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Children's Services Guidance on S117 of the Mental Health Act (1983)



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The following guidance provides support for children's social workers in implementing S117 of the Mental Health Act (1983) for children they are supporting. This guidance should be read in conjunction with the Pan Sussex S117 Policy and the WSCC S117 Local Agreement with the Sussex Partnership NHS Foundation Trust.



1. The Aim of this Document is to give:

- An overview of the Mental Health Act 1983 and practical application for children's social work teams.
- Direct support and guidance in assessing and delivering S117 aftercare for children with eligible needs.

2. What is a Section 117

- Section 117 Mental Health Act 1983 imposes duties jointly on Local Social Services Authorities and NHS Integrated Care Board (ICB). The ICB has delegated its own S117 responsibility to the Sussex Partnership Foundation Trust (SPFT), in co-operation with voluntary agencies, to jointly plan and provide mental health after-care services.

3. Who Qualifies for S117 aftercare?

- A person is entitled to section 117 aftercare if they have been in hospital under sections 3, 37, 45A, 47, or 48 of the Mental Health Act 1983. They would not be entitled to free aftercare if they have been in hospital under any other section of the Mental Health Act.
- If they were ordinarily resident immediately before detention in West Sussex, the County Council is responsible for the provision of S.117 support;
- The responsibility to provide that S.117 support will continue until such time as West Sussex County Council and the NHS Integrated Care Board (delegated to the local mental health NHS Trust - Sussex Partnership NHS Foundation Trust) jointly assess and determine that the S.117 support is no longer required.
- If the person who has been provided with S.117 support by West Sussex County Council moves to live into any other local authority, West Sussex County Council now retains responsibility for the S.117 - unless and until the person is jointly assessed as no longer requiring that S.117 support.
- If that person, now living in another local authority area and still subject to S.117 arrangements with West Sussex County Council, is then detained in hospital under the relevant qualifying provisions of the Mental Health Act, West Sussex County Council will retain responsibility for the S.117 - unless and until the person is jointly assessed as no longer requiring that S.117 support.
- Where a person already subject to S.117 Mental Health Act aftercare arrangements where they currently live is then re-admitted to a mental health hospital under the relevant qualifying criteria, it is the local authority in whose area they are ordinarily resident (that is, the geographical area where they are living) that has the duty to provide after-care services under S.117 of the 1983 Act.
- Discharge from mental health services does not end entitlement to aftercare services and it therefore does not preclude children and young people from receiving aftercare services in the event of a future change of mind on their part.

4. Social Worker Role in S117:

- The social workers role is to support the assessment of a young person's needs (in conjunction with health professionals) for after care. The social worker supports arrangements for identifying appropriate support services to address these needs and well as delivering social intervention to the child and or young person. The social worker should also identify and support parents/care givers in any intervention they require to meet the child or young person's mental health needs.

- Social work assessments and support plans under S117 are for the young person (their own legal right under the Mental Health Act 1983) and it is not an assessment and support plan for the parents / caregivers (although there might be elements that support them alongside). It is the young person's entitlement and assessment and not a family assessment.

5. Key Principles of how to approach a section S117 assessment:

- The Ultimate goal of S117 Aftercare planning is to prevent children being readmitted to hospital for treatment of a mental health disorder. The role of S117 is the promotion of good mental health and wellbeing of all those who have been sectioned under a qualifying section – for us this is children and young people, but the act applies to all.
- It is a joint responsibility across Health and Social care and full cooperation of all those involved with the child /young person i.e., education, community, and voluntary sector.
- Early intervention and planning are key and needs to start at the earliest opportunity. Whilst S117 aftercare does not apply to children prior to discharge, it is important we think about their discharge needs as soon as possible, recognising that the earlier we can establish a plan within the community, the better outcomes for children.
- We all know that children and young people do best when they are at home living in their community. Aftercare planning must be a holistic overview of the child /young person's needs and the goal is to promote the child /young person's mental health working in partnership with their parents/ carers and all who are involved.
- The duty has no age limitations, so is applicable to children and young people, as well as adults who eligible under the Mental Health Act 1983.
- The duty to provide after-care starts when the patient leaves hospital. Planning needs to start prior to discharge to ensure the appropriate support services are in place at point of discharge.
- Aftercare must be provided free of charge, meet the patient's immediate needs for health and social care and to support the patient to regain or learn new skills to enable them to cope with life outside hospital.
- A written support plan, based on a full assessment of the patient's health and social care needs, and which specifies Section 117 aftercare arrangements, must be in place before discharge from hospital, this is a statutory duty.

6. What is the purpose of after-care services?

The purpose of after-care services is to meet the child's immediate needs for health and social care, to support the child to regain or learn new skills to enable them to cope with life outside hospital, to prevent deterioration and re-admission and must relate only to the reason for the detention in hospital in the first place. A wide range of support services can be provided to meet the person's needs.

Those services must:

- a) meet a need arising from or related to the person's mental disorder and;
- b) will help reduce the risk of their mental condition deteriorating.



7. Consent

- There is a statutory duty to undertake this process.
- The child/young person must be involved and the parents should be as involved as possible in preparing the plan if they are willing and able to participate (**The Mental Health Act Code of Practice Chapter 19** provides further understanding of supporting children and young people in relation to the Mental Health Act 1983 – access it [here](#))
- The child/young person does not have to accept S117 after-care services. A refusal does not discharge the duty to provide services, and should a child/young person change their mind and ask for services we have to put them in place. However, in the context of children/young people the decision to refuse aftercare and its implications would need to be considered on a case-by-case basis, depending on the circumstances of the child/young person and the reason for the refusal (and who it was by) and the implications of this for the safety and wellbeing of the child/young person. This may require guidance by legal services to understand the local authorities duties in these instances.
- Further safeguarding steps might need to be taken by Children’s Services if the refusal of the support was causing/likely to cause the child/young person significant harm.

8. Who must be involved?

- The Mental Health Act 1983 states that all patients who are entitled to aftercare under section 117 should be identified and a record kept of the aftercare that is provided to them under this provision. This should be recorded by social workers on Mosaic. (see appendix for guidance).
- The Responsible clinician/Doctor makes the decision about discharge and calls the S117 meeting.
- The decision will be based on whether the patient has the right health and social care community services in place to prevent a need to be readmitted to hospital under the Act.
- The meeting should include all those who are involved with the community care for that individual, but as a minimum:
 - The Young Person (Patient) and their parents, carers or guardians
 - The responsible clinician
 - The authorised representative from WSCC (usually social worker)
 - The care co-ordinator (Lead Practitioner from CAMHS)

9. Who else may be involved?

The below list of professionals and representative is not a limited list to who should be invited to a S117 Aftercare meeting but can guide you in who you may wish to consider involving in developing a young person’s plan.

- Children’s Services representatives – this may include previous Early Help practitioners
- Nurses and other professionals involved in caring for the patient in hospital.
- A clinical psychologist, educational psychologist, community mental health nurse, UHS and other members of the community team
- Representative of any relevant voluntary organizations involved.
- Representative of placement provider.

- WSCC education representative.
- WSCC placement finding team.
- A representative of education provider.
- An advocate if the patient has one.

10. Family Involvement & Assessment

The Child/Young Person:

The child or young person should be fully involved in their S117 Aftercare to ensure it is successfully implemented and offers the best opportunity for them to thrive following discharge.

Parents/Carers/Guardians

Caring for any child leaving an inpatient facility can be challenging and the support parents and carers will need to undertake this successfully should be fully assessed and considered and relevant outcomes identified. Community based children and family social workers are best placed to assess the needs of the family's ability to parent children with varying needs. They will understand the family's history and dynamic and how this may impact on parenting capacity. The social workers will also have a good understanding of the community and school and how the network around the family can support in parenting a child once they have been discharged.

Siblings and Systemic Structure.

In drawing up the after-care plan, practitioners will consider the needs of the whole family (including young carers), not just the individual. The young person's outcomes are paramount and should be clearly articulated, the focus should be on the strengths and aspirations of the child and young person.

It is important that we understand the child and young person's mental and emotional health holistically by looking at the conditions and environmental factors (and systems) around them and understand how these come together to shape a child or young person's reality. It is important to assess and recognise the impact of family, education, health and social systems on a young person's ability to thrive once they are back within the community.

11. Developing the S117 aftercare plan

After-care planning should start as soon as the child and young person is admitted to hospital. ICB and local authorities are therefore required to take reasonable steps to identify appropriate after-care services for patients, to ensure that these are ready and in place when they are eventually discharged from hospital. This avoids any potential of a 'delayed discharge'.

- Their needs are regularly reviewed at Care Programme Approach (CPA) meeting.
- The S117 meeting should be arranged by the RC (Responsible Clinician) and involve CAMHS and Children's Social Care.

The care co-ordinator (a representative from children's social care or Sussex Partnership Foundation Trust) must record the meeting in writing. It is insufficient to rely on a case note in the electronic case record. A copy of the after-care plan must be sent to everyone invited to the meeting and uploaded to the patient's electronic case record. The S117 aftercare plan must record:

- The specific health and social care elements of the agreed after-care plan

- How the plan will be reviewed
- The name and contact details of the care co-ordinator.
- The date, time, and venue of the next meeting - which should be within three months from discharge from hospital)
- The signatures on behalf of the NHS and West Sussex County Council
- The signature of the patient or a statement as to why such a signature is not provided.

12. Recording a section 117 meeting

Records of S117 meetings must be clearly identified as separate to other plans as this plan focuses on the child /young person's mental health. This form S117 Mental Health Act After Care Planning should be used and a word version is below to assist can be used to record S117 (this can be uploaded into the mosaic episode). The plan can be attached to other plans for that child /young person.



Section 117
Aftercare Plan _ Recr

It is important that this plan focuses on a child and young person's mental health and does not merely replicate other plans we have identified for children (such as Care or Child in Need plans). We have suggested information you may want to consider discussing in the S117 Aftercare meeting and include within the S117 plan.

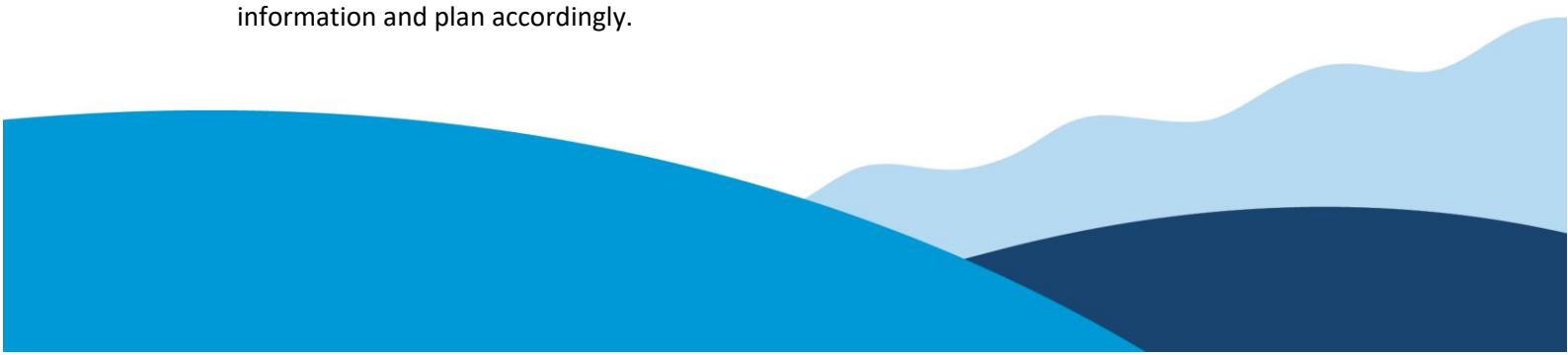
Social Care Information:

- Young person's views, wishes and feelings.
- Parenting ability assessment
- Community social support
- Education/Training and or employment
- Family Network and Support
- Friendship groups
- Utilisation of the Assessment Framework and what is the impact of social, environmental, and family structure on their mental health needs.

Health Information:

- Formulation of community treatment need.
- Work completed in the unit completed by her treating psychiatrist.
- A chronology of any incidents of a safeguarding nature while in the unit (this should include incidences of self-harm)
- Young Person's views about their treatment and discharge.
- Joint agreed risk assessment and safety plan

The below S117 aftercare plans provide examples of how to highlight identified needs using the above information and plan accordingly.





S117 Aftercare Plan
Sample 1



S117 Aftercare Plan
Sample 2

13. Mosaic

S117 Plans and Certificates need to be recorded on Mosaic under the child's file using CF01c. Guidance of how to implement the workflow is provided below.



CF01c - S117 Mental
Health Act.pdf



Mosaic Guide _ MH
Act S117 Childrens w

14. Processes

- Where a young person is already known to the Children's Services it is expected that a Child and Family Assessment will have been undertaken by an allocated social worker. This assessment will include a meeting with the young person and the family to assess any need for further intervention.
- Section 117 aftercare is a standalone legal requirement and the necessary S117 workflow on Mosaic needs to be followed, a CFA will also need to be completed alongside the S117.
- Where a young person is held on a S3 and has entitlement to S117 aftercare the young person cannot be closed to children's social care until the entitlement to a S117 ceases, S117 can only cease following a review of the plan jointly by health and social care.

15. Referrals into the Integrated Front Door (IFD):

If a child or young person is admitted and is not already open to social care and is likely to qualify under Mental Health Act S117 or S85 Children's Act a referral will need to be sent into the integrated front door (IFD). Referrals to IFD can be completed through the portal [here](#).

Under these sections the child or young person is entitled to S117 aftercare of the Mental Health Act and therefore will require an assessment by Children's Social Care.

16. Section 85

Section 85 of the Children Act 1989 places a duty on local authorities to check on the safety and welfare of children living in residential education or hospital provision for any continuous period exceeding and/or likely to exceed 12 weeks.

The intention behind the legislation is to provide a 'safety net' for vulnerable children living away from home where the child is not accommodated under section 20 and where the child is not subject to the usual processes of Care Planning and review by an Independent Reviewing Officer

- Residential 'special needs' schools either joint or single agency funded both 'in' and 'out' of borough, including maintained and non-maintained boarding schools;
- Hospitals, including small 'local' hospitals and independent/private hospitals;
- Psychiatric units including private and voluntary sector units including those that treat young people for dependency on drugs or alcohol.

Where Children's Services have been notified under this section, they shall:

- Take such steps as are reasonably practicable to enable them to determine whether the child's welfare is adequately safeguarded and promoted while (s)he is accommodated by the accommodating authority; and
- Consider the extent to which (if at all) they should exercise any of their functions under this Act with respect to the young person.

17. What type of services can be provided as after-care?

ICS's and local authorities are therefore expected to interpret the definition of after-care services broadly. After-care services may include:

- Health care.
- Counselling or therapy.
- Social care and support.
- Residential or nursing accommodation, or supported living accommodation (as opposed to ordinary housing or accommodation)
- Services to meet the person's wider social, cultural and spiritual needs where it relates to mental health.

18. Reviewing/ceasing:

S117 plans should be reviewed after 4 weeks of discharge and then annually unless otherwise needed due to change in circumstances (Mental Health representative and CSC must attend all reviews regardless of whether the young person has health or social care needs)

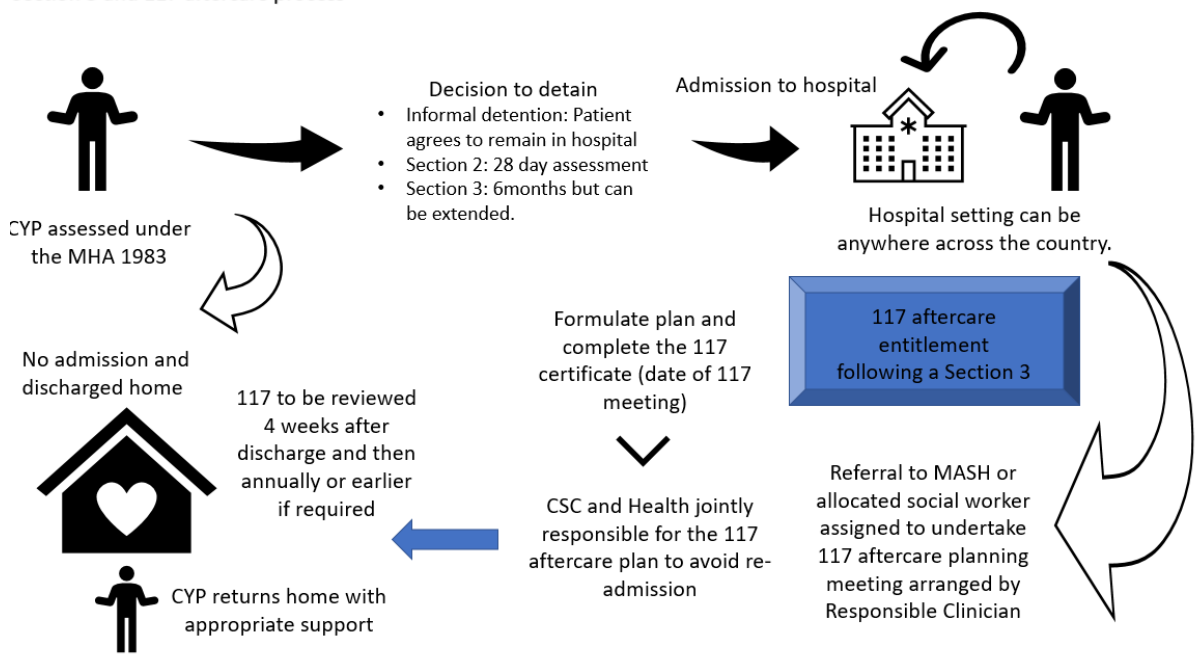
The decision to end section 117 after-care should only be taken following a proper re-assessment of the person's needs and this needs to be jointly agreed by both WSCC and the Mental Health Representative. (The mental health representative could be CAMHs, GP, SFEDs etc). The relevant after-care bodies should determine this on the individual merits of each case. The person in receipt of s117 should be fully involved in the decision-making process to ensure the successful ending of aftercare.

S117 aftercare should NOT be stopped because:

- The person has been discharged from the care of specialist mental health services.
- An arbitrary period of time has passed since the care was first provided.
- The person is deprived of their liberty under the Mental Capacity Act 2005

- Has returned to hospital as an informal patient or is subsequently detained under section 2 of the MHA 1983; or is no longer on a Community Treatment Order (or if applicable, section 17 leave).

Section 3 and 117 aftercare process



19. Children’s Mental and Emotional Health Team

The Children’s Mental and Emotional Health team are a social work led consultancy and advisory service which can support you when a child you are working with becomes is struggling with the mental health needs. The team can help you understand your roles and responsibilities when supporting a child who is hospital for their mental health needs and can offer a reflective thinking space and identify next steps. If you would like to discuss a child and book a consultation, please email the team on CMEHT@westsussex.gov.uk

20. Glossary

- IPT – Intensive Planning Team
- CYP – Children and Young people
- EHCP – Education Health and Care Plans
- CETR – Care, Education and Treatment Review (CTR in adults)
- CPA – Care Programme Approach (The Care Programme Approach (CPA) is for people in England with severe or complex mental health problems and those who may need services from a number of agencies to support them)
- MHA – Mental Health Act (1983)
- RC – Responsible Clinician

- CAMHS – Community Mental Health Service
- WAMHS – Working Age Mental Health Service
- LLS – Lifelong Services
- UHS – Urgent Help Services
- ICS – Integrated Care System
- AMHP – Approved Mental Health Professional (mental health professionals who have been approved by a local social services authority to carry out duties under the [Mental Health Act](#). They are responsible for coordinating your assessment and admission to hospital if you are [sectioned](#)).

