

REPORT OF THE CHILDREN AND YOUNG PEOPLE'S HEALTH OUTCOMES FORUM 2014/15 – Workforce, Education and Training Theme Group

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WORKFORCE, EDUCATION AND TRAINING

Introduction

The health needs of children, young people and families are constantly evolving. New technologies and medical advances mean that children, young people and their families are presenting with different health needs and require different means of communication, treatment and support to help them in making well informed choices. We know that investing in the health and wellbeing of our children and young people at an early stage is an investment for the future health of the wider population.

Staff who come into contact with children, young people and their families, at all stages through the health, social care, youth justice and education system, must be trained to meet these changing needs and able to adapt the way they work to help young patients to choose wisely. We therefore need a system which is adaptable and able to work together effectively across professional boundaries to develop and maintain a flexible, responsive and integrated children's workforce. This will require Health Education England (HEE) to develop a life-course approach to planning for the healthcare workforce, which aligns with workforce, education and training activity in other professional groups (i.e. in social care, youth justice, education, wider NHS services and public health) to ensure the development of an integrated children's and young people's workforce able to provide the right level of advice and care, in the right place and at the right time for children, young people and families.

We fully acknowledge the invaluable role that parents/carers, siblings and other family members have in providing care to children and young people. Access to support, advice, information and training to enable family members to do so must be addressed, along with the development of specific resources tailored to meet their needs.

Listening to what children, young people and families tell us

Children, young people and families have consistently told us they wish to see care by professionals who have had high level dedicated education and training in working with children and young people, with services delivered in an environment which is appropriate to their age, levels of development and needs.

Current professional education and training reviews such as Shape of Caring and Shape of Training must therefore ensure a child and young person focused workforce to enable the modernisation of service provision aimed at improving the health outcomes of children and young people.

Workforce, education and training has been a central theme of the Children and Young People's Health Outcomes Forum's activity since its inception in 2012. In June 2014 a dedicated work-stream was established at the Forum summit meeting. The role of the Forum workforce work stream is to *support and challenge the system* to ensure that the Children and Young People's workforce across the professions is fit for purpose. We therefore use this report to set out a number of recommendations and challenges relating to **oversight, standards, monitoring, integrated working and cultural change** which we believe are central in driving a step-change in building a truly integrated children's workforce.

Most importantly, the needs and views of children, young people and families are embedded in all of the Forum's recommendations. These groups have specifically raised concerns that children and young people undergoing transition to adult services, and children and young people who have mental health problems, require an appropriately skilled workforce. They too, want to have effective access to the right service in the right place, and they particularly want to see the role and skills of the GP and GP practice staff enhanced to be able to effectively meet their needs. Children and young people want a workforce with a young person's outlook, including being positive, relaxed, open-minded, unprejudiced, and trustworthy. Its behaviours should be characterised by fairness, and a willingness to trust and believe in the child or young person. Those undertaking the work should start by asking and listening, helping to create understanding among other members of the workforce. They should not prejudge children's needs or characteristics, should keep their promises, and ensure children and young people have ease of access. Their working processes should be transparent, honest, and open to being both inspected and clearly explained. Visible actions should result from such scrutiny, enabling children to voice their opinions. The workforce should provide real options, and be supported by enough resources to follow them through, whilst remaining honest and realistic.

Forum workforce work-stream members have broad expertise in areas such as leadership in participation and engagement with children, young people and families; and leadership in workforce development for Health, Social Care, Education, Youth Justice and the Voluntary Sector. Educational services play a key part in the work stream's recommendations so that an integrated approach to health care can be improved.

The work stream has also sought the opinion of partners from a range of organisations such as the Allied Health Professions Federation (AHPF), the Academy of Medical Royal Colleges and the Council of Deans. There is a close working relationship with the other Forum work-streams; and the workforce recommendations are underpinned by the Forum's workforce, education and training recommendations in the [Forum's 2014 Annual Report](#), the [Forum's Response to the Health Education Mandate Refresh](#) and to the [Francis Inquiry Report](#).

A separate report detailing the activity of the work-stream and our key system challenges is attached (see Annex A).

Recommendations from the Forum's workforce, education and training work stream

Current professional education and training reviews such as Shape of Caring and Shape of Training must ensure a child and young person focussed workforce to enable the modernisation of service provision to achieve improvements in the health outcomes of children and young people. This means care by professionals who have had high level dedicated education and training in working with children and young people, with services delivered in an environment which is appropriate to their age, levels of development and needs.

- **Encouraging ownership and oversight:** we recommend to the Department of Health and the Chief Medical Officer's Children and Young People's Health Outcomes Board that constructive challenge and questions continue to be asked of HEE and other partner organisations responsible for the wider children's workforce. The Forum workforce work stream will continue to support the system in considering these challenges.
- **Developing standards and training:** we recommend the following actions which will support the development of an appropriately skilled children's workforce:
 - Models of future workforce education and training to best meet the evolving needs of children, young people and their families, including for example a child health nurse fit for the future¹ and a workforce of paediatricians, children's nurses, psychologists etc. who are trained to work alongside GPs in out of hospital settings in primary care networks and with strong links to secondary and tertiary care services, where required;
 - Effective dissemination and delivery of the range of professional standards under development and embedding these in future strategic education, training and workforce plans. These include the [Royal College of Paediatrics and Child](#)

¹ *RCN Children and Young People's Field of Practice (2007) Preparing a Child Health Nurse – fit for the Future.* Current professional education and training reviews such as Shape of Caring and Shape of Training **must** ensure a child and young person focused workforce to enable the modernisation of service provision to achieve improvements in the health outcomes of children and young people.

[Health \(RCPCH\) Facing the Future Suite of Acute Service Standards](#) in relation to children's workforce and service redesign; [Royal College of Nursing \(RCN\) Health Care Service Standards for neonates, children and young people](#); Intercollegiate [Standards for Children and Young People in an Emergency Care Setting](#); the [British Association of Perinatal Medicine Framework for Practice](#), the [Professional Capabilities Framework for Social Work](#); Royal College of General Practitioners (RCGP) [Child Health Strategy 2010-15](#) and [Report on Commissioning a Good Child Health Service](#), RCPCH standards for [Healthcare of Children and Young People in Secure Settings](#); and Royal College of Surgeons (RCS) Children's Surgical Forum [Standards for General Paediatric Surgery](#);

- Further development and roll-out of [MindEd portal](#) and a similar programme under development for children and young people who have complex needs and disabilities, as a practical example of multi professional CPD. Development of similar programmes to include tools for how to identify which part of the system to refer into to be best meet the needs of patients and families and offer blended learning with local champions on the ground (as has worked well with dementia);
 - Implementation of programmes designed to target transition, which young people tell us is a major issue (for example the [Ready Steady Go programme](#) at Southampton Children's Hospital);
 - The development of an induction and supervision framework for professional associations to support a consistent approach for all newly qualified practitioners - we recommend that the feasibility of a generic framework is discussed with the Chief Medical Officer (CMO), Chief Nursing Officer (CNO) and Chief Allied Health Professions Officer (CAHPO) for further exploration with the professional associations; and
 - Focussed support to build a skilled, compassionate and resilient workforce who are mindful of their own psychological health and wellbeing; and can therefore deliver care consistently and compassionately through their work with children, young people and families.
- **Monitoring performance:** Further development of models to monitor the quality of the children's workforce and recognise the value of skills, competencies and expertise, particularly in relation to SEND, promotion of good mental health and management of long term conditions. One mechanism of achieving this is the [Education Outcomes Framework](#), which sets the outcomes which are expected to be delivered through the reformed education and training system, and should therefore reflect the needs of children and young people. We also call for further development

of the means of monitoring performance around recruitment to child health roles, as a means of quality assuring entry to the system.

- **Supporting integrated working and effective pathways of care:** we recommend the following initiatives to enable a more integrated system for supporting children, young people and families:
 - Development of models where paediatricians and children's nurses work closely alongside GPs, allied health professionals and other primary care clinicians, some of whom will have a special interest in child health;
 - Increased delivery of care out of hospital with a shift away from hospital out-patient clinics to clinics within GP surgeries, schools and other locations accessible by children, young people and their families, alongside the provision of more local services by tertiary care specialists within networks;
 - Ongoing support for the development of Paediatric Care Online as part of the drive to ensure that all staff have the best clinical decision making support in managing the most important and common paediatric problems. This web based resource will include warehousing of key educational resources and a medicines safety Quality Improvement network, and is anticipated to improve safety of care delivery across the whole healthcare sector. It is essential that adequate ongoing support from government/DH is provided to ensure sustainability while the platform and content is maturing over the next couple of years;
 - Further development of critical roles, and supporting links between health workforce and voluntary and community sector workforce e.g. youth workers, voluntary sector counsellors, allied health professionals, nurse specialists and advanced nurse practitioners – particularly in providing support to vulnerable children, young people and families; and those with complex health care needs; and
 - Supporting the Royal College of General Practitioners to increase the numbers of GPs, and expand their knowledge, skill and competence in respect of children, young people and families.
- **Encouraging cultural change:** we recommend the following steps to support the development of a workforce which is flexible and well-adapted for the future:
 - Planning ahead for the skills and capabilities we will need to have within new models of care by supporting education and training across the full span of the

children's and young people's healthcare workforce (and wider support services); and

- Developing closer working and joint education and training across health, education, youth justice and social care sectors to meet the changing needs of children, young people and their families, and supporting lifelong learning and CPD.

The Forum's work-stream on workforce, education and training will continue to support the system in identifying and responding to these challenges, working closely with the Chief Medical Officer's Children and Young People's Health Outcomes Board to hold Health Education England and other partners to account for delivering an integrated workforce for children, young people and families.

ANNEX A

Workforce, education and training: a full report from the Forum's work stream

Introduction

This is a live document and we welcome other examples of good practice in developing and supporting a workforce which meets the needs of children, young people and their parents/carers.

The Forum's initial report in 2012 highlighted the link between an inadequately trained workforce and poor health outcomes for children and young people. We clearly stated that those working with children and young people should have the right knowledge and skills to meet their specific needs – wherever they are in the health system and beyond.

We strongly believe in order to improve outcomes for children, young people and families in a consistent and equitable way across England, the workforce needs to be appropriately trained to care for children right across their life course. Equally importantly the right numbers of staff need to provide care in the right place for children, young people and families. All staff need to be competent in recognising the needs of children and young people at their particular developmental stage and individual circumstances across all domains of their life to best manage the impact of ill health on the individual and family, as well as to promote health and wellbeing.

We fully acknowledge the invaluable role that parents/carers, siblings and other family members play in providing care to children and young people. Access to support, advice, information and training to enable family members to do so must be addressed, along with the development of specific resources tailored to meet their needs. Public awareness also has an important role to play so that individuals and communities have greater understanding of children and young people's health and how they can best contribute.

Evidence is plentiful of the challenges in the system. The Forum's view is that these must be tackled systematically across disciplines and professional boundaries to ensure the children and young people's workforce provides high quality support close to home where possible, resulting in all children and young people being safe, as physically and mentally well as they can be, and able to achieve their full potential. We need an approach which is adaptable, and in which the key players – including Health Education England (HEE), which has responsibility for developing a life-course approach to planning for the healthcare workforce, and other organisations with responsibility for the wider children and young people's workforce, as well as professional bodies, are aligned and able to work together in an integrated

system. Getting this right and developing the workforce will mean that children and young people are treated at the right time, in the right place, by people with the right skills.

Children and young people's perspective

Workforce, education and training has been a central theme of the Children and Young People's Health Outcomes Forum activity since its inception in 2012 (Annex A). Through activity as part of the Forum's previous work ([Forum Report 2012](#), [Forum's Response to HEE Mandate Refresh 2013](#)) children, young people and their families have told us they wish to access high quality, evidence based, safe care and treatment, as close to home as possible.

Children and young people have also told us the importance of the following themes which have particular relevance to workforce development:

- Care by professionals who have had high level dedicated education and training in working with children and young people, with services delivered in an environment which is appropriate to their age, levels of development and needs;
- Information to be presented in a child friendly way;
- Concern that General Practice and transition from children's to adult services do not currently meet their needs;
- Health staff to show respect to children and young people and recognition of their right to be involved in decisions about their health and care, and to give their own views about the their health needs and the care they receive;
- Care to be delivered by competent professionals who communicate well with children and young people and provide a joined up approach to their care; and
- Knowledge of health issues to extend beyond health professionals – for example to teachers and youth workers – particularly so that they can support those who do not have parents to help them to access and translate health information and advice.

Key points made to HEE from the Royal College of Paediatrics and Child Health (RCPCH) Youth Advisory Panel presentation at the Forum Summit in June 2014 were:

'All parties need professionals to be better skilled in communicating with young-people and ensure young-people with chronic conditions are not solely seen through a biomedical lens – there is more to their identity than their condition'.

This includes:

- Young-people friendly services;
- Services where staff and delivery models acknowledge unique developmental needs;
- Routine explanation of confidentiality and consent rules;
- Ease of access to appropriately trained professionals;
- Afterschool access and greater school nurse provision;
- Improving continuity and seamless transfer in transition to adult services – start early, using a framework, involving GPs and continuing support post-transfer; and
- Improving mental health services.

We also heard from young people at the RCPCH/RCN/Youth Advisory Panel - Child Health in the UK Conference, 2013

Some of the key themes raised were as follows:

- Improving access in primary care, enhancing GP training and collaborative working with paediatricians providing care alongside GPs and other primary care professionals in primary care settings;
- Increasing the capacity and capability of nurses with extended or advanced roles, more joined up working between community children's nurses, school nurses and specialist nurses, and particularly up skilling, understanding and maximising the role of the school nurse. More health provision in schools and better links between primary/secondary care and school health, including mental health education;
- 24/7 or evening/peak time consultant working, improving communication and embedding consultant resident working models so that the most senior staff see the sickest children in a timely manner. Developing a career portfolio for consultant paediatricians;
- Educating parents on dealing with minor illness and when to seek medical advice, using safety netting models, and enhancing parenting skills;
- Involving children, young people and families in service design e.g. in pathways and clinical network models;

- Improving communication with CYP and in producing better/consistent information available, and using appropriate means of communication e.g. social media, websites;
- Improving health, social care and education integration, enhancing collaborative working between primary and secondary care, building closer links between general practice and community paediatrics and CAMHS; and
- Integrating training for professionals who are training to work with children.

A full summary of the conference outputs, particularly the recommendations and action plan can be found [here](#).

Vision and principles of change

Everyone (Annex B: figures 1 and 2) who works with children young people and families whether in the statutory or voluntary sector should be ambitious and excellent in their practice, committed to partnership and integrated working (figure 3), and commanding both respect and value as professionals. What is needed is an integrated approach to the development of leaders and managers, matched by joined up approaches to recruitment, including raising the attractiveness and profile of the children and young people's sector.

Our vision is that:

The **children and young people's workforce** must be encouraged to develop the skills and behaviours to work in partnership with children, young people, families and each other, so as to secure better outcomes for children and young people;

Health, Youth Justice, Social Care, Higher Education and other Education providers must ensure that qualifications, education, training and progression routes are accessible, of high quality, to help develop individuals skills and their careers best meet the needs of children and young people; and

The system overall must ensure the children and young people's workforce has the skills, knowledge and competence to support children who are particularly vulnerable, including looked after children and care leavers, children who are suffering or have suffered abuse and neglect, those who are disabled, and those who have mental and emotional health needs (figure 4).

National and local government understand those who work with children and young people and families make crucial judgements every day – when to encourage, intervene, step back, involve other professionals or share information, and how to use their own occupational expertise to make the most difference for children, young people and their families. Professionals' practice means working in partnership with children and their families to identify and tackle problems early, seeking to change their lives for the better and sometimes having the confidence to take authoritative action to safeguard and protect children when this is needed. The Forum advocates the creation of comprehensive training and knowledge materials for use across the children and young people's workforce, to ensure practice, training and development are all firmly based on tested and validated evidence of what makes the most difference.

We have identified the need for a simple action plan setting out the short, medium and long-term goals for children's workforce and the steps that are going to be taken to achieve this. In the short-term we would like to see joint working between HEE and other system partners to identify the current gaps and measures which need to be taken to address these to make sure everyone in the system who comes into contact with CYP has a base level of competence (including resources for parents/carers). In the medium-term we would like to see HEE working with others to change the health workforce for the future in line with changes in future services models, including discussion with wider CYP workforce leads. The long-term goal would be to work with and support the wider CYP workforce to acquire knowledge and skills.

Challenges to the system, including HEE and other key players

We welcome the attention focused on developing the children and young people's workforce through the refreshed HEE mandate and partnership working with other organisations with responsibility for the wider children and young people's workforce development.

While we recognise that there has been progress in some areas of the workforce, for example an increase in the numbers of health visitors and a focus on maximising and enhancing their role to support babies, children and families, there are many areas that continue to be insufficiently developed and under resourced, such as children and young people's mental health and community children's nursing.

We therefore challenge the system to reflect on how far we have progressed in the following areas:

Oversight

- HEE to ensure that its development of a life-course approach to future workforce planning is aligned with wider workforce, education and training developments across social care and education so as to develop the required skills, attributes and knowledge to provide an effective and efficient service for children, young people and their families; including identification and means of addressing gaps in training and knowledge across the current workforce;
- Key players include: Health Education England, Department of Education, National College for Teaching and Leadership, Youth Justice, College of Social Work, and other organisations within the health system e.g. NHS England; Strategic Clinical Networks; Royal Colleges and professional associations; Public Health England; and NHS support services such as the 111 provision;
- Ensuring this is also linked to reality on the ground including voluntary sector and local engagement; and inclusion of Local Government Association and the Association of Directors of Children's Services; and
- Achieving an appropriate balance of funding and support for the development of the extant and future workforce.

Standards and training

- System responses to recommendations raised through work in progress, including the [Royal College of Paediatrics and Child Health \(RCPCH\) Facing the Future Suite of Acute Service Standards](#) in relation to children's workforce and service redesign (revised in-patient and new suite of out of hospital standards developed by the RCPCH, Royal College of Nursing (RCN) and Royal College of General Practitioners (RCGP) to be published in Spring 2015); as well as other standards such as the Intercollegiate [Standards for Children and Young People in an Emergency Care Setting](#); [RCN Health Care Service Standards for neonates, children and young people](#); the [British Association of Perinatal Medicine Framework for Practice](#), the [Professional Capabilities Framework for Social Work](#); RCGP [Child Health Strategy 2010-15](#) and [Report on Commissioning a Good Child Health Service](#), RCPCH standards for [Healthcare of Children and Young People in Secure Settings](#); and Royal College of Surgeons (RCS) Children's Surgical Forum [Standards for General Paediatric Surgery](#);
- Implementation of programmes aimed at improving the transition of young people to adult service provision;

- Further development and roll-out of MindEd portal and a similar programme under development for children and young people who have complex needs and disabilities, as a practical example of multi professional CPD;
- Support for blended learning, including e-learning and other formats alongside support from local champions (as we have seen work effectively with dementia);
- Development of an induction and supervision framework by professional associations to support a consistent approach for all newly qualified practitioners across the children and young people's workforce;
- All health staff must have the competencies to recognise child maltreatment and to take effective action as appropriate to their role. They must also clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties. Chief Executive Officers and independent contractors, such as GPs, have a particular responsibility to ensure that all staff across the organisation have the knowledge and skills to be able to meet this requirement. This is set out in [Safeguarding Children and Young people: Roles and Competences for Healthcare Staff 2014](#), and is reflected in examples of local guidance and curricula, such as the RCGP/NSPCC [Safeguarding Children Toolkit 2014](#);
- Models of future workforce education and training to best meet the evolving needs of children and young people, including for example a child health nurse fit for the future and a workforce of paediatricians, children's nurses, psychologists etc. who are trained to work alongside GPs in out of hospital settings in primary care networks with strong links to secondary and tertiary care services where required; and
- Focussed support to build a skilled, compassionate and resilient workforce who are mindful of their own psychological health and wellbeing; and can therefore deliver care consistently and compassionately through their work with children, young people and families.

Monitoring

- Establishing what data is collected by HEE and LETBs and where accountability lies for delivering the right workforce with the right knowledge and skills to meet the needs of children and young people at all stages of the pathway;
- To include monitoring performance around recruitment into the children's workforce, particular support for monitoring skills development in SEND, promoting good mental health and management of long term conditions; and

- Encouraging the evaluation of workforce models by using the Educational Outcomes Framework, and also by measuring outcomes for children, young people and families through evidence based research.

Integrated systems, networks and pathways

- Further integrating HEE's work in care and health settings with other elements of the system to improve the transition between provision, including the integration with community services to aid early hospital discharge and the move to greater outpatient clinic provision within primary and community settings;
- Developing wider system capabilities across the system to enhance early prevention and intervention in nurseries, schools, social care and youth settings where help and support is unlikely to be from a health professional, but rather an early years practitioner, teaching assistant, peer or family support worker who is the first point of contact); and in considering these networks in relation to the children and young people's workforce establishing access to data on workforce beyond those working in the NHS;
- Ensuring high profile child focused public health workforce within local government to improve health outcomes for children and young people; and
- Utilising the Allied Health Profession workforce to support needs and facilitate positive outcomes for children and young people as part of an effective multi-disciplinary team.

Culture Change

- Developing capability to take into account workforce implications and plan ahead to build a workforce with the right skills, capabilities and opportunities for development (figure 5), both 'for' and 'within' new models of care, including working with CfWI to undertake a robust review of current workforce numbers and skills;
- This requires a proactive approach to developing the capabilities of our extant workforce and supporting them, while in parallel setting about putting into place different patterns of education, training and support for the workforce of the future;
- Involving children, young people and their families in describing what skills they think the professionals caring for them should have. For example the importance of communication skills in interaction with GPs as first point of contact;
- Supporting education and training across the full breadth of children's and young people's healthcare workforce (and wider support services) at undergraduate and

post-graduate level, emphasising a 'whole team' approach through the education of support staff and the up skilling of contact staff through support for lifelong learning and CPD;

- Acknowledging the important role that peer support plays for young people (for example in managing mental ill health) and building this into the system by working with education providers and parents to ensure young people have the appropriate awareness and tools to provide support, and that they themselves are supported in doing this;
- Furthering the integration agenda through the development of closer working and joint education and training across health, education, youth justice and social care sectors, especially as part of the new SEND reforms; and
- Continuing throughout to ensure the wellbeing of the workforce and valuing and supporting people to maintain skills, knowledge and competencies.

Examples of Good Practice

Through the Forum's consideration of workforce we have come across a number of examples of good practice in relation to children and young people's workforce, education and training development. We commend these examples and suggest that they may serve as useful models for the development of similar initiatives in other organisations which work to support children and young people's health and wellbeing:

Examples of Induction and Skills Development for children's workforce

- To support the recommendation made by the Forum on the development of a generic induction and supervision framework, the Forum would suggest that the Institute of Health Visiting's newly revised Induction and Preceptorship Frameworks are used as an example of good practice for future work in this area:
 - The pilot version of the induction framework is available [here](#)
 - The pilot version of the preceptorship framework is available [here](#);
- A guide to [Developing Key Working](#) was commissioned by National Children's Bureau and produced by the Council for Disabled Children, Early Support and the Open University to provide guidance for those involved in developing, managing and delivery key working, drawing on information gathered from a young person, parents, key working practitioners, managers and commissioners, alongside a wider evidence review.

Example of Management / Leadership / Communication skills development

- The Warwickshire County Council Workforce Strategy 2014-18 sets out a detailed approach to making the most of staff and talents; including a managers competency framework and support for professionals through a programme of [Restorative Clinical Supervision](#);
- The Institute of Health Visiting have developed guidance and examples of best practice in developing [compassionate resilience](#) of healthcare workers; and
- [Paired Learning](#) is a leadership development programme established at Imperial College Healthcare NHS Trust in 2010 which has now been adopted by a number of different organisations from across the UK. The programme pairs up clinicians and managers through conversation, shadowing, working together on an improvement project and through workshops and design surgeries. Evaluation has demonstrated a profound impact on participants in terms of new perspectives gained, and new approaches to collaborative working.

Example of developing appropriate communication skills for working with children and young people

- The National Literacy Trust '[Talk To Your Baby](#)' campaign provides resources and training to support parents, carers and practitioners in communicating with infants; including freely accessible information designed for parents and a targeted training course for practitioners working with children up to 2 years old.

Example of Supporting Parents and Carers

- The [Expert Parent Programme](#) is an innovative new training programme developed by the Council for Disabled Children and funded by Department of Health. The programme empowers parents of disabled children and young people, drawing on evidence of the positive impact of parent led training.

Example of gathering evidence over time to inform workforce planning

- The RCPCH conducted a questionnaire based study to collect information from paediatric trainees at various stages in their training career. The outcomes of the study have provided a better understanding of their career intentions and in particular, the study has shown that they may change their career plans. This

evidence is important in informing strategic workforce planning and can be found [here](#).

Examples of supporting a multi-agency workforce to deliver services in an integrated way

- [Connecting Care for Children](#). This integrated child health programme in North West London has emerged from a growing collaboration of primary and secondary care clinicians, managers, service users, carers and the wider community working together on integrated child health initiatives. This has led to the development of [Child Health GP Hubs](#). The hubs support the training and education of primary care professionals, including GPs, practice nurses, health visitors, mental health and social workers, and paediatricians, through enabling them to work and learn together within joint clinics, multidisciplinary team meetings and through regular open access on phone and email. The programme also works directly with parents and patients, through developing Practice Champions. The main focus is on Champions supporting early years and, through the development of youth champions, aims offer peer-support for young people with long term conditions;
- Leicestershire Partnership Trust has developed an innovative integrated care pathway to support the identification and delivery of interventions for two year olds with speech, language and communication needs (SLCN). As part of the pathway, speech and language therapists and health visiting teams work collaboratively to maximise their resources and support better outcomes for children and families. This includes involving Speech and Language Therapists in providing accredited training and coaching to community nurses within the health visiting team to equip them with the skills and knowledge to support children with SLCN and their families, including running parent-child groups. This example of cross-sector learning and skills transfer has been identified by the All Party Parliamentary Group on Speech and Language. Difficulties as an example of best practice which should be replicated across the country;
- The Every Sheffield Child Articulate and Literate (ESCAL) initiative is an award winning programme led by staff at Sheffield City Council which supports children's speech, language and communication needs by promoting joint working between Speech and Language Therapists (i.e. NHS professionals) and 15 primary schools which make up the Sheffield South East Learning Partnership to establish a consistent, effective and sustainable speech language and communication strategy across all schools;
- Stoke Speaks Out is a multi-agency approach to tackling speech and language delay for children across Stoke on Trent, developed by Staffordshire and Stoke on Trent Partnership Trust. This programme developed a training framework which reached

around 5,000 practitioners across the City from ante-natal support all the way through to those working with school age children. Evaluation of the programme found that this multi-agency approach made a significant difference to language outcomes for children, and called for a sustained focus in this area; and

- South Manchester Inclusive Learning Enterprise (S.M.I.L.E.) Foundation Trust has developed a model of family based residential learning to identify and support families in need and crisis.

Examples of supporting young people in the transition to adulthood

- Southampton Children's Hospital's [Ready Steady Go programme](#) supports children and parents of children with long term health needs to prepare for the transition to adult services, helping them to get ready and feel confident about the move to adult services from 18 years onwards; and
- Health Education North West London supports the transition of young people with disabilities into adult care. Allied Health Professionals (AHPs) lead a Multi-Disciplinary Team (MDT) pathway to secure the safe transition of young people with physical and learning disabilities into adult care. Through this programme AHPs start developing health care plans with young people and their families in Year 9 (age 13) by looking at their current health needs and aspirations. The plan is reviewed annually, and in the two years before their 18th birthday young people are introduced to adult services and a transition plan is developed along with a transition passport. A transition clinic is also held with members of the MDT, service users and families.

Update on Recommendations from Forum Report 2012

| Recommendation | Update |
|---|---|
| HEE prioritise children and young people, providing early strategic direction for workforce planning, education and training for the core and specialist children's health workforce. | Children and young people are prioritised in the refreshed HEE mandate and strategic plan |
| HEE identify a lead LETB to co-ordinate education, training and workforce development to reduce variability and maintain national standards. | Instead of identifying a lead LETB, HEE appointed Dr Hilary Cass as National Clinical Lead for Children and Young People's health to lead and influence developments. |
| HEE address the workforce education, training and development requirements (including capacity and capability) to refocus service provision at home or closer to home. | HEE have held an initial scoping meeting to discuss key issues There will be further meetings between the Forum, CMO Board and DH to strengthen relationships, and the Forum recommendations to HEE. |
| As a matter of priority, the Centre for Workforce Intelligence (CfWI), in conjunction with key professional bodies including the Royal College of Nursing (RCN), RCPCH, the Royal College of General Practitioners (RCGP), Royal College of Psychiatrists (RCPsych), British Psychological Society (BPS), AHP bodies and other Medical Colleges whose members provide services to children and young people, undertake a scoping project to identify and address the issues of providing a safe and sustainable children and young people's healthcare workforce. | Initial discussions have been held with CfWI and between some professional bodies. |
| The RCGP proposal to extend GP training to allow for adequate training in paediatrics and physical and mental child health is supported. | The proposal to extend GP training has been supported in principle. In the meantime a range of toolkits and resources have been developed to enhance the knowledge and skills of the current workforce |
| All GPs who care for children and young people should have appropriately validated continuing professional development reflecting the proportion of their time spent with children and young people. | As above |
| All the relevant Royal Colleges work together to agree skills and | Each Royal College has identified core skills and competencies. The Forum |

| | |
|---|---|
| competencies in child health. | recommends that a common core of skills and competencies is refreshed to encompass the wider children and young people's workforce. |
| All general practices that see children and young people should have a named medical and nursing lead. | The Forum's workforce group will be contacting CQC to establish how this is addressed in current inspection arrangements. |
| All general practice staff, whether they are practice nurses or other members of the team, are adequately trained to deal with children and young people. | The Forum's workforce group will be contacting CQC to establish how this is addressed in current inspection arrangements. |

The Forum action plan for 2014-15 reiterated a key focus on

`Ensuring that the children and young people's workforce across the professions is fit for purpose`

| | |
|--|--|
| Work with HEE and other relevant organisations to ensure that the children and young people's workforce is right in terms of numbers, skills and culture, and that opportunities for improving the children and young people's workforce are identified and taken. | The Forum's review of workforce is presented in this work stream report and summarised in the workforce chapter of the Forum's Annual Report 2014. |
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ANNEX B

Fig 1.

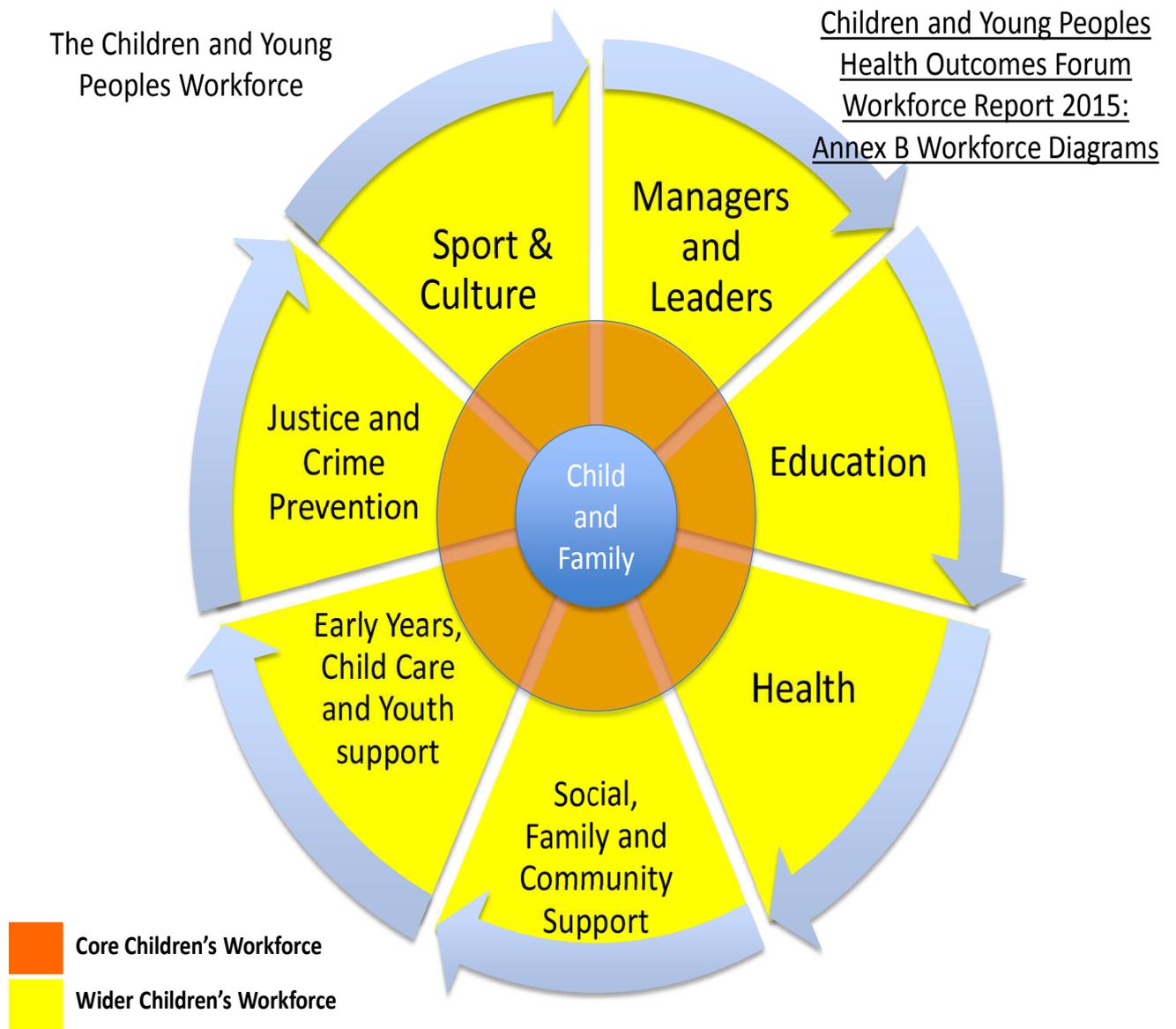


Fig. 2

| Domain | Core Children's Workforce | Wider children's Workforce |
|--|---|---|
| Managers and Leaders | Strategic, senior and middle managers in all partner organisations. All commissioners of services for children and/or young people | Planners, Housing and Transport providers/commissioners HR in organisations that provide services to children/young people |
| Education | Head Teachers and Teachers, staff and leaders of FE Colleges, Adult and Community Education providers, school support staff, Providers of extended schools, Activities, Learning mentors, Behaviour & Educational Support Teams, 14-19 Providers, Educational Psychologists Educational Welfare Officers, School meal staff, Children's Allied Health Professionals | |
| Health | GPs, Dentists, Primary and community health practitioners, CAMHS allied health and associated professionals, Clinical practitioners, Community health services, Sexual health services, Drugs and alcohol services, Health visiting teams, School Nurses Community Children's nurses, Children's Nurses, Child Psychologists, Community Paediatricians, Children's Allied Health Professionals, Pharmacists | Teenage pregnancy worker, adult mental health services, adult learning disability services, adult acute health services' |
| Social, Family and Community Support | Children and families social workers, CAFCASS advisers, Foster carers, Private foster carers, Outreach and family support workers. Managers and staff in: Family centres, Day centres residential children's homes, Portage workers, Play workers, Occupational Therapists | Parenting practitioners, Adult social care workers, Supporting People teams, Drug and alcohol workers, Housing Officers and Accommodation Support workers, Job Centre Plus Advisers, Child Support Agency workers |
| Early Years, Childcare and Youth Support | Youth workers, Youth support workers, Youth workers in voluntary, community or faith sector, Young people's housing and accommodation support workers; Managers, Deputies, assistants and workers in: Playgroups, Children's Centres, Day Nurseries, Nursery Schools, Nursery classes in Primary Schools, Registered childminders and Nannies, Play workers | |
| Justice and Crime Prevention | Youth offending teams, Staff and managers of: Youth Offending Institutions, Secure Training Centres, Secure Children's Homes, Police in school liaison/ child protection roles | Probation officers, Multi agency public protection teams, Policing and law enforcement, Prosecution services, Custodial care |
| Sport and Culture | Sports Coaches and Officials, School and FE Sport Co-ordinators, County Sports Development Officers, Sport Competition Managers, School library service | Health and fitness providers, Outdoor education/recreation providers, Workers in cultural heritage, museums and galleries, Performers in visual and literary arts, teachers of music and performing arts, library staff |

The above are examples of the core and wider workforce. Where any particular individual practitioner is within the children's workforce will to some extent be dependent on the role being undertaken at any one point in time

Fig. 3

Integrated Working – What it means for people in the Workforce

| Who I work with | I work with both adults and children | I work in a universal service (e.g. a school, FE college, youth club, hospital, GP practice, playgroup, after-school club) | I work in a universal service, but have specific responsibility for, or have a lot of contact with, children and young people with additional needs | I work in a specialist role with children and young people with additional needs (e.g. children in care, children and young people with disabilities, teenage parents, young offenders) | I work closely with others to deliver a defined integrated service (e.g. targeted youth support; Sure Start children's centre; extended school) or to support a locality or group of children and young people | I lead or manage a team or service | I am a senior strategic leader in my organisation |
|---|--|---|--|---|---|---|---|
| To do the best for children, young people and their families, I need to | <ul style="list-style-type: none"> Feel part of a children's workforce, and that my contribution is valued Understand the roles and responsibilities of others in the workforce Share with the rest of the workforce a common core of skills and knowledge relevant to working with children and young people, including how to work in partnership with parents/caregivers Share with the rest of the workforce common values and a common language Understand and fulfil my statutory duties and responsibilities in relation to safeguarding and promoting the welfare of children and young people Have an understanding of the local community and their needs Understand my role in relation to corporate parenting | | | | | | |
| I may need to | <ul style="list-style-type: none"> Be able to identify a child with additional needs or a Child in Need (Children Act 1989) Know how to raise a concern about a child's welfare, and who to do it with – and have the space and support to do this Know how and when to share information Know broadly what support and services are available in my area and what I need to do to access them for a child or young person Understand the common approach to assessment of need used in my local area | <ul style="list-style-type: none"> Contribute to a Common Assessment Framework or pre-CAF Contribute to assessment, planning, intervention and review for a child in need | <ul style="list-style-type: none"> Initiate, or contribute to, a Common Assessment Framework or pre-CAF Take part in multi-agency panels/meetings to assess need, agree a support package and monitor/review progress Be part of a virtual team around the child Understand when it is appropriate for me to act as a Lead Professional and what action this entails | <ul style="list-style-type: none"> Chair multi-agency panels/meetings (including those for children who are subject to a Child Protection or care plan) Be part of a virtual team around the child Undertake direct work with children and families to assess, plan, intervene and review the outcomes of this work Act as a Budget-Holding Lead Professional, if this approach is used in my local area Attend child protection conferences/court hearings in respect of Children In Need | <ul style="list-style-type: none"> Know how to raise a concern about a child, and who to do it with – and have the space and support to do this Know how and when to share information Use ContactPoint Complete and assessment using the relevant framework Have a clear understanding of my role in multi-agency panels/meetings to assess need, agree a support package and monitor/review progress; be able to negotiate resources from my own organisation to contribute to this package Influence people for whom I do not have line management responsibility Understand when it is appropriate for me to act as a Lead Professional and what action this entails | <ul style="list-style-type: none"> Create a culture that supports integrated working Make space and time for my staff to understand and use integrated working approaches and tools Support and encourage multi-agency training and development Understand and manage the professional supervision and management requirements of different professions | <ul style="list-style-type: none"> Create an organisational culture that supports integrated working Ensure my Local Partnership assesses its progress in integrated working, monitors the impact on outcomes and develops and implements a plan to address challenges Set shared priorities with partners and agree allocation of resources |
| Some of the tools that help me do this are | <ul style="list-style-type: none"> Common core of skills and knowledge A common approach to induction Multi-agency training and development opportunities, including those focused specifically on skills for integrated working Legislation and regulatory frameworks Working Together To Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2013) What to do if you are worried that a child is being abused | | | | | | |
| I might be a <i>(these lists give examples of job roles and are not intended to be comprehensive)</i> | Adult mental health worker Allied Health Professional; FE lecturer; GP Housing officer Nurse Police officer Sports coach | Early years/childcare worker Health visitor Playgroup worker Teacher Teaching assistant Youth worker | Allied Health Professional Designated teacher for looked after children Health visitor; Midwife School nurse SENCO Teaching assistant Youth worker | Allied Health Professional CAMHS worker; Drugs and alcohol worker; Educational Psychologist; Learning Mentor Midwife; Paediatric nurse Social worker; Virtual School Head; YOT worker | Drugs and alcohol worker Educational Psychologist Education Welfare Officer Social worker YOT worker Youth worker | Head of children's centre Head teacher; Local authority manager; Local authority head of service; Health service manager Senior clinician; Senior police officer Social worker | Chief executive of third/ private sector org; Commissioner of children's or health services; Consultant Allied Health Professional; Director of children's services; Lead member for children's services; CCG Children's Lead, School Governor |

Fig. 4

Ensuring the workforce has the skills to include, and meet the needs of, children and young people who may be vulnerable

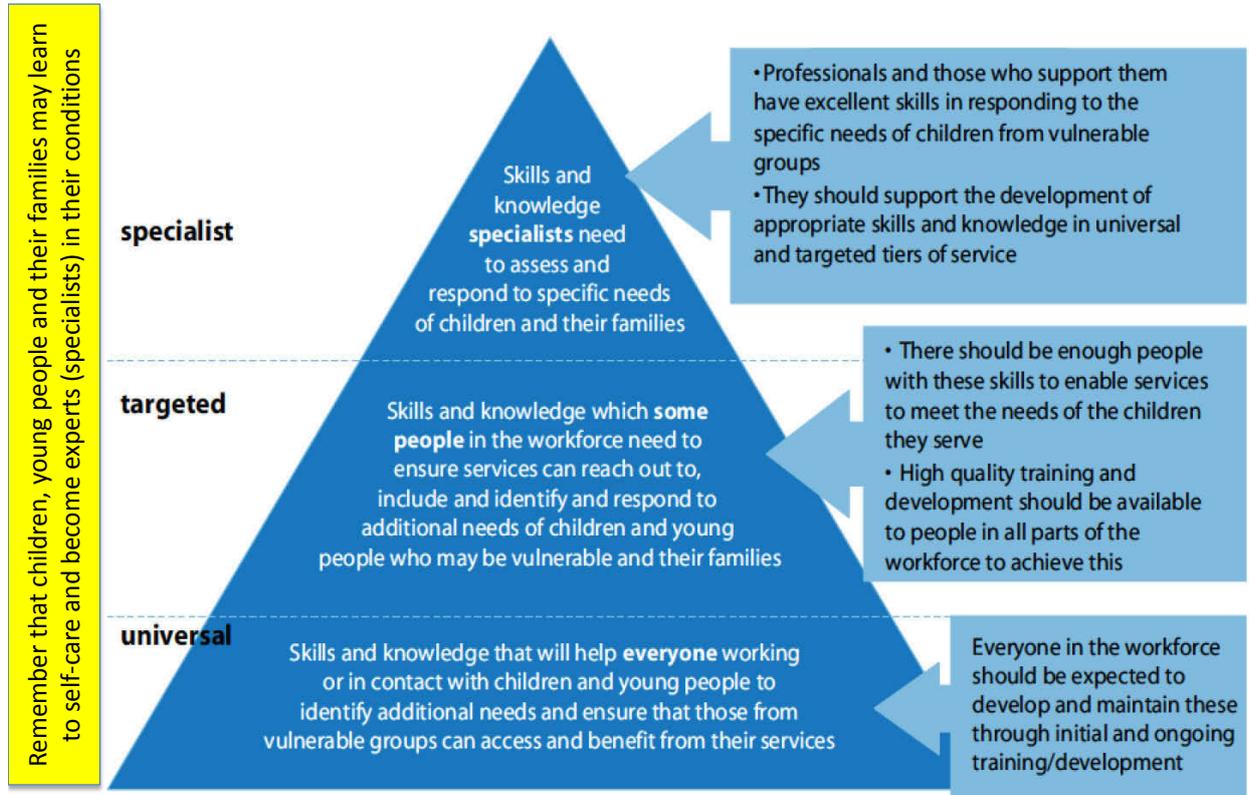


Fig. 5

