 30 June 2021	Withdrawn
2.2	14 July 2021	Reviewed and minor changes- • Minor amendment to terminology from the existing guidance including legal terminology to meet equality and diversity requirements. • Section 4.7 added to include the existing escalation process for CAMHS patients in a 136 facility. • Amendment the language to reflect compliance with section 11. • Section 6.1- Updated Training Need Analysis. • Updated the Equality Analysis Screening Form • Add a sentence at the beginning where this fits with strategic framework / Trust goals. • 3.1 describes the scope as being 16–18-year-olds in the policy but narrative discusses under 16s so it has been added to the policy that in such circumstances, staff must escalate (in and out of hours) and agree a safety plan. Staff must complete a Datix and notify Safeguarding of the situation. • 4.1 table – the last point was changed to be the first point as seen as priority.	Withdrawn
v3	07 Oct 2025	Full review with major change, including • Policy has been transferred to the new Trust template.	Ratified

		• Major revisions to condense the text and make a more user-friendly document. • Minor amendment to terminology from the existing guidance including legal terminology to meet equality and diversity requirements. • Removal of old links and guidance • Review of Section 6.1- to reflect the Training Needs Analysis • Updated references and added information from CQC. • Section 2.3 - Reference to Our Journey to Change updated to Our Journey to Change the next chapter	
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Appendix 1 - Equality Analysis Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Adult Mental Health and Children & Young Peoples Services (Trust-Wide)
Title	Young people admitted to adult inpatient wards policy: CLIN-0080-v2.3
Type	Policy/Procedure
Geographical area covered	Trust wide
Aims and objectives	Policy identifies nominated inpatient areas that will accept admission of young people between the ages of 16 and 17 years. The Policy sets out a number of environmental requirements and training required for staff.
Start date of Equality Analysis Screening	July 2024
End date of Equality Analysis Screening	July 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	The Policy can benefit young people between the ages of 16 and 17 years who require admission to an inpatient area where the potential for positive impact is identified. Young people should receive mental health care in an environment that is developmentally and clinically and socially appropriate and not always based on age. There may be occasions when a young person requires admission to hospital and there are no alternatives for management/continued management within the community. There may not be an age-appropriate mental health hospital bed available (i.e. a bed within a CAMHS specific provision) either locally or nationally or, if nationally available is at a significant distance, which would be detrimental to the young person in the short term and create the potential for negative impact. The child or young person may then need to be admitted to an adult ward. This policy is required in order to give guidance to staff where admission to an adult ward occurs in order to ensure that only the wards agreed as suitable within the Trust are used for admission and that measures are put in place on those wards in order to ensure that the young person is kept safe environmentally, least restrictive practice is used for the young person and other inpatients on the ward, that they receive input from CAMHS specialist staff and that they have their specific needs as a CAMHS patient addressed. It is also to ensure that the CQC are notified appropriately as required within CQC regulations. The policy has added guidance on the escalation procedure when a CAMHS patient accesses the 136 facility.
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively	• Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) YES

on any of the protected characteristic groups? Are there any Human Rights implications?	• Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) YES • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications Yes (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	The Policy sets out environmental and training requirements to ensure safety and appropriate treatment required by the nominated Adult Inpatient Area to mitigate the negative impact on the young person. Potential negative impacts: The young person may witness behaviours that are not age appropriate due to being on an adult ward. To mitigate against this section 4.4.1 outlines measures to prevent or reduce this impact. The young person will be nursed on with eyesight observations, unless there are exceptional circumstances, this may impact on the patient's wellbeing and Human Rights. To mitigate against this the policy states this must be done in a proportionate manner, using the least restrictive practice and will be regularly reviewed. The young person and their

	family members will be involved in the decision-making process where possible.
Describe any positive impacts / Human Rights Implications	• Young people should receive mental health care in an environment that is developmentally and clinically and socially appropriate and not always based on age. • The young person may have specifically request to be admitted to Adult Mental Health Services due to wanting to be in an environment that is more developmentally appropriate for them. • Access to service closer to home to ensure support from family members, friends, school links in line with Article 8 of the Human Rights Act 1998. • To ensure timely access to urgent services, professional treatment and support • The young person and their family members will be involved in the decision-making process.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	1. Department of Health (1999) National Service Framework for Mental Health. 2. Department of Health (2004) national Service Framework: children, young people and maternity services. 3. CQC (2024) Children and young people in adult psychiatric units. Children and young people in adult psychiatric units – notification form - Care Quality Commission 4. Department of Health: Mental Health Act 1983 Code of Practice 2015 5. Department of Health (1999) National Service Framework for Mental Health. 6. Gleave, R (2007) SHA Chief Executives Letter Gateway Number 8390. London: Department of Health. 7. HM Government (2007) <i>Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004</i>. London: Department for Education and Skills. 8. NHS Executive (2000) <i>Safety, privacy and dignity in mental health units</i>. Leeds: Department of Health. 9. Royal College of Psychiatrists' Centre for Quality Improvement (2009) <i>Safe and Appropriate Care for Young People on Adult Wards</i>. 10. 2004, Children Act 2004, c 31. 11. 2005, Mental Capacity Act 2005, c 9. 12. 2007, Mental Health Act, c 12.

Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	The revised policy has been circulated to colleagues in Safeguarding and across the service development manager group.
If you answered Yes above, describe the engagement and involvement that has taken place	Circulation of the draft policy for input through Trust wide consultation process
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	None identified
Describe any training needs for patients	None identified
Describe any training needs for contractors or other outside agencies	None identified

Appendix 2 - Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1. Title			
	Is the title clear and unambiguous?	y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	y	
2. Rationale			
	Are reasons for development of the document stated?	y	
3. Development Process			
	Are people involved in the development identified?	y	
	Has relevant expertise has been sought/used?	y	MHA legislation team Equality and Diversity leads Safeguarding team Service Development Managers
	Is there evidence of consultation with stakeholders and users?	y	Lived Experience Director
	Have any related documents or documents that are impacted by this change been identified and updated?	y	136 procedure
4. Content			
	Is the objective of the document clear?	y	
	Is the target population clear and unambiguous?	y	
	Are the intended outcomes described?	y	
	Are the statements clear and unambiguous?	y	
5. Evidence Base			
	Is the type of evidence to support the document identified explicitly?	y	
	Are key references cited?	y	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Are supporting documents referenced?	y	
6.	Training		
	Have training needs been considered?	y	
	Are training needs included in the document?	y	
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	y	
	Have Equality and Diversity reviewed and approved the equality analysis?	y	
9.	Approval		
	Does the document identify which committee/group will approve it?	y	
10.	Publication		
	Has the policy been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 - Checklist for young person admitted to adult psychiatric wards

Service User	ID No	Unit
Main carer(s)	Relationship	
Care Coordinator	Telephone No.	

Reason why young person was admitted to adult psychiatric ward

On admission (if "no" is ticked explain why in patient's record)

Having completed an initial assessment of risk on current inpatients - that no individuals on the ward pose a risk of harm to children (offences of violence of a sexual nature against children) can you confirm the young person can be admitted safely?	Yes ☐ No ☐
Single bedroom and en-suite facility provided	Yes ☐ No ☐
All staff in contact with young person have had Enhanced DBS check	Yes ☐ No ☐
Carer(s) notified of admission	Yes ☐ No ☐
Local CAMHS notified of admission and their General Manager ?	Yes ☐ No ☐
Young person and carer(s) informed of advocacy service	Yes ☐ No ☐
Young person placed on CPA	Yes ☐ No ☐
Service Manager notified / or On Call Manager and Duty Nurse Coordinator out of hours	Yes ☐ No ☐
Is the Young Person subject to a Child Protection plan?	Yes ☐ Not applicab ☐
MHLT notified if admission reached 48 hours & Inphase completed? Link	Yes ☐ No ☐ Not applicable ☐
Engagement and Observation level updated on the safety summary and safety plan developed. I.e. Within eyesight engagement and observations, reviewed every 24 hours unless clinically contra-indicated (in which case agreed by MDT, risk assessed and fully recorded on the persons health records).	Yes ☐ No ☐

Actions:

Lead Clinician:

1. If young person requires a CAMHS bed explore options to transfer to more appropriate accommodation within 48 hours.
2. Liaise with local CAMHS or EIP service to plan care, discharge and after-care.
3. If young person is in full-time education consider how this may continue.
4. Ensure young person has access to age-appropriate recreational activities.
5. In consultation with the young person and carer(s), develop a plan that meets each need and consider using the principles that guide a trauma-informed approach:
6. Record and review progress.

Additional Actions:

Signed:

Designation:

Date:

Appendix 4 - Requirements for staffing and training on adult designated wards

Standards required from the document, “Safe and Appropriate Care for Young People on Adult Wards”, January 2009

Section 2: Staffing and Training

Staffing Standard

Where young people have been admitted to an Adult Ward, staff will have access to named CAMHS professionals for consultation, advice and supervision. A named member of staff will be identified to take responsibility for the safeguarding rights of young people. Adult Ward staff will also have access to a Senior Nurse for Safeguarding Children.

Designated Wards, CAMHS and the Safeguarding Children Team will work in partnership to ensure required standards are met.

Staff Training

The following Training Plan will be in place for staff on designated Adult Wards. Additional training will cover the following:

- Safeguarding Level 3 for all band 5 and above, level 2 for HCA
- Legal Frameworks and their application for young people, including Mental Health Act and Children Act 1989
- Guidance on Pharmacological Interventions for young people
- PAS Level 2 (Positive and Safe Training)
- Management of victims and perpetrators of sexual abuse.

It is the responsibility of designated Ward Managers to ensure standards for training are met by Ward staff. Community CAMHS services, the Safeguarding Team, Mental Health Act Office and Training & Education Department will all be required to contribute and respond to training requests to ensure the Trust meets the required standards.

Staffing Safeguards

All Adult Service staff to:

- have appropriate Enhanced Children’s DBS check and POCA
- be aware of Trust Policy on Whistle Blowing.

Local Inductions to designated Wards are to include key aspects of caring for young people on the wards.

Ward Managers of designated Adult Wards are responsible for ensuring processes are in place to meet required standards. Adherence to this policy and completion of Appendix 3 will ensure compliance with required standards from the Children’s Act 2004. Further advice and guidance can be sought from the TEWV Safeguarding Team.

Children’s Act 2004(3) Section 11 mandate, which requires LSCBs to ensure that organisations have safeguarding arrangements in place, is completed on behalf of TEWV by the Safeguarding Team.